

The Fremantle Trust

Ickniel Court

Inspection report

Berryfield Road
Princes Risborough
Buckinghamshire
HP27 0HE

Tel: 01844275563
Website: www.fremantletrust.org

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Icknield Court is a residential care home registered to provide personal care and support for up to 90 people aged 65 and over, some of whom are living with dementia. There were 37 people living at the home at the time of the inspection. People's living accommodation is across two floors, each floor had separate areas called houses. There were six houses in total. Each house had seating areas, dining space and kitchen facilities. People had individual bedrooms with level access shower and toilet facilities. We observed people had free access to a large courtyard area. The home was bright and well-maintained.

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

People told us they felt safe living at the home. Comments included "Yes, I think I feel safe, very safe, living here, it is the right environment for me", "I think we know that we are in a safe home and in safe hands". Another person told us "I am 95 years old and I know that I could move and live here (permanently) ... and I would be comfortable here, at the moment I wouldn't change anything here and if something is wrong you only have to open your mouth and it is usually done".

Records we viewed were not routinely consistent, accurate and complete. We found some further improvements were required to ensure people's records reflected their needs and were updated in a timely manner.

People were not routinely supported by staff who ensured robust medicine management was in place or best practice guidance was followed. We found improvements were required in the records held about people's prescribed medicines.

Each person had care plans in place for staff to follow, which describes their likes and choices. However, where people were staying short term at the home, these care plans were less comprehensive. We have made a recommendation about this in the report.

People were supported by staff who had been recruited safely and had been provided with training and support to ensure they had the right skills and attributes to work with them.

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 home supported this practice.

People were supported by a management team who were keen to ensure they experienced a good level of well-being. The registered manager had supported staff to understand the expected level of quality of care to be provided to people. We received positive feedback about the management team.

The home management team worked well with external healthcare professionals. One GP commented

"Understanding of residents' needs and medical conditions has been excellent".

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 23 September 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

At this inspection we found some improvements had been made, however we found enough improvement had not been sustained and the provider was still in breach of regulations.

This service has been in Special Measures since December 2019. 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

We carried out an unannounced comprehensive inspection of this service on 17, 18 and 19 September 2019. Breaches of legal requirements were found. We took enforcement action and issued warning notices for regulation 12 and 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, support for staff and good governance. We carried out a focused inspection on 29 and 30 July 2020 to check if the warning notices had been met. We found the provider was still in breach of regulations in the areas of safe care and treatment and good governance. Following the focused inspection, a decision was made not to escalate any enforcement. We took into account the impact of the COVID 19 pandemic.

We undertook this focused inspection to check what action had been made since the last inspection and to confirm the service's compliance with legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

Enforcement

We have identified breaches in relation to medicine management and good record management at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Icknield Court on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ickniel Court

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 carried out by three inspectors, a specialist advisor in nutrition 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

Ickniel Court 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. 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. Throughout the inspection we provided the service with opportunities to share information with us about improvements made.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people during the inspection and one relative. We spoke with 16 members of staff including the registered manager, deputy manager, operations manager, care staff and ancillary staff. At the end of the day of the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records whilst on site and requested some to be sent to us. This included 10 people's care records in full, two people's nutrition records. We looked at 16 people's medicines records. We looked at four staff files in relation to recruitment, five agency staff profiles and seven staff development records. We looked at training records for the whole home. We looked at a range of records relating to the management of the home, these included, health and safety records related to fire checks and certificates for gas and electrical safety and incident reports. We looked at staffing allocations, handover records, complaints, compliments, staff meeting minutes, relatives' and residents' meeting minutes. We looked at the provider's audits carried out by senior staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted staff, relatives and community professionals to seek feedback from them.

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

Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 12

- People were not routinely supported by staff who ensured they followed robust medicine management systems and records.
- Medicines were not always stored at the appropriate temperature. The records for temperature monitoring for the medicine storage room and medicine refrigerator provided evidence the medicines were not always being stored at appropriate temperature as per the manufacturer's instructions. If medicines are not stored at the recommended temperature, they may not be fully effective.
- Care plans were not always in place or person-centred. We found two people who were admitted to the home in the past month did not have a medicines care plan in place. For another two people who were prescribed medicines to be given at specific times, there was no information in their care plan about this. A person who was on end of life care had been prescribed anticipatory medicines (medicines prescribed for end of life care). There was no information in the care plan on how and when to initiate these medicines. This meant the staff may not always be able to support people with their health needs appropriately. This does not meet guidance issued by the National Institute for Health and Care Excellence.

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

- There was a medicines policy in place. People told us staff supported them safely with their prescribed medicines and we observed staff were patient when supporting people with their medicines.
- There was a process in place to report and investigate medicine incidents. The provider organised regular staff meetings to discuss recent errors and shared learning from the incidents to help prevent them happening in future. The home management team received and acted upon medicine alerts.
- There was adequate stock of prescribed medicines. The provider had introduced daily checks for medicine stock to ensure adequate stock of current prescribed medicines were held at the home. There was a process in place to record and return waste medicines to the supplying pharmacy, for disposal.

- Medicine Administration Records (MAR) were in place for prescribed medicines. Some MARs were handwritten and these were appropriately checked and signed by two members of staff.
- We observed staff give medicines to people in the morning and afternoon. The staff followed good infection prevention techniques while giving medicines. They gained consent and signed for each medicine on the MAR after giving it.
- Some people were prescribed medicines such as pain killers, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines consistently. Medicines including controlled drugs (CD's) were stored securely.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. We found people continued to be put at risk of avoidable harm as potential risks to people were not recognised or mitigated. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in regards to risk management.

- People were kept safe and the likelihood of injury or harm was reduced.
- People who were at potential risk of harm due to their medical condition or level of ability had their needs assessed. The provider carried out risk assessments for key areas which had the potential to cause harm. For instance, the risk of falling and support required to aid moving position.
- There was appropriate training for staff on safe working practices. For example, on safe moving and handling procedures.
- The premises were well-maintained. There were checks to ensure gas, electricity and water supplies were in safe working condition. Equipment and appliances were checked to ensure they were safe. For example, hoists, slings and movement sensor mats.
- The home carried out regular safety checks to ensure the risks of fire were minimised. This included practice drills, ensuring exit routes were unobstructed and testing of alarm call points.
- A personal evacuation plan had been written for each person, to outline the support they would need in the event of a fire or other emergency situation. 'Grab bags' were in place and contained items to assist with an emergency. For example, two-way radios and thermal blankets.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People and their relatives told us they felt safe at the home. Comments included, "I feel safe yes, I feel I am still independent, I can get around myself. I have visitors and see my daughter", "Yes, I think I feel safe, very safe, living here, it is the right environment for me" and "I feel she is safe here and that she is in an improved position".
- Staff had received training on how to recognise signs of abuse and were able to tell us about how to support people to keep safe and protect them from abuse or harm. One member of staff told us "I have received my Safeguarding training, I have learnt that regardless of age, gender, religion and ethnicity all vulnerable adults and children should be able to feel safe and protected." Another member of staff told us they had "Extensive online training", and felt confident to raise any concerns either to the management team or external parties.

Staffing and recruitment

- People were supported by staff who had been recruited using robust processes. There were staff available to support people when they needed assistance.
- Staffing rotas were in place to ensure there were sufficient staff to meet people's needs. We saw there were enough staff to support people in a timely manner. One person told us "Their (staff) response times by day is good, usually only two or three minutes". They went on to say, "The night staff are pretty prompt too, there are two at night and they sit at the station near my room so that is comforting for me". Another person told us "When I use the call bell they come quite quickly".
- Thorough recruitment checks were carried out before staff started working at the home. This included a check for any criminal convictions and uptake of references. Appropriate checks were made for any temporary workers.

Preventing and controlling infection

- People were protected from the risk of infection at the home through robust cleaning and hygiene practices.
- We were assured that the provider was preventing visitors from catching and spreading infections. For example, visitors were required to show proof of or undertake a lateral flow test. PPE was provided for them to wear whilst on the premises.
- We were assured that the provider was meeting shielding and social distancing rules. For example, meetings took place in spaces with sufficient room and ventilation.
- We were assured that the provider was admitting people safely to the home. People were required to have a negative COVID-19 test before admission.
- We were assured that the provider was using PPE effectively and safely. We saw staff consistently wore PPE. There were plenty of supplies around the building.
- We were assured that the provider was accessing testing for people who lived at the home and staff. This was undertaken regularly, in line with guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were good standards of hygiene in all parts of the home, particularly in high risk areas such as sluice rooms and the laundry.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The home had managed an outbreak well earlier in the year, with no further recurrence.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong.
- We saw evidence of meetings taking place between managers and staff when care had not met expected standards. These meetings were used to look at what went wrong and make improvements. For example, if care records had not been completed appropriately.
- Systems were in place to cascade additional training and learning for staff. Recent topics covered and shared with staff in team meetings, handover meetings and daily management meetings included falls prevention, pressure ulcer prevention, dining experience and nutrition.
- We found the registered manager, deputy manager and staff open and receptive to learning from events in order to prevent a re-occurrence.

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.

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

At the last comprehensive inspection in September 2019 we found people's needs were not always recorded or effectively met. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Prior to moving into the home people's needs were thoroughly assessed by the senior staff. Assessments took into account physical and mental health needs and any needs related to disabilities and communication.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- Where a person's assessment had identified the need for additional equipment or technology, this was provided. For instance, some people had been assessed as at high risk of falling. Sensors had been obtained which provided staff with an early warning sign a person was moving about. Staff were then able to attend to people and observe them mobilising and support them if required to prevent a fall.
- Each person had a care plan, these were audited and reviewed on a regular basis or when changes in people's needs were identified. However, where people were staying temporarily (on respite) at the home, we found the provider used a more limited and less comprehensive care plan.

We recommend the provider seek advice from a reputable source about care planning for short term admissions.

Staff support: induction, training, skills and experience

- People were cared for by staff who received appropriate support, training and supervision.
- New starters completed the Care Certificate. This is an agreed set of standards for health and social care workers. The registered manager was working to ensure all staff who had started before they came in to post could also demonstrate completion of the Care Certificate.
- Probationary assessments were carried out, to ensure new starters had worked to satisfactory standards before they were confirmed in post.
- Staff had access to a range of courses to help them meet the needs of people at the home. This included

dementia awareness, safeguarding people from abuse, falls awareness and prevention and oral health awareness. The registered manager was proactive in encouraging staff to complete their training and any updates they needed to do.

- Staff received regular supervision from their manager to discuss how they were working, any concerns and to look at their training needs. Appraisals were carried out to look at overall performance and developmental needs.

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

- People were supported to maintain their health and well-being. Appropriate and timely referrals were made to external parties when needed.

- Staff worked well together and with external agencies such as the local authority and GPs. One healthcare professional told us the deputy manager "Seems to have a good grasp of dysphagia (Swallowing difficulties) management and is organised in getting recommendations implemented". Other comments from external healthcare professionals included "Both (Registered manager and deputy manager) have a very in-depth knowledge of the residents, communicate exceptionally well with residents and have good insight into where improvements can be made. They appear to be proactive about addressing any deficits in knowledge and skills among staff and work exceptionally well with me as an individual and professional" and "We have a very good relationship with the home. The home manager is always keen to have a Teams call on a regular basis, around every eight weeks."

- Staff handovers took place between shifts, to pass on relevant information about people's health and well-being. In addition, a daily morning meeting occurred. We observed staff who attended this meeting passed on relevant information to their colleagues on returning to their work area.

- Staff were allocated to support identified people during their shifts, to ensure they received co-ordinated care.

- When people were transferred to other settings for example, the acute hospital, staff kept in contact to ensure the person's needs could be met when ready for discharge.

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.

- People were supported in line with the Mental Capacity Act 2005. Staff had received training in the subject. Staff demonstrated a good understanding of the MCA and how to apply it to people. Comments from staff included "The people in the home that are subjected to DoLS are the people that cannot consent to their care plan arrangements and it helps protect them if their liberty is taken away, their care plan is regularly checked to ensure that the care plan is in the persons best interest" and "I know that someone has to be

assumed to have capacity. You have to try and make things easier for someone to be able to make a decision, by using pictures or a white board. You then have to accept 'unwise' decisions."

- People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice. We observed capacity assessments had been carried out on decisions about care and treatment. For instance, whether to receive a vaccine.
- The staff ensured where people had a legally appointed third party to support them a copy of the powers held was received. Where staff had concerns about a third party, they supported the person to seek independent advice from advocacy services.

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

- People's nutritional needs were effectively met. One person told the chef after lunch "I like all your cooking, I like your rice pudding, 10 out of 10".
- Care plans identified any support people needed to eat and drink and any dietary considerations which needed to be taken account of. People were assessed to see if they were at risk of malnutrition. Appropriate measures were put in place where people were at risk. This included fortifying their diet, monitoring weight and use of food and fluid charts if appropriate.
- The chef was made aware of people's dietary needs, including people at risk of weight loss. They attended a monthly clinical governance meeting with the management team to ensure people's nutritional needs were met.
- Training records showed all care staff had attended courses on nutrition, hydration and dysphagia. Staff demonstrated a good understanding of people's nutritional needs.

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

- People lived in a home which was appropriately adapted and designed to meet their needs.
- People were able to personalise their rooms to make them feel homely, comfortable and familiar. Each person had their own, en-suite room.
- The home was divided into six small groups, known as 'houses'. Each house had its own lounge, kitchen and dining areas close by to bedrooms. There were quiet areas for people to use and a communal lounge for activities and other events.
- Equipment was provided to meet the needs of older people and people with disabilities. This included provision of grab rails, hoists, adapted baths and a passenger lift.
- A programme of bedroom re-decoration and refurbishment of kitchenettes was taking place, to improve the home.
- People could access the garden. One person who enjoyed gardening had been provided with a raised bed to tend.

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 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-centred care.

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

At our last inspection the provider had failed to ensure systems to monitor and improve the quality of the service were effective. This meant that people were at risk of receiving a poor service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported by a service that had made some improvements since the last inspection. However, we found records used by the staff to assess risk of malnutrition (MUST) and pressure damage to skin (Waterlow) were not routinely and consistently completed correctly. This had the potential for people not to receive adequate care to reduce the risk of harm. We provided feedback to the registered manager about this. They told us "I believe that further training is required regarding Waterlow scores and the calculation of this. I have requested this training immediately with our learning and development team and will make this a lessons learned to avoid instances like this in the future."
- We looked at 10 people's care plan records in full, we found contradictions and improvements were required in six records. We found records completed the same day held contradictory information. One person's dependency scale score and Waterlow had been completed on 21 June 2021. The dependency scale identified they had a Waterlow score between 10-15 rating this as low risk and the Waterlow completed scored 18 which rated the person at high risk of pressure damage. Care plans written for specific needs such as blood thinning medicine held generic terms and were not routinely person-centred.
- We found care plan audits were carried out. We looked at recently completed audits. We found whilst they did identify where improvements were needed, the actions to rectify this was not always completed in a timely manner. One person who had been admitted to the home on 19 August 2021, had their care plan audited on 7 September 2021. This identified a short-term and long-term condition. Care plans dated and signed by a member of staff on 6 September 2021 were blank and had no data entered on them. We found these had not been updated by the first day of our inspection.
- We noted following incidents or accidents care plans were updated, however this led to multiple forms being completed. One person had two incidents which resulted in a skin tear. We checked their records and

they had three Waterlow documents completed. These all contained differing scores. One stand-alone document had scored the person's Waterlow as 16 on the 27 July 2021 following one incident, however the person's main Waterlow score had remained 18 from the 4 July 2021 to the 1 August 2021. We have provided feedback to the registered manager about this.

Records we viewed were not routinely consistent, accurate and complete. The service had failed to ensure that accurate and contemporaneous records were kept in respect of people 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 registered manager had systems in place to monitor the service, we could see they had expected staff to ensure records were updated when changes in need occurred.
- The registered manager was aware of events which needed to be reported to us. We checked records held within the home against the information we held. We had been notified of all the events which required a statutory notification.

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

- People were supported by a service that had a registered manager in post. We found the registered manager and deputy worked well together. We found the registered manager was visible throughout the inspection. One person told us "I usually have a good laugh with him".
- We received positive feedback from people, their relatives, staff and external healthcare professionals. All agreed the home had improved since the last inspection. Comments included, "The carers all know what they are doing and I think there has been a difference since (name of registered manager) has come back", "I'm enjoying life, I like it here", "The care is quite good here ... if there was a problem I would tell the boss here".
- People told us staff were responsive to their needs, "Right now my bed has to be changed each day, it has normally been changed by now but not yet today but I know she (staff) will be back and that she will do it and will do anything else I want, if I want", "I made the decision to move here and I am glad that I did" and "The carers are very good and will do anything for you".

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this we saw examples of how they met the requirements of this regulation.
- Throughout the inspection the whole inspection team found the registered manager and staff open and transparent and keen to share the improvements made within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The staff engaged and involved people who lived at the home, staff and the public.
- Staff were encouraged to raise any concerns in their supervision meetings and in staff meetings. The

registered manager had set up a weekly surgery for staff to talk about anything they wished.

- There was information in the entrance area advising people how to make complaints. A feedback box had also been added.
- Residents' and relatives' meetings took place to keep people updated on events. The home had a residents' committee which met regularly. We saw people were kept informed about any points they raised via 'you said, we did' notices. Improvements from people's suggestions included organising a New Year's Eve party and being informed of their COVID-19 test results.
- The home had received a low level of complaints. Appropriate action had been taken in each of the four complaints records we looked at. Referral was made to other agencies where this was necessary, such as the local authority and external contactors. People's complaints were acknowledged, actioned and responded to in writing. Numerous compliments had been received at the home and also via an independent website.

Working in partnership with others

- People were supported by a home that worked well with external parties. Since the last inspection the home had been routinely supported by the local authority to ensure improvements were made. A healthcare professional told us the registered manager and staff "Have been welcoming, actively supportive of my involvement and encouraging regarding future working together", they also stated staff had "Understanding of residents' needs and medical conditions has been excellent" and "Staff are friendly to the residents and also to me and my team."
- We found the registered manager was proactive in working with external parties. They had engaged with the clinical commissioning group and primary care networks to review people's needs who were living with long-term conditions. In addition, the registered manager attended the local registered managers' network and had booked to join a conference call regarding a new project which aims to prevent admissions to acute hospital.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>People were not routinely supported by staff who followed best practice guidance in the management of medicines.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>People's care plans and records were not always kept accurate and up to date.</p> <p>Regulation 17 (1)</p>