St. Albans Care Limited

Alban Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Alban Manor is a residential care home providing personal and nursing care to 47 people aged 65 and over, some of who were living with dementia, at the time of the inspection. The service can support up to 80 people.

Alban Manor accommodates people across two floors in one purpose-built building. Each floor of the building has separate adapted facilities that accommodate people who require nursing, dementia and residential care.

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

People's risk assessments were not always accurately completed. Care records did not always contain enough detail to provide clear instruction to staff and were not always reviewed when needs changed. Systems to formally review incidents to develop practise and minimise harm were not fully embedded. However, we were satisfied this was an area of governance that required development and had not caused harm to people.

People felt staff were trained. Staff told us had received core areas of training alongside with supervision sessions to discuss their work. However, training, particularly for care staff, required further development in specialist areas. People told us they did not feel their privacy around being able to choose to have their doors open or closed was maintained by staff.

Systems were in place but not always utilised effectively to monitor the quality of care provided. Development was required to ensure meaningful improvement plans were created to capture action identified following audits.

People felt safe living in Alban Manor. Staff knew how to identify and respond if they suspected a person was at risk of harm. Staff reported any incidents to management promptly who took appropriate action. Staff told us there were enough staff deployed in the home to support people. People said there were sufficient staff and were happy living in the home. Infection control procedures were followed and assured safe practices were followed with regards to social distancing and the use of PPE.

People told us they received appropriate support to maintain good nutrition and hydration and the home had good links with other health care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were actively involved in the development of their care. People were supported to pursue hobbies and interests and supported to avoid social isolation. Staff supported people to communicate their views independently and listened to their opinions. People told us they felt valued.

People's views about the service were sought individually and through meetings and surveys. People and relatives told us the registered manager and provider were approachable and they were confident concerns would be addressed. Staff told us they felt valued by the registered manager and provider.

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

Rating at last inspection
This service was registered with us on 08/05/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the registration date of the 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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to accurate maintenance of records and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will work alongside the provider and local authority to monitor progress.

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 responsive. Details are in our responsive 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**

Alban Manor Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited Alban Manor on 02 July 2021. On 16 July 2021 we met with the provider to discuss the outcome of the inspection and review further evidence submitted to us.

Service and service type
Alban Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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. 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. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the provider and registered manager. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, incidents, complaints, compliments and further records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at Alban Manor. One person said, "Yes, I feel safe, I'm quite content. There are people around all the time, always somebody about, I'm not alone."
- Staff understood how to keep people safe and when to raise concerns if they suspected people were at risk of harm. Clear safeguarding and whistle blowing policies and procedures were in place and staff received relevant training. One staff member told us, "I'd report anything, like changes in behaviour, changes in appetite, bruises and marks. I would report to matron or higher if nobody done anything about it."
- The provider operated effective systems to identify, record and investigate any accidents and incidents. However, they did not effectively review incidents with all staff to learn lessons and develop practise. For example, a person had a fall and when this was reviewed by the registered manager they documented, "Discussed with staff about the incident and about what we could have done more, to prevent it." There was no evidence that staff views were sought. Staff spoken with were unable to provide examples of where they had reviewed their practise in response to lessons learned.
- We discussed this with the registered manager and provider who implemented a daily '10 at 10' meeting where staff from all departments could review any emerging issues and discuss improvements as a team.

Assessing risk, safety monitoring and management

- People were supported by a staff team who knew them well and were aware of their changing health needs. Staff were knowledgeable about risks to people. They described to us how they ensured people were safe. Throughout the inspection we observed staff using safe manual handling techniques when supporting people to stand, sit or walk.
- People's care plans contained risk assessments and management plans. These were developed to assess the risks around areas such as safe moving and handling, falls, skin integrity and nutrition but were not always accurate. For example, the nutritional assessment completed gave a score of two, but when checked the score was one. The Registered Manager verified this and agreed the assessment was not calculated correctly. However, the issue with accurate recording did not mean people were at risk of unsafe care.
- Staff demonstrated they understood these identified risks and how to support people safely, although the guidance for how to provide care required more detail. Weekly multi-disciplinary team meetings took place involving the registered manager, clinical leads and clinical staff to discuss and respond to changing care needs.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities.
- The premises and equipment staff used in the care home was routinely checked to ensure they remained

safe and fit for purpose, such as hoists, bed rails and fire safety equipment.

Staffing and recruitment

● People and their relatives told us there were enough staff to support them safely. One person said, "There always seems to be plenty of staff. It's not lonely, even in the evenings you see people passing when you're in your room. They wave, especially the carers and ask if your all right."

● Staff were observed staff to respond quickly to people's requests for assistance. Call bells were within people's reach to summon assistance and people felt staff responded when called. One person said, "I've only got to ring the bell and they will come and see you morning, evening and night." Dependency was routinely assessed to inform staffing levels, which were changed when needed. For example, providing one to one care for people. This meant enough staff were on duty at any one time in order to meet people's needs.

● Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff told us they were provided with a comprehensive induction which included the required training and shadowing until they were assessed a competent to work unsupervised.

Using medicines safely

● People received their medicines as the prescriber intended. However, when medicines were administered staff did not always complete the medication administration record [MAR]. For example, staff dotted the MAR but did not sign it when given. However, stocks of medicines reconciled with the records, so we were assured that they had given.

● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included a risk assessment in relation to an individual's willingness and ability to safely manage their prescribed medicines.

● Staff followed clear protocols for the safe receipt, storage, and disposal of medicines.

● Staff received on-going medicines training and had their competency reviewed. Checks and audits were regularly completed which helped ensure that any medicines errors or incidents that occurred were identified and acted upon quickly.

Preventing and controlling infection

● We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. People and relatives felt the way the provider had managed the COVID-19 crisis was positive and kept them safe. One person said, "All through COVID it has been like we are in a cocoon. I have felt very safe, even when we had the virus in the home the staff were exceptional. They have all the gloves and masks and things, but then they worked in separate areas and small groups to keep us safe. I couldn't have asked for anything more."

● Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. However, PPE was not stored in a sealed unit or container to reduce the risk of cross contamination. The registered manager took action immediately and purchased sealed boxes.

● Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.

● The premises continued to be kept hygienically clean. Each unit had designated housekeepers responsible for implementing a rolling program of cleaning high touch surfaces, such as light switches, grab rails and door handles. A testing regime was in place across the home which meant everyone who lived or worked at there was routinely tested for COVID-19 in line with current government guidance.

Good

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.

This is the first inspection for this registered service. This key question has been rated 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
● People's needs were assessed prior to them moving into Alban Manor. This helped to ensure the service provided could meet people's needs.
● Clinical staff were supported to maintain their knowledge and skills to ensure care was assessed, planned and delivered following national guidance.
● People's care needs were regularly reviewed; however, some care plans we viewed were not accurately updated following a review. We brought this to the attention of the provider who immediately put in place measures to review the care plans to ensure they would reflect the findings of care reviews.

Staff support: induction, training, skills and experience
● People told us staff were sufficiently trained to support them well. One person said, "They all know what they are doing and they are very gentle with you."
● Staff received training in key areas such as safeguarding, moving and handling and infection control. However, additional specific training around areas such as dementia, choking risks and skin integrity had not been provided to care staff. The pandemic had affected the availability of training but was an area the registered manager was organising with support from a local training provider.
● Clinical staff were supported to maintain their professional registration and we found there were some examples where staff had been supported to undertake specialist training. For example to enable them to provide moving and handling training to others. One staff member said, " I done the 5 days manual and handling trainer course. The training I do is hands on and demonstrate the equipment we use, standing hoist, sliding sheet, slings, labels, cleaning. It's good."
● Staff spoke positively about the support they received from management. They told us they received regular supervision to discuss their performance, and managers observed them going about their daily tasks to ensure they were competent.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food, had a choice of meals and were provided with sufficient food and drink. One person said, "The foods fine. They give you a menu and you can change it if you don't want what's on there. Some people have sandwiches and they come around about 11am with tea and coffee. Oh yes you get enough food."
● People who had specific dietary such as a diabetic or soft diet for swallowing difficulties were catered for. The chef was made aware of all particular needs and ensured their meals followed health professional guidance. Where people were at risk of weight loss the chef provided a fortified menu and snacks and

regularly reviewed people to see if changes were needed. If people needed support with hydration, staff monitored this on fluid balance charts, charts we saw were complete and up to date.
● Staff monitored people's nutritional needs such as weight or risk of choking and if there were concerns people were referred to the GP for review. Where staff assisted people to eat and drink in bed, they did so following health professional guidance. For example, ensuring people are sat up in bed at a particular angle.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support
● People were supported to access a wide range of health care professionals and people received timely care and treatment. People were supported to access external appointments, such as visits to the hospital.
● Staff had ensured requests for medical attention and relevant referrals to health professionals had been made if they had any concerns and to ensure people received attention when they needed it. For example referral to speech and language therapy (SALT), dieticians and occupational therapy.
● Staff worked in partnership with a local GP surgery. The GP did not conduct regular face to face visits, these were conducted by their nurse practitioner. However, staff felt they were able to freely access the GP if they needed their specialist support. One person said, "If you're not feeling all that good, they get a nurse to have a chat to you and if they think you need a doctor, they get a doctor."

Adapting service, design, decoration to meet people's needs
● People were happy living in Alban Manor. All people and relatives said the home was comfortable, well maintained and provided easy access to all areas.
● The home was clean and tidy and free from clutter. People had their own bedrooms with ensuite facilities, which helped to ensure their privacy and dignity was maintained.
● Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building. The home was purpose built and benefitted from good mobility access inside and outside the home. Doors and corridors were wide, and floors were even to provide easy wheelchair access.
● The design of the home supported people living with dementia navigate around the home independently. A Tovertaefel (Magic table) was used as an interactive, sensory game designed especially for residents living with dementia. The environment helped to promote a sociable and inclusive environment for all living at or visiting the home.

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.
● Staff sought consent from people before providing support to them. We observed when staff spoke to people they did so with respect and acknowledged people's decisions and choices.
● Where people had been assessed as lacking capacity to make certain decisions, staff completed the

appropriate assessment and made decisions in people's best interest.

● Staff assessed and made decisions that may restrict people's freedom, such as using bed rails or keeping people in the building. Staff considered the least options and ensured the relevant legal authorisations were sought. Decisions made in relation to do not attempt cardiopulmonary resuscitation [DNACPR] orders were completed; however these were not consistently reviewed when people's circumstances changed. We discussed this with the provider and registered manager who took immediate action to review.

Good

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.

This is the first inspection for this registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us and we saw that staff treated people in a kind, caring and respectful way. One person said, "From what I have experienced yes they are caring. There seems to be a very close-knit team, like a family environment."
- Peoples diversity and equality needs were met by an inclusive staff team. For example, through supporting people explore their sexuality and ensuring people are practise and pursue their cultural identity.
- Staff told us they were positive about what people could achieve. They provided personalised care and gathered information about people's backgrounds, needs and preferences. This helped staff support people taking into account their emotional, psychological and physical needs.
- Staff knew people well and the things that were important to them. They spoke with people about their interests and knew how to support people if they became anxious.
- People told us they were listened to, valued and respected by staff. One person said, "Whenever I ask for something, they get it, even if they are dealing with someone else you are not forgotten."
- People were involved in their care planning wherever possible. When people were living with dementia, families were appropriately involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. One person was fearful of falling and had lost their independence. Staff listened to what was important to this person and enabled them to rebuild their confidence and built their mobility. They said, "I haven't had a fall here. I had plenty at home, everybody is so caring."
- Staff praised people's efforts and achievements and people were encouraged to take pride in their accomplishments.
- People said they were treated with dignity. People said staff were sensitive when providing personal care and felt comfortable when assisted. One person said, "I felt a bit embarrassed at first but that's gone out the window. I don't need to worry about that." People's relatives said staff promoted dignity and privacy. One relative said, "In [persons] care plan there's a lot of reference to respecting their privacy and dignity. They do relate to [person] and I have also noticed one of the targets was dignity."
- People gave mixed views about how their privacy was respected. Some people felt staff did respect this and were sensitive to when people wanted time alone. However, others said that their doors were constantly left open which infringed their privacy. One person said, "Well there's not much privacy because

the door stays open. In fact, one has just come in and taken the book." We discussed this with the registered manager who would review who has their door open or closed to protect their privacy.

● People's records were kept securely, and staff understood their role about how to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

● We confirmed through discussion with the registered manager that all people in the home had a DNACPR (Do not attempt cardiopulmonary resuscitation order) in place. They told us they were contacted by the GP to review whether a discussion about a DNACPR should be held. These had assessed by the nurse practitioner for the GP and Alban Manor staff and relatives. But these had not been reviewed as advice changed during the pandemic. This meant people's views about resuscitation may have changed but the resuscitation orders were not amended to reflect this.

● DNACPR decisions had not been reviewed when people moved into the home from hospital. Again, these decisions are to be continually reviewed, particularly when a person's health needs change.

● End of life care plans detailed people's preferred funeral arrangements and that they wished their end of life care to keep them as pain free and comfortable as possible. However plans about people's final wishes required further development to ensure they were person centred. We have reported on this in the Well Led section of the report.

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

● Staff understood the importance of promoting people's right to make their own choices and promote independence. People and their relatives told us care was personalised. One relative said, "The home are great at keeping us informed. They treat [person] with patience and even though [person] can't really say what they want done and how, staff have spent a lot of time talking to us as seeing how [person] reacts to know how things are done. They know [person] loves jewellery and nail varnish, and they make an effort to make sure they have clothes that they know makes them feel good."

● Care plans, although developed in areas, did lack detail around personalised care. They did not always clearly instruct staff how to provide individualised care and support. However, staff spoken with were able to describe in detail people's preferences, choices and wishes around receiving their care.

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 and relatives told us the pandemic and restrictions had been difficult and frustrating, but staff worked hard to keep their morale up and part of the community.

● Staff supported people to do a range of in-house and garden-based activities, such as cooking and games. People were able to join in with others if they wanted but staff also respected people's wishes to be alone. One person said, "Well this afternoon is bingo. Yesterday we had a film. We did yoga to music which was quite fun, and you have television in your room and the lounge. When it is nice weather we then sit outside

with quizzes and things. Staff look after us and mostly it runs quite well."

● People and relatives told us that staff organised specific group activities based on people's interests. These focused on areas culturally or socially relevant to people. One relative said, "[Person] said there's a gardening club, they have men friends in there and they watch the football so they have the social side of it. At home [person] was in isolation so it's much nicer for now."

● Staff organised discussion groups for people that looked at specific topics, such as a recent America discussion. This encouraged people to learn more about the culture and country and discuss their own personal experiences. A local school had recently written to the home which people were exceptionally grateful for. Staff supported people to write back to the school, and plans are in place when restrictions allow for this to continue. People also organised parties, fundraisers and events.

● Staff supported people to maintain regular contact with their families throughout the pandemic. They enabled them to communicate via video calls, telephone calls, letters and emails. Staff sent regular updates along with photos of people and encouraged gifts and parcels to keep people connected. Once restrictions allowed people had physical visits following guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were documented within their care plans. Staff had a good understanding of each person's communication needs and methods. For example, staff told us how they used objects of reference to aid people to communicate. They did this by using an item such as a picture to represent a person, activity or event, to aid communication.

● Staff ensured that any aids for communication were used, such as eyeglasses and hearing aids.

● Although at the time of the inspection people did not require information in an alternative format, the registered manager told us this could be provided if needed.

Improving care quality in response to complaints or concerns

● All the people spoke with told us they felt confident any concerns or complaints would be managed and responded to. One person said, "I don't think I have anything to complain about. If I did it would be dealt with straight away." A relative said, "I have never needed to complain, we are probably the other way and just compliment all the staff and managers. I know who the manager is, and am on first name terms with the owners, it's like a bit of a family."

● People were provided with information about how to make a complaint which reflected the provider's complaints policy detailing how any complaints received would be responded to.

● People were asked at their meetings if they were satisfied with the service or wished to raise any issues.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 requirement.

- People's care records, although completed when needs were identified, or people's needs changed, required review to ensure they were accurate. For example, ensuring assessments relating to people's changing health needs were completed accurately. Records relating to decisions where people lacked capacity required further development to clearly record how the decision around capacity was concluded, and what steps were in a person's best interest. Further work was required to ensure DNACPR records were reviewed in line with national guidance. This was confirmed through our discussions with people and relatives. One relative said, "They [records] are not explicit enough; we need proper records of the help [person] needs and doesn't need."
- We found improvements were needed in relation to the systems for monitoring the service. A range of routine audits checked the safety of care provided, for example in relation to pressure care, weight monitoring, care planning and medicines management. Although audits identified errors, they were not effective in developing and driving improvements. For example, issues with care planning and completion of MAR's when medicines administered.
- Incidents, accidents and injuries were monitored through a report submitted to the clinical commissioning group in relation to hospital admissions. This reviewed number of falls, safeguarding, UTI, unexpected deaths in the home since previous admission. However, the registered manager did not collate this information to identify any trends or themes. For example, one person in May had eight falls. The registered manager reviewed their clinical risks, but did not consider other areas such as times, days, staffing levels etc to mitigate recurrence. The providers quality monitoring also did not review these areas.
- Although an improvement plan was in place, this gave little assurance that when staff said they completed tasks they were sustained. For example, staff recorded care plans had been reviewed and were person centred. We found this was not accurate at this inspection. We brought this to the attention of the provider who responded immediately.

Systems and processes in place to assess, monitor and improve the quality and safety of the service had not been effectively operated. Records relating to the care and treatment people required, including decisions relating to their care were not accurately maintained. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager registered with Care Quality Commission (CQC). Staff were clear about their

role and responsibilities and felt supported by the registered manager and provider. The provider regularly visited the service and people and relatives told us they found them approachable, supportive and friendly. Overall, everyone spoken with expressed confidence in how the service was managed and understood the pressures placed on the management team during the recent pandemic.

● Where incidents in the service occurred, these were reported to the registered manager promptly. Where these required further referral to external agencies such as the local authority safeguarding team, these were completed. Notifications that were required to be made to CQC were submitted without delay.

Continuous learning and improving care; Working in partnership with others

● Staff meetings did not support staff, particularly care staff, to learn and improve care through reflection or continual learning. Minutes were a record of the discussion, which was led by the registered manager. Meetings did not follow a set agenda around key areas, such as safeguarding, complaints, incidents across the home, themes emerging for discussion etc. We found there was a separation between the quality of the meetings for the care staff and clinical staff from the records. Care staff were not given the opportunity to fully learn from events through meetings and discussion in the same manner as clinical staff.

● The registered manager, during this inspection, introduced a daily meeting for staff to discuss daily people's changing needs and actions arising from these. These systems enabled the registered manager to monitor effectively people's changing needs, such as weight loss or fluid intake and also to support them to identify trends so action could be taken promptly.

● The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.

● The registered manager and staff had developed working relationships with health professionals and the local authority and worked to implement any recommendations made. They worked with a local training service to develop initiatives to develop their care, particularly around dementia. The pandemic had hindered local opportunities for engagement with the local community, however plans were in place to further develop this as restrictions allowed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The duty of candour requires the provider to be open and honest with people when things go wrong with their care, giving people support and providing truthful information. The registered manager understood this duty.

● People and relatives were able to provide us with examples where the registered manager followed this approach, however staff spoken with were not aware of the outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider, registered manager and staff were passionate about providing person-centred care and support for people. One relative told us, "The culture and values stem from the top, and they are so respectful it just filters down the staff. Managers muck in and it's nice to see."

● People's and relative's views were sought about their care and support through surveys. People, relatives and staff all said communication with the registered manager was good. Staff told us they were happy working in the service. They all felt the registered manager was approachable and listened to them. They felt supported in their role and felt they could voice their concerns.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure systems and processes that were in place to assess, monitor and improve the quality and safety of the service, did so effectively. Records relating to the care and treatment people required, including decisions relating to their care were not accurately maintained.