

Caring Homes Healthcare Group Limited

Deer Park View Care Centre

Inspection report

Bushy Park Road
Teddington
Middlesex
TW11 0DX

Tel: 02086140000
Website: www.caringhomes.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Deer Park View Care Centre Home is a residential care home providing regulated activities of personal and nursing care to up to 60 people. The service provides support to people living with dementia, mental and physical health needs. At the time of our inspection there were 51 people using the service.

The purpose-built care home comprises three separate floors, each of which has separate facilities. One of the floors specialises in providing care to people living with dementia.

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

The majority of comments about staffing levels were positive. Comments from people and their relatives included, "When I use the call-bell they [staff] do come quite quickly" and "They [staff] do their best but I don't think there are enough carers at times." However, not enough staff were consistently allocated to provide people with activities of their choosing, particularly those who stayed long periods in their rooms. Comments received included, "I haven't got anyone to talk"; "Not much activities, I need to go out more" and "[Staff members] are really nice but they don't have time for me, only time to do the medication."

Staff received training in safeguarding and knew how to identify abuse. However, there was an incident at the service that showed staff did not fully understand safeguarding processes and how to escalate concerns.

Quality assurances systems were in place but not always effectively used to monitor some aspects of care provided. Staff were trained and received supervisions to enable them to undertake their roles. However, supervisions were not effectively used to encourage staff development. Uptake of training sometimes fell below the provider's recommended levels. Staff did not always undertake refresher courses or training when due.

People were supported to manage and receive their medicines in line with best practice and any concerns identified were resolved. However, an incident involving an unsafe medicine practice is under investigation by various agencies.

The majority of the people felt safe at the service and that their needs were met. Comments included, "On the whole yes I feel safe" and "I am safe here and I'm very happy." People were supported by staff who underwent safe recruitment practices and received induction before they started providing care. Staff were trained in infection control and prevention including following COVID-19 guidance.

People received care appropriate to their needs. They commented, "I'm very happy with the support I have been getting, the best thing here is the medical attention I get" and "The staff here do help and support me and my needs are being met."

People received care in a manner that respected their privacy and dignity. One person told us, "The staff are kind and pleasant."

People using the service and their relatives when appropriate were involved in planning for their care. Care and support plans were reviewed and updated to enable staff to support people meet their needs and choices. The provider worked with other agencies and social and health professionals to ensure people received appropriate support.

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

Rating at last inspection

The last rating for this service was good (published 04 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. 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 Deer Park Centre Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Deer Park View 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 Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of two inspectors, a specialist nurse advisor, and two Experts 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

Deer Park View Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Deer Park View Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and 9 relatives about their experience of the care provided.

We spoke with 16 members of staff including a regional manager, registered manager, care workers, nurses, clinical lead, wellbeing coordinator and a quality support manager.

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 18 people's care records and risk assessments.

We also reviewed a variety of records relating to quality assurance, audits and management of the service including some policies. We looked at eight staff files in relation to recruitment, training and supervision.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Although people were safe, people using the service and their relatives told us they had experienced staff shortages which affected care delivery. Comments were mixed and included, "[Staff] are rushed and don't have time to talk with my relative"; "There are definitely not enough staff. They do come when my relative uses their call-bell but generally there is not enough interaction and I'm guessing that is because they don't have the time."
- Staff told us and records showed staffing arrangements had recently improved and people were receiving care from a consistent staff team which enabled them to understand how they wished their care delivered.
- Rotas we reviewed showed there had been some staffing issues which some staff had raised through supervision. The registered manager told us, and records showed, they now had a staff compliment sufficient to meet the needs of people using the services and improved retention and recruitment of staff had resulted in building a stable team. People told us and we observed the majority of them stayed in their room. Calls bells were attended to with minimal delays.
- People were cared for by staff who underwent safer recruitment processes including a Disclosure and Barring Service (DBS) check. DBS provide information including details about and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People received care in line with the identified risks to their health and well-being. Risk assessments were carried out, reviewed and updated to highlight changes to people's needs and planning of the support they required.
- These included at various aspects of people's needs such as personal and oral care, mobility, skin integrity, emotional and social wellbeing and medication.
- People's care delivery matched the guidance provided to staff who managed risks safely.

Using medicines safely

- People received their medicines when required. However, we were notified of a serious incident of a medicines error which resulted in a person experiencing an adverse effect. The provider and relevant authorities undertook investigations to ensure lessons were learnt.
- At this inspection, our discussion with staff and records showed people's medicines were managed in line with the provider's policy and procedures and best practice.
- Staff received training and underwent a competence assessment in medicines management. However, training records showed a low uptake which meant people may be put at risk because staff did not keep their knowledge up to date or receive refresher training when due.

- Medicine Administration Records (MAR) were completed accurately and the balances recorded tallied with the stock at hand.
- Previous internal and external audit by a visiting community pharmacist identified shortcomings in medicines management and concerns were addressed by the provider.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff were trained in safeguarding vulnerable adults. One person told us, "It does feel like a safe space." There was an incident at the service involving an unsafe environment that showed staff including managers did not fully understand their responsibility to escalate concerns to minimise risk of harm to people using the service. However, since then, following a review of practices at the home, staff were more aware and knew how to minimise the risk of abuse through recognising and reporting potential abuse.
- Safeguarding concerns were escalated to the local authority and other appropriate agencies to ensure these were investigated and resolved. The local authority safeguarding team confirmed concerns raised at the service were investigated and resolved.
- Staff understood and followed the provider's safeguarding policy and procedure to identify, report and escalate any concerns. Staff understood whistleblowing as a way to keep people safe. Whistleblowing is defined as a manner in which a worker passes on information concerning perceived wrongdoing, typically witnessed at work.

Preventing and controlling infection

- People lived in premises where staff practiced infection control. People told us the majority of times, premises were kept clean. Comments we received included, "My room is kept clean"; "The laundry is excellent. However, the cleaning could be better" and "The cleaning seems worse at the weekend. There are normally a lot of splashes on the floor in my relative's bathroom." We observed premises were clean and odour free. The registered manager undertook regular checks of the cleanliness of the home. Schedules showed regular monitoring of the hygiene practices and actions taken to maintain good standards.
- People were supported by staff who were trained in infection control prevention and understood how to minimise the risk of contamination when providing care. Staff told us they had access to sufficient PPE and that their managers checked their practice to encourage consistent and correct use. We observed staff using aprons and masks appropriately when supporting people.
- The provider's IPC and COVID-19 policy and procedures were in line with national guidance and followed at the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People's care and support improved because staff were encouraged to learn lessons when things went wrong. The provider kept a record of incidents and accidents and reviewed possible patterns and trends to minimise the risk of a reoccurrence.
- The registered manager held management and staff meetings where they shared lessons to improve on care delivery and practice.

Visiting in Care Homes

- Visits to the home were arranged in line with government guidance. Arrangements were in place for testing visitors and staff and new admissions into the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who received training and support to undertake their roles. Comments made included, "Staff are very well-trained," "I've had a lot of training so far this year" and "I like what they are doing with [relative]. [Person] is very happy and very pleased with the staff."
- However, records showed there were instances of low uptake of additional staff training. For example, 71 new starters needed to undertake the provider's service specific mandatory training such as end of life care and 31 needed refresher training. Training figures for the provider's mandatory courses were satisfactory. The registered manager told us they continued to review staff completion of required training. We received information after our inspection to show more staff were booked to attend refresher courses and the required training.
- New staff underwent an induction to enable them to care for people effectively.
- Staff received regular supervisions and an appraisal of their performance. However, the quality of supervision did not always comply with the provider's policy. For example, records showed staff development and career progressions aspects of their growth were not always discussed. Notwithstanding this, staff felt supported in their roles. We highlighted the issue to the registered manager who informed us they would review how they undertook supervision.

We recommend the provider reviews their training and supervision arrangements in line with best practice guidance.

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

- People were provided with appropriate support which enabled their healthcare needs to be met. They told us, "There is a doctor who visits once a week"; "There are visits from a dentist" and "One of the carers goes with me for hospital appointments."
- Staff ensured people attended appointments, hospital visits and provided escorts when required to help them to access healthcare services to improve their health and well-being.
- Care reviews were undertaken and support plans updated to reflect people's needs and the support they required.
- People told us and records confirmed they received effective care in a timely manner. Staff involved a range of healthcare professionals such as dietitians, speech and language therapists, psychiatrists, GPs and podiatrists which enabled people to live healthier lives.
- Records indicated staff supported people in line with healthcare professionals' guidance such as managing wounds and pressure sores, diabetes and high blood pressure. Progress reports were maintained

to show wound healing such as monitoring and completing of body maps.

- A healthcare professional told us, "Residents receive personalised care and support."

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

- People underwent an assessment and regular review of their needs, and received support to make choices about their care.

- People's choices were respected about how they wished to receive care.

- Staff followed guidance in place which enabled them to support people effectively in line with good practice and best practice.

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

- Not all communal areas were available to people using the service. Some communal areas such as lounges and bathrooms were used to store boxes of Personal Protective Equipment (PPE), furniture and other equipment such as hoists and chargers. The registered manager told us this was a temporary arrangement and people had access to other areas. We will review this at our next inspection.

- Premises looked clean and were odour free. The provider had a refurbishment programme to redecorate the home and replace some of the furnishings.

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

- People were supported to eat healthily and to have adequate nutrition and hydration. One person told us, "The food and drink in here is good."

- People's dietary needs and food preferences were assessed and the information available to staff to enable them to support them appropriately. For example, the chefs prepared pureed, vegetarian, gluten, low salt and or lactose free diets. People with specific health conditions such as diabetes were served with meals which took into account any diabetic risks. Staff undertook regular checks and monitored people's blood sugar and pressure to ensure they were eating suitable foods.

- People were supported and encouraged to eat depending on their ability to cater for themselves. Drinks and snacks were available to people as they wished.

- The home had restaurant like set ups in the dining rooms with menu cards. We observed the majority of people were served meals in their rooms and had minimal use of dining rooms. Although people who stayed in their rooms did not always have the opportunity of dining out of their rooms, they were supported as appropriate to eat and drink sufficiently.

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, 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 gave consent before staff provided care. Staff understood their responsibilities in line with MCA

when providing care. Care records indicated staff sought people's consent and when this could not be done acted in their best interests to deliver the support each person required.

- People were supported to make decisions about their care and support. Healthcare professionals were involved when people were not able to do so independently.
- People were lawfully deprived of their liberties on authorisation by relevant authorities. DoLS applications, authorisations and mental capacity assessments were recorded and shared with staff. Information held showed what decisions people could make on their own about any aspect of their care and where they required support.
- Staff understood and followed the provider's MCA and DoLS policy when supporting people to make decisions when they were unable to do so.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care delivery maintained and/or promoted their privacy and dignity. Comments we heard about this included, "My dignity is always respected" and "They treat me with dignity and respect." We observed staff respected people's choices about keeping their bedroom doors open or shut and they entered when allowed to do so.
- Staff knew how to maintain people's privacy. They told us, "We knock on resident's doors"; "We keep their information private" and, "I provide care out of sight of others."
- People were supported to decorate and furnish their rooms as they wished. Bedrooms were personalised and communal areas decorated.
- Where appropriate, people were supported to live independent lives as much as possible. Comments included, "[Staff] do help and make it easier for me to wash and dress myself."
- Support plans provided staff with information about the tasks each person could undertake on their own and the areas they needed assistance.

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

- People were treated with respect. People told us staff treated them well and with respect. Comments included, "The carers are kind and respectful. They look after us well" and "The staff are respectful. They use my first name and it is all done with ease."
- Staff understood and respected the equality and diversity of people using the service and ensured each had equal opportunities to lead fulfilling lives and without discrimination. One person told us, "There are some good carers. Those who have been here a while know me and that makes all the difference" and "I am treated well, not any different from other residents."
- People's preferences were respected on whether a female or male care worker provided their care. One person told us, "I have asked not to have male staff and [staff] do respect that."
- Care records detailed information about the diverse characteristics of people using the service such age, gender, physical and mental health, ethnicity, religious and cultural factors. Staff promoted people's equality and diversity by providing care in line with these characteristics.

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

- People felt well supported to express their views and make decisions about their care.
- Care and support plans confirmed staff worked closely with people to understand their needs and the support they required. People were happy staff took into account their views and worked in line with their decisions and what mattered to them when providing their care.

- People using the service and their relatives were appropriately attended meetings where they shared with staff their views about the delivery of care and discussed any changes they may wish to make to the support provided.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not consistently engaged to have activities to pursue their interests and social interaction. Comments we heard included, "I feel very lonely. I think that if I had dementia I would get attention. The dementia residents get a lot of attention" and "Staff occasionally come and talk to me, they've all got so much to do, that's the only time I have interactions with anybody."
- Not enough staff were allocated to support people with activities of their choosing including going out in the community. Comments received included, "I have no family that visit, I do feel lonely, and I have no friends here"; "We used to have a really good activities person"; "We used to have two activities co-ordinators. There was something going on every day" and "I really think personal interaction is missing now. I wish someone would sit and chat with my relative sometimes."
- Notwithstanding this, people and their relatives told us they took part in a variety of activities. One person commented "They have a quiz from time to time. That's fun" and "We had a zoo here recently, very popular. Someone brought a huge owl into the room." However, this had reduced considerably due to the leaving of activities co-ordinators.
- People told us and we observed the majority of them stayed in their rooms. This minimised the chances of people having regular and meaningful one to one activities when required. Some people had complex or advanced care needs and required one to one activities which could not be consistently provided as there was one wellbeing coordinator serving the whole home at the time of our inspection. The setup of the home on three floors made it difficult for the wellbeing coordinator to support everyone with activities. In addition, contact of people on different floors was sometimes reduced in order to minimise the risk of infection during the COVID-19 pandemic.
- The registered manager told us they had a recruitment drive for more activities coordinators to ensure people could have more choice about taking part in group or one to one activity. The well-being coordinator told us a member of the care staff with experience in supporting people with activities had been deployed to provide additional support people to take part in things of interest to them.
- People told us staff supported them to maintain relationships that mattered to them. However, there were concerns raised that during the COVID-19 pandemic, there was limited contact and sometimes the use of technology such as video calling was not appropriate for some people with advanced dementia. However, with easing of the pandemic restrictions, visitors were coming to the home and people and their relatives told us they were happy with the arrangements.
- The provider had ongoing plans to ensure people were consistently supported to take part in activities of their choosing. We will check this at our next inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs were identified and information provided in a format meaningful to them. Care records contained information about people's communication needs and how staff were to communicate with them to ensure they received care responsive their needs.
- The provider understood their responsibility to ensure they met people's communication needs in line with AIS requirements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in planning for their care to indicate their choices about how they wished to live their lives. Comments received included, "I normally get a lot of papers, last week it was about risk assessment. General things are discussed at the relatives' meetings" and "My daughter deals with the care review."
- People's needs such as their physical and health conditions, choices and preferences were reviewed and changes highlighted to ensure staff provided care reflective of each person's current needs.
- Support plans highlighted people's daily routines and their choices. Records confirmed this enabled staff to deliver personalised care in a manner that ensured people had control of their daily living.

Improving care quality in response to complaints or concerns

- The majority of people and their relatives told us the registered manager and provider acted on their complaints. Comments included, "There's nothing much that needs to be improved"; "I am extremely happy with the good service we have received, it's the best place for [relative]"; "I know the steps to follow if I needed to make a complaint" and "However, recently there have been a few niggles with the standard of care."
- However, some felt their concerns were not always taken seriously and resolved in a timely manner. We spoke with the registered manager about this. They told us and sent us records after our inspection which showed how they had resolved a serious complaint.
- People and their relatives were provided with the complaints policy and procedure which detailed the provider's responsibility and processes of resolving concerns raised against the service. The provider maintained a record of complaints made.

End of life care and support

- People's end of life wishes were identified and followed where possible. Relatives and records confirmed staff delivered care that met people's end of life care needs, wishes and choices.
- Staff received training on end of life care. This enabled them to provide care that allowed people to have a dignified and comfortable passing.
- People received appropriate end of life support from healthcare professionals and other agencies when their health declined and were on palliative care.
- Advance care planning records were in place and updated when needed.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Managers and staff understood their roles as defined in their job descriptions.
- Quality assurance systems were in place and used to monitor the quality of care provided. However, the assurances were not consistently robust in all areas of care monitored. For example, staff told us and records confirmed supervisions were not always aligned to the provider's vision of identifying and progressing personal development.
- Audits and checks did not identify and cause to rectify a serious incident in which part of a person's accommodation did not meet safe and hygienic conditions. The findings remained unresolved for a period which indicated the ineffectiveness of quality assurances in some areas.
- The provider's audit systems were not always effectively used to identify and address areas for improvement in a timely manner. For example, not all issues identified in health and safety checks were tracked or a date provided for when they would be resolved and by whom. Other issues remained outstanding in subsequent audits, without indication of when these would be resolved. Some required prompt action which did not always happen, for example medication training and competency.
- The registered manager explained how they reviewed the audits and worked with the provider and managers responsible for quality assurance. We received additional information after the inspection which showed how the provider monitored the quality of service they provided. Audits were directed and the evidence confirmed our findings that there were areas the audits could be improved on.

The failure to take prompt action to improve the quality and safety of the service people received was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records were securely stored. Staff understood their responsibility to share people's information with other healthcare professionals and other agencies on a need to know basis.
- The provider maintained up to date policies such as medicine management, privacy, dignity and respect and supporting people with dementia. Staff had access to these policies to promote delivery of care that met regulatory requirements and person-centred care.

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

- People's care delivery practices at the service promoted a person-centred culture. Comments we received

included, "I can't think of any improvements, happy with everything" and "I am supported fully by our seniors, we have a good deputy."

- The registered manager told us they enjoyed a stable staff team and vacancies were being filled to address such areas as provision of activities. The provider did not use any agency staff to enable them to guarantee continuity of care.
- Staff felt able to raise the issue of staffing levels and workloads in their supervisions and meetings with the managers to ensure they were able to provide good standards of care.

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

- We received mixed feedback from people using the service, their relatives and staff. A member of staff told us, "[Registered Manager] is approachable"; "There are relatives meetings that I do attend if I'm free"; "The biggest improvement would be redecoration, my relative's room really is looking tired and the bathroom especially needs a refurbishment" and "We do not get recognised for the work we do and I would like to be valued a bit more." The provider had put plans in place to refurbish the home and provide resources for redecorating the home and recruitment of activities coordinators.
- People and their relatives felt staff communication with family members during the COVID-19 pandemic lockdown did not always facilitate easier interaction. They found it difficult to monitor the level of care provided as the health conditions of some people using the service were complex making it difficult to speak for themselves.
- Notwithstanding this, they said with the easing of the lockdown guidance, relatives were able to visit. The registered manager told us they arranged various ways of people to communicate with families which included video calling, telephone calls, online meetings and surveys.
- The provider submitted statutory notifications in line with regulations to ensure relevant authorities such as local authority, Midwifery Nursing Council and Care Quality Commission undertook their regulatory function effectively.

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;

- Staff told us they were encouraged to report any shortcomings in care delivery to ensure appropriate action took place. A member of staff told us, "Previously we were not able speak out if you had any issues or personal issues there were biases. Things have changed for the better now."
- The registered manager understood their responsibility about duty of candour and to be open and honest when things went wrong.
- The provider had reported a serious incident involving medicines management at the home to relevant authorities to ensure their practice were investigated and to take ownership of the errors where appropriate.

Continuous learning and improving care

- The provider reviewed failings identified to learn from incidents and near misses.
- The registered ensured incidents and accidents were recorded, investigated and findings shared with staff to improve their practice.

Working in partnership with others

- People's health and well-being improved because the provider and registered manager worked effectively in partnership with health and social care professionals, other agencies and the local community.

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 17 HSCA RA Regulations 2014 Good governance The failure to take prompt action to improve the quality and safety of the service people received was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.