Barchester Healthcare Homes Limited

Cubbington Mill

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

An unannounced inspection visit took place on 4 and 5 December 2018.

Cubbington Mill is registered to provide personal care to older people including people living with dementia. Cubbington Mill is a nursing home, which provides care for up to 56 people across two floors. At the time of our inspection there were 47 people living at Cubbington Mill. People had their own bedroom and all the bedrooms had en-suite facilities, plus people had the use of shared communal lounges, dining rooms and bathrooms. To aid people's movement around the home, a passenger lift and stairs helped people move between floors.

People in care homes receive accommodation and nursing and/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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good overall. However, at this inspection we found standards in how safe wounds were risk assessed and how responsive the service was to meet people's needs had not been maintained. In Well Led, we found this had changed to requires improvement because there were limited and effective quality assurance checks recorded that assured the provider, people received good care outcomes. Overall, the rating had changed to Requires Improvement and we found a breach of the Health and Social Care Regulations.

People were pleased and satisfied with the quality of care provided by a consistent, kind and caring staff team. People and relatives were complimentary of the service and were supported by enough staff to provide them with the care and support they needed, at the times they preferred.

People said the service was well managed and people and relatives were complimentary of the registered manager. Staff said the registered manager was effective and supportive to them.

Care plans and risk assessments needed more specific information for staff to provide consistent and individualised care. For people assessed as being at risk, care records did not always include sufficient information for staff to help minimise those risks. Staff records were not always completed consistently and in line with the providers expectations.

Staff knew how to keep people safe from the risk of abuse. Staff and the management team understood what actions they needed to take if they had any concerns for people's wellbeing or safety. People told us

they felt safe, comfortable and at ease when staff provided their support.

Training records showed staff training was up to date and staff were equipped with the skills and knowledge to look after those in their care. Recent improvements to address staff training had meant staff training exceeded the provider's expectations.

Staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before any care and support was provided. Staff recognised this was an important part of their role in promoting choice and continuing to promote people's independence.

People received regular support from district nurses and other health care professionals. People were registered with a GP practice who visited people when needed. If people required healthcare support in an emergency, staff were available 24 hours a day to seek that help.

People received their medicines safely by trained and competent staff but improvements to certain types of medicines was needed so we could be assured, people received their medicines as prescribed.

There were examples of completed audits and checks that gave the registered manager and the provider confidence people received a safe, responsive and effective service. However, some of the issues we found around food and fluid monitoring, record quality and person centred care plans had not been identified in the registered manager's audits. We did however see; provider level audits had identified some of these concerns but timely actions had not been taken. Changes with senior staff within the home had not always checked and evidenced good care outcomes for people were being provided. This lack of understanding between roles and responsibilities had destabilised the quality of clinical care some people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines safely by trained and competent staff but improvements to certain types of medicines was needed so we could be assured, people received their medicines as prescribed. Risk assessments needed more specific information for staff to provide consistent and individualised care. For people assessed as being at risk, care records did not always include sufficient information for staff to help minimise those risks.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always support responsive care, especially when managing and responding to maintain skin integrity. Staff knowledge and recording did not always demonstrate what actions had been taken to support people's health needs. People were involved and engaged in pursuing their activities and interests.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems used to monitor the effectiveness of the service were not effective and a lack of managerial scrutiny and oversight and adequate records meant we could not be confident actions were taken when improvements had been identified. Fire safety and health and safety checks were completed and people and staff were complimentary about the leadership of the service. The registered manager was committed to improving their systems and audits to

demonstrate people received a good quality service.

Cubbington Mill

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 4 December 2018. This visit was conducted by two inspectors, a specialist nurse and an expert by experience. The specialist nurse was a specialist in dementia and older people's care and the expert by experience, had experience of caring for someone in this type of setting. On the 5 December 2018, two inspectors returned announced.

Prior to this inspection, we received information that suggested staff practice in moving and handling techniques was not always appropriate and safe. We looked at this as part of this inspection. We looked at information received from statutory notifications the provider had sent to us and from commissioners of the service. Commissioners are representatives from the local authority who work to find appropriate care and support services, which are paid for by the local authority. A statutory notification is information about important events which the provider is required to send to us by law.

The provider had not been asked to return an updated Provider Information Return. This is information we require providers to send us at least once annually 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. We gave the registered manager an opportunity to tell us about their service during our inspection visit.

During our inspection visit we spoke with four people living at Cubbington Mill so we could get a first-hand account of their experiences of the service they received. We spoke with two visiting relatives and a visitor. We spoke with the registered manager who was responsible for the day to day management of the service. We spoke with a regional director, an operational trainer, two nurses, two unit lead managers, five care staff and an activity co-ordinator.

We reviewed six people's care plans, daily logs and medicines records to see how their support was planned

and delivered. We reviewed records of quality assurance such as fire safety records, medicine audits, health and safety audits and organisational audits completed at provider level.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we rated this area as 'Good' because people felt safe living at Cubbington Mill and they were supported by enough staff to meet their needs. At this inspection visit people continued to feel safe, however risks to ensure people's skin integrity was maintained and risks associated with some type of medicines, was not always managed safely. Therefore, the rating has now changed to Requires Improvement.

One person said they felt safe because they had choices in how to keep themselves and their possessions safe. This person said, "There's always people around looking after you. The door is closed at night which I prefer, no-one has ever come in and disturbed me." A relative told us they knew there relative was safe. They told us, "I do feel (person) is safe. I know they are being looked after and (relative) is happy here. If they were not, I would know."

Staff understood and applied their knowledge to their work where people required support to reduce the risk of harm. Care plans identified what staff needed to do to manage risks to people's safety. All risk assessments included evidence of person centred risk planning and assessment. However, some risk assessments were not always in place or reviewed regularly, such as monitoring and maintaining skin integrity and wound care. Some people had red skin areas or skin breakdown and regular monitoring to manage the risk, was not always completed. We discussed this with the registered manager and regional director who agreed to make improvements with support from the provider's own clinical teams .

Staff continued to protect people from abuse and poor practice because they knew the actions they should take if they had any concerns about people's welfare or safety. Staff told us any safeguarding issues would be reported to the management team, with one member of staff saying there was a whistleblowing helpline that could be used if the perpetrator was a member of the staff or management team.

People said there were enough staff to meet their individual needs. People said staff knew what help and support they needed, but they also knew their abilities and encouraged them to be as independent as possible. People told us they did not feel rushed when care was provided and if they needed additional help or had an emergency, they pressed their call alarm bell and support was on hand with minimal delay. Staff said there were enough staff to provide the care and support people needed. The registered manager and regional director were confident staffing levels were right because they could cover shifts with their own staff and not agency. This helped people receive care from staff who knew them and their personal needs. The registered manager said they had flexibility to increase staffing levels if needed so they could continue to support people's needs.

People raised no concerns to us regarding the administration of their medicines and said they received them regularly from staff when required. However, we found staff did not always consistently record some medicines such as topical creams. In some examples we saw, body maps were used but they did not indicate where staff should or had applied the prescribed cream, and how much to apply. Some people had patch medicines but some records showed gaps in when and where staff had applied a patch medicines.

This is important for staff to know, so they can use a different part of the body to reduce skin irritation or absorption. Medicines were checked and a provider audit dated October 2018 had identified these issues, but the lack of limited recording continued.

Medicines were destroyed when needed, yet we saw two examples where only one signature was used instead of two. The provider's disposal register records did not record a signature for the person collecting the medicines for destruction or a date they were collected or destroyed. Whilst we had no evidence to show people had come to harm regarding patch medicines and medicines for destruction, we raised these concerns with the registered manager. Following our inspection visit, the registered manager told us staff practice would include two signatures. Medicines were stored safely and medicines were stored at safe temperature levels. Staff were trained in medicines administration and staff competency checks were completed.

The registered manager ensured regular fire tests were completed at the necessary intervals. Records showed fire tests, fire drills and emergency lighting were checked to ensure staff knew what to do and fire equipment was fit for use. People who used the service had up to date Personal Emergency Evacuation Plans (PEEPs). PEEP's are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency.

The registered manager managed the control and prevention of infection well. The service was clean and an additional 'deep clean' in people's rooms took place during 'resident of the day' to ensure rooms were clean and any immediate risks to safety were responded to.

Good

Is the service effective?

Our findings

At our last inspection, we rated this area as 'Good' because people told us staff knew how to support them effectively. At this inspection we found staff continued to know how to meet people's needs and most people continued to be involved in their care decisions and daily choices. Therefore, overall, the rating continued to be Good, but we made some recommendations to the registered manager to ensure everyone received the same quality of service.

People felt staff knew what to do, how to do it and when to offer help and assistance. One relative said, "I think they are well trained, I've never seen an example of them not appearing well trained."

Staff continued to receive training and refresher training to keep their skills, knowledge and practice updated. The registered manager completed a training schedule to ensure staff had the skills and knowledge to provide effective care. Staff were trained in essential areas such as moving and handling, food hygiene, safeguarding and medication. With the exception of a new staff member on induction, all staff told us they had received manual handling training and annual updates to refresh their knowledge. Staff felt they had enough equipment to assist people with transferring and said that if they weren't sure how a person was assisted they would refer to the care plan. One staff member completed three days training at one of the provider's other homes. This staff member said they found this training was 'enlightening' and had a better understanding of 'the patient experience' as they themselves were hoisted, so knew how it felt.

Nurse staff told us they had witnessed staff using underarm lifts and said staff did not always use slide sheets, because they were trying to be quick. We did not see this during our visit and the nurse went onto say, that some of the care team were the best they had ever seen. We spoke with the operational trainer about this and the concerns we had received before this visit regarding poor staff practice when transferring people. The operational trainer said they were planning to retrain staff in how to lift people and what were safe methods to do this. They felt it was more about terminology staff use, rather than poor practice. We also raised a concern that people were moved in wheelchairs without footplates, which put people at increased of injury. Staff were aware and although we did not see this happen during our visit, staff made sure footplates were in position, before a person was moved. Staff told us, another person living at the home was telling other wheelchair users, how to raise their footplates so they could move themselves. Staff were vigilant to this.

We found some senior staff members induction around policies and procedures had not always been followed in line with the providers expected timescales. These staff said they were encouraged it would take place, but were frustrated it was not in a timely way. They told us this was known by senior management and plans were in place to ensure this was completed.

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. Some people had authorised DoLS and these were followed by staff.

Staff told us most people had capacity to make their own informed decisions. People told us staff asked them for permission, before they were provided with care. Staff had knowledge of MCAs and DoLS and understood the principles of allowing people to make unwise decisions. One staff member told us they, "Needed to support people to make choices even if they seem wrong to us". Staff told us they continued to promote options and choices, even if people did not always understand, but they always asked people for consent before any support was given. However, in some cases at lunchtime, we saw people were not always given or reminded of their choice of food, or had choice where to sit. We asked about one person and a staff member said, "We put (person) in the lounge for lunch rather than the dining room because they can be quite verbal and aggressive and it's not fair on the other residents'. We also saw examples of other people being given a meal or drink, without a choice offered. This demonstrated that choice for all, was not always offered, or how this made that person feel.

Most people were pleased with the quality and choice of food. A typical comment was, "The food is good, there is a choice, more than one, it suits me." Staff assisted those who needed help with eating, this included cutting up food or helping people to eat. We saw inconsistencies in how this was achieved. Some provided little engagement with people which made it feel task orientated, while other staff, took time, encouraged and talked with the person. We saw an example where a person was struggling to eat due to their seating position. A staff member walked past four times before they provided assistance and when they did, there was no conversation or asking the person if they were comfortable or needed help. We fed this back to the registered manager so they could take action to improve this.

People had access to other healthcare organisations. One person said they had recently attended routine checks. They said, "I have had my eyes tested and my teeth were done recently, I can't think where I went". A GP surgery completed a weekly visit and other health professionals such as district nurses, opticians and chiropodists completed regular checks.

The environment was clean, well maintained and straight forward to people to navigate around. For some people with a cognitive impairment , there was a lack of signage around the home, or cues to help people identify communal areas or their bedrooms. There were no pictures, photographs or other useful information by people's rooms to indicate which room was their own room. The provider has invested in their own dementia training programme and although this home has not been part of the initial rollout, dementia based training and themes will support the staff to make the environment dementia friendly.

Good

Is the service caring?

Our findings

At our last inspection, we rated this area as 'Good' and we continued to find people received a service from staff that were patient, considerate of people's needs and choices and kind in their interactions with people. People and relatives feedback to us included, "I think they are kind overall and respectful as a whole.", "The care staff are kind and considerate…they take a personal interest" and "It's always very welcoming here."

People said staff respected their privacy and dignity. One person said, "They are very good, they usually knock. I never think they are being intrusive." Staff understood how to protect people's dignity when personal care was provided. Staff understood how important this was to maintain and throughout our visit, we saw staff spoke about people in a pleasant and caring way. However, the morning of our visit on 4 December 2018, we saw five people in wheelchairs in the communal lounge area on the ground floor. All of them had a large piece of A4 paper attached to the rear of their wheelchair, with their names and room numbers in bold print. The inspection team felt this was undignified. Staff told us families had requested this, but we asked them to consider a more discreet way to ensure wheelchairs remained for the sole use of each person.

Most of our observations of staff supporting people was caring, but we saw inconsistent caring approaches to people during our visit. In some cases, we saw staff were kind, patient and respectful when taking with people, addressing people in their preferred names and putting themselves to each person's level to make conversation easier. At lunchtime we saw some lovely interactions, engaging people in conversation whilst supporting the person to eat. A staff member repeatedly asked if the person wanted more and if they were enjoying it. They asked what pudding they wanted, and if they wanted more drinks. This staff member complimented them on their clothing. Yet for other people, we saw they got less positive comments. We saw staff repeatedly walk past a person who needed support to eat, then when they helped, they did not speak. One person said, "They don't explain what they are going to do." Whilst this was in the minority, we discussed this with the registered manager. They agreed to remind staff of the importance of how their approach to people was important and they agreed to monitor staff performance.

People's independence continued to be promoted and staff encouraged people to do as much for themselves as possible. This included daily choices, but also where they chose to spend their time, what they wanted to wear, and how they wanted to occupy their time. People used different communal areas of the home, whether to watch television, to sit quietly or to spend time in their own room.

People and family members were involved in care decisions and care reviews. Relatives told us if there was a change in their family members condition, they were kept informed which they appreciated. Relatives and a visitor felt welcomed into the home and had unrestricted visiting times. The registered manager told us this was 'their home not ours ', so they have no restrictions.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we rated this area as 'Good' because people received a service that was responsive to their needs and continued to promote their social inclusion. At this inspection we found the service was not always responsive to known or changing care needs. Care records and staff's knowledge of how to support people to maintain skin integrity was not responsive and actions to monitor and record, were not effective. Therefore, the rating has now changed to Requires Improvement.

In the six care plan records we reviewed we found a lack of detailed information and evaluation which meant for some people, the support was not responsive to their changing needs. For example, care plans did not have detailed evaluations' or monthly reviews of care plans, only a tick box ("yes/no") to indicate changes or not to the care plan. Staff completed a monthly review sheet whereby significant changes from the month were identified, but there was no evidence in any of the files we saw where there were arising issues pertaining to skin integrity that this was documented on review forms.

The provider's approach to responsive care planning was inconsistent. Some care plans supported people's needs, whilst others did not. Some care plans lacked relevant detail to provide personalised care. For example, one person believed the home to be connected to their previous employment. This important and relevant information was not recorded in their care plan, although staff knew this. Another person was at risk of falls and identified at high risk of falling. There was some information around the number of falls, but there was no information about how to observe them, how they mobilised and no consideration of a sensor mat to alert staff if they were moving or getting up from their chair or bed.

Not all information was recorded regarding GP visits and transferred into the person's records. Whilst the GP sends 'summary' information electronically which was in people's notes, not all information was submitted following reviews and so information was not always documented. Unit lead managers, nurses and clinical staff were responsible for checking advice was followed, the accuracy of records, pressure equipment and food and fluid chart completion. We found a lack of checking which had potential to put people at unnecessary risks. We found three air pressure mattresses were not set to the correct weights (this is important to help support and reduce skin breakdown), incomplete food and fluid chart completion and a lack of records and wound care plans when monitoring skin breakdown.

Our specialist nurse was concerned about the management of wounds and the maintenance of people's skin integrity, especially on the ground floor. Some people had wound care plans, others did not. In one case, out of 64 days, there was 20 days where there was no skin monitoring or intervention recorded. For people with singular or multiple red skin areas or wounds, there was limited care plan or skin assessments completed to ensure a consistent approach to care. Applied dressing records were also not consistently completed or clear. This was not solely a recording concern, because staff's knowledge was inconsistent in what to check and look for. Staff did not proactively monitor and seek advice in the treatment and continued support of people's pressure areas. Nurse and clinical leads had not ensured the documentation was being completed and the right support was given. We did not find wounds or skin integrity had become worse for people over time, however they had not improved. We fed our concerns to the registered manager

and regional director. The registered manager, with help from the provider's visiting clinical support team, assured us they would review everyone without delay, to ensure they received the right treatment and support.

Other aspects of care planning were supportive to people's needs. The care records recorded people and or family involvement and whether people wanted treatment in the event of a cardiac arrest. No one at the time of our visit received end of life care. The registered manager said this was a home for life and they worked close with other health professionals to ensure a pain free and dignified death as much as possible. Staff worked alongside MacMillan nurses and GP's to ensure the right medicines were in place at the right time.

The Activity Co-ordinator said that they had enough materials to provide a variety of arts and crafts projects, and that activities were tailored to the capabilities of each person. The example given was that in a recent planned activity some people did not want to participate in the actual session, but were given the opportunity to visit the shops to buy supplies. The Activity Co-ordinator also said they had received specialist training and attended regular regional meetings to share ideas and good practice. Activities included celebrating special events and involved working with the local community, such as local schools, involving families in helping to celebrate fetes, summer parties and the celebrating of National Care Home Open Day (National initiative to invite the public into a care home). People's activities were tailored to meet their needs. We were told of one example, where a motor museum representative came to the home to talk about cars as it was a person's passion. A visiting hairdresser attended the home and people enjoying being pampered.

Complaints information was displayed in the communal entrance. Complaints were recorded, investigated and lessons learnt to prevent similar complaints from reoccurring. People knew how to complain if they felt they needed to. One person said, "I haven't complained because there is nothing to complain about."

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we rated this area as 'Good' because a programme of audits and continuous feedback from people helped ensure the service met people's expected needs. Oversight through audits of clinical support kept people's health and wellbeing well managed. At this inspection we found improvements were needed to ensure actions were completed. Therefore, the rating has now changed to Requires Improvement.

Previously, the provider's quality monitoring systems were effective in identifying and addressing areas for improvement. However, at this inspection we found some audits and checks had not led to an improved service. For example, 'Resident of the day' (involving checks of care plans, environment, infection control, risk assessments, activities and the chef) were signed off as being correct however we found care plans for those checked, were not always reflective of people's needs. Incident and accident reports within those checked, were not always fully completed to show what actions were taken to minimise potential for further incidents. Through these checks, we saw one person was identified 'at risk of absconding '. Three risk assessments were completed, but it was not easy to identify what the latest actions were to monitor this person's risks. The regional director checked this with us. They told us part of the check was to communicate important information to staff. They told us they would expect this information to be discussed in the 'daily stand up' regarding risk of absconding. Records showed this was not communicated at daily meetings.

The provider's internal quality assurance teams completed a series of audits. We looked at a 'regulation' audit completed 5 October 2018 which identified improvements within the service. For example, a medicines audit completed by the provider's 'regulation team' identified improvements were needed when recording patch medicines and topical creams. This was also identified in a quality improvement review dated 5 November 2018. We found gaps in recording these types of medicines continued. Medicines records showed medicines identified for disposal were not being signed for in line with the provider's medicines policies and when we saw one MAR that was significantly altered, there was no one who took responsibility to ensure it was clear, when following medicines were required.

Food and fluid chart completion was identified in a previous regulation audit dated 15 June 2017 and in the 5 October 2018 audit. We checked examples and found they continued to be inconsistent. Target goals for a persons' fluid intake and how they were totalled were not always completed. The nurse said this information would be in the care plan and it was their responsibility to check these documents were completed. We checked and found care plans did not record this.

For people at risk of poor skin integrity, we checked three people's mattress settings and found they were inaccurately set. This could cause people unnecessary risk of skin breakdown if mattresses were not set correctly. A nurse said a lack of time prevented these checks from being completed. The registered manager was not aware checks were not being completed. Effective audits would have identified the concerns we had regarding the planning and monitoring of skin integrity when sore areas of the skin developed. This was significantly more prominent on the ground floor unit. For example, on 29 September 2018 a photo had

been taken of a wound. Out of the following 64 days prior to our inspection visit, only on 20 occasions was there evidence of any kind of intervention or monitoring of the sore. We would expect the frequency of monitoring to be daily due to the ongoing risk of further skin breakdown. Records showed on 3 November 2018, a pharmaceutical dressing was applied however this had not been prescribed on the MAR, neither was there evidence to show a GP had prescribed this. One nurse said to us, they used whatever dressing was available. The correct dressing to use was not clear. In another example, dressing changes were not completed in line with healthcare advice. Dressings were due to be changed every four days, however in a number of examples, they were not changed until up to eight days later. This lack of oversight, had potential to put people at risk of their health condition worsening.

Care reviews of people with skin breakdown were completed. However, these had not identified the lack of recording, monitoring and ongoing treatment people needed. One person's tissue viability plan was reviewed monthly from July 2018 to November 2018 but staff had not checked pressure mattress settings, the quality of records and whether the treatment provided was effective. This had potential to put people at unnecessary risk.

The registered manager's audits and provider audits were compiled to complete one central action plan but not all actions were recorded into this plan. We found the regulation audit identified an outdated complaints policy which continued to be displayed in the communal foyer, dated 2014. This was identified as requiring updating, but this was not included on the central action plan. The registered manager told us they were not aware this action had not pulled through and had a lack of understanding of what actions were captured and those that were not, for example, recommendations. This meant there was a possibility, this and other actions could be missed. The registered manager changed the complaints policy during our visit.

The registered manager told us recent issues within management and clinical team had caused instability within the service which had affected the level of clinical checks being completed satisfactorily. The registered manager was unaware some of these delegated checks were not being completed and they themselves, had not checked. The registered manager said they had clinical support from another registered manager to ensure their processes were more robust.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance .

The registered manager completed checks on health and safety, infection control and fire safety. These audits were completed regularly in line with the providers expectations. These, plus water quality and utility checks ensured people were kept safe within the environment.

The registered manager acknowledged there had been some difficulties in the last few months and plans were underway to improve the levels of service at the home. The registered manager said they felt supported by the additional visits of another registered manager and were confident, improvements would be made. It was evident from discussions with the registered manager, they were proud of the service they provided to people, their families and the local community. They said their role was to, "make the transition into a care home as easy as possible." They recognised how this affected the person and family and worked hard to build important links with families. People and relatives were complimentary of the registered manager.

The registered manager showed us evidence to support how they involved everyone, including photographs of people and families involved in events, and how staff go 'the extra mile' to make people feel special. They

had plans to include talks and presentations from outside agencies about particular health topics so families had a better understanding. The registered manager explained how they also put people first and wanted to support their team. Staff said the registered manager was very supportive and effective in their role. The registered manager had established close links with other health professionals and worked closely with agencies when people were at end of life. Following our feedback, the registered manager assured us they would take action to improve how the service operated.

Providers are legally required to display the ratings we give them, within the home and on their website, within 21 days of receiving our final inspection report. We saw the provider had met their legal responsibility to display their latest rating in the home and on their website. The registered manager submitted statutory notifications to inform us of events that happened at the home in line with the legal responsibility.

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 Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17 (1)(2).