

St Antonys Residential Home (Erdington) Limited

St Anthony's Residential Home (Erdington) Ltd

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

St Anthony's is a residential care home, at the time of the inspection were providing personal care to 36 older people who may also be living with dementia. The service can support up to 39 people.

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

There were a lack of effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided. Regular audits were not taking place which would provide the management with reassurances that people were being cared for safely and in line with their care needs. Accidents and incidents were not routinely analysed and opportunities were lost for lessons to be learnt. Medicine management protocols were not routinely followed including ensuring the safe storage of medicines. Risk assessments were lacking in detail and did not provide staff with the detailed information on how to support people safely.

People felt safe and were supported by staff who had received training in how to recognise signs of abuse.

People were involved in the planning of their care and were supported by a consistent group of staff who felt well trained and supported in their role. Staff were provided with opportunities to raise any concerns they may have and felt their voice was heard. Staff were confident that if they did raise concerns, they would be responded to and acted on appropriately.

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. Staff obtained people's consent prior to offering support.

People were happy with the care and support they received and were complimentary about the service.

People commented positively about food that was on offer and were provided with a choice of meals on a daily basis. People had access to drinks throughout the day to ensure they remained hydrated.

Staff were aware of people's healthcare needs and liaised with other healthcare professionals to support their wellbeing.

Staff treated people with dignity and respect and were mindful of respecting people's privacy. People described staff as 'kind, caring and compassionate'. Staff knew people well, took the time to interact with them, listen to them and ensure they were involved in decisions regarding their care.

People were involved in making choices about their care and support on a daily basis. Staff knew people well and what they told us was reflected in people's care records.

People were supported and encouraged to take part in a variety of activities that were of interest to them. Efforts were made to ensure people were supported to maintain friendships and relationships with family members and access the community on a regular basis. People living at the service had a voice. They were listened to, their opinions mattered and were noted and responded to.

People had no complaints and were highly complimentary of the service. Where complaints had been received they had been responded to appropriately and action was taken.

People were very happy with the service they received and considered it to be well-led. The provider was a well known figure throughout the service and was highly thought of by people living at the service, relatives and staff alike.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Good (published 5 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' and 'Well Led' sections of this full report.

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

During the inspection, we found the provider took action to mitigate the risks identified
The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anthony's Residential Home (Erdington) on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection. The provider did not have systems and processes in place which would provide them with full oversight of the service.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was responsive.

Good 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

St Anthony's Residential Home (Erdington) Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people, five relatives and a visiting healthcare professional. We also spoke with the provider, the registered manager, the deputy, two business support members of staff and three members of care staff. We spoke with the activities co-ordinator, the cook and a member of staff whose role was to meet and greet visitors to the service. We reviewed a range of records including, the care records of four people and medication records of four people. We also looked at two staff files, training records, recordings regarding accidents and incidents, minutes of meetings and audits. 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.

The provider is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits that were put in place following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We could not be assured people's medicines were managed safely. We saw medicines were overstocked and had not been stored safely. Systems in place for the management and storage of medicines were not effective. For example, we saw for one person, the same 'as required' medication had been ordered and delivered on two consecutive days. Further, there was no 'as required' protocol in place to advise staff when to administer this medication. The registered manager told us, "[Person's name] has not needed this medication for almost 12 months". The registered manager was unable to obtain an explanation for why the medicine had continued to be ordered and confirmed they would look into this immediately.
- Where medicines were stored, temperatures were recorded but no action had been taken when the temperatures were above recommended guidelines. We saw where medication administration charts had been handwritten, second signatures were missing (it is recommended good practice to have two staff sign handwritten charts). We saw where people were administered medication 'as required' protocols were not in place.
- We saw for one person who received their medication covertly, authorisation had been received from their GP, but there was no protocol in place to ensure staff followed the guidance consistently.
- People told us they had no concerns regarding their medicines and received them on time. One person told us, "Yes I get my medication at regular times, [care staff name] is very good at the medication".
- A random audit on the day prior to the inspection had taken place of eight Medication Administration Records [MAR] and confirmed what was administered had been signed for and balanced with stock levels. We looked at the MAR of four people and found what had been administered, balanced with what was in stock.
- We found no people had been harmed as a result of the mismanagement of medicines, but systems were not in place to give the provider confidence that medicines were managed safely as staff were not following the provider's policies and procedures.
- The provider responded immediately during and after the inspection to these concerns. On the second day of the inspection, a full audit of all medication had been carried out, 'as required' protocols were in place and arrangements were made for excess stock to be returned to the pharmacy.

Assessing risk, safety monitoring and management

- Risk assessments in place did not provide clear guidance to staff on how to manage and mitigate the risks to people. For example, one person's care plan stated that they 'preferred' their food to be mashed, but made no reference to the fact that the person was at risk of choking and this was not a preference but a

necessity. We saw the person had been referred to the Speech and Language Therapist and guidance on how to support the person at mealtimes had been obtained, but this guidance did not form part of the person's care plan or risk assessment. We found no evidence that people had been harmed and staff spoken with were aware of the individual risks to people and how to support them. However, risk management systems were not robust enough to demonstrate safety was effectively managed. The provider responded immediately during and after the inspection to these concerns. On the second day of the inspection, we saw work had commenced to ensure detailed risk assessments were in place for all service users where required.

- People told us they felt safe and were confident staff knew how to keep them safe from harm. People were supported by a consistent group of staff who knew them well. One person told us, "Yes I feel safe here. The atmosphere makes me feel safe. The doors are locked and no strangers about" and another said, "Yes, I feel safe, the staff make me feel safe". A relative told us, "Yes [person is safe] I cannot speak highly enough of them [care staff]".
- Restrictions to people were minimised so people felt safe and also had the most freedom possible. Staff understood how to support people who may present behaviours that may challenge. We observed staff offering support and reassurance to individuals and a number of distraction techniques were used to keep people safe from harm.

Learning lessons when things go wrong

- Where accidents and incidents took place, staff responded appropriately and sought appropriate care and treatment. For example, we saw one person had suffered a number of falls during a month and had been referred to their GP. However, there was no analysis of the information that was collected which would help identify any trends and potential actions to be taken. Opportunities to learn lessons from this information were lost. For example, we saw for the month of March, 16 individual recordings of unwitnessed falls had taken place. No serious injuries were suffered but the information was not looked at to see if there were any particular trends that could be identified and lessons learnt.
- The provider responded immediately during and after the inspection to these concerns and ensured these events were analysed to identify any trends for action.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of their responsibilities to report and act on safeguarding concerns. A member of staff told us, "I did raise a safeguarding and told [registered manager's name] and they dealt with it and told staff as well".
- Where safeguarding concerns arose, they were acted on appropriately.

Staffing and recruitment

- People told us they were supported by sufficient numbers of staff who met their needs. One person told us, "Yes there are enough staff and when I'm in the lounge there are enough staff". We observed staff were present in communal areas and responded in a timely manner to people's calls for assistance.
- Staff told us they were happy with the staffing levels. The registered manager confirmed there were no staff vacancies, agency staff were not used and any absences were covered by the existing staff group. This meant people received care from the same consistent group of staff.
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Preventing and controlling infection

- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 told us they were involved in conversations regarding their needs. People's needs were assessed to ensure the service was able to support them effectively and safely. We found that protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by a group of staff who felt well trained and supported in their role. Staff told us they received an induction, prior to commencing in post which included shadowing experienced colleagues and getting to know the people living at the service.
- A new training provider had recently been introduced to the service and staff spoke positively about recent training they had received, particularly as it was classroom based, which provided them with the opportunity to discuss the training. A relative commented, "Yes they [care staff] are well trained. They have been doing training on the hoist that [person] uses".
- Staff received regular supervision with either the provider or the registered manager. Staff told us these meetings were positive and supportive. One member of staff said, "[Provider's name] did my supervision last week, they said I was doing really well and had heard good things about me".

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

- People spoke positively about mealtimes and the food that was prepared for them. One person told us, "The food is very good, I can choose what I want to eat". We observed people were offered choices at all mealtimes. The dining area was pleasantly set out, with laid tables, teapots and cups and saucers. Fruit juices were served in glasses and attention to detail was paid to provide people with an enjoyable dining experience.
- We observed the food on offer was freshly prepared on site and presented in a way that looked appetising. We spoke with the cook who was aware of people's dietary preferences. People were able to choose on the day what they would like to eat and alternatives offered if they did not want what was on the menu.
- For those who needed support at mealtimes, this was done discreetly and respectfully. A relative told us, "[Person] lost a lot of weight. They persevered with supporting [person] at mealtimes and they have come back (gained weight)".
- A variety of drinks and snacks were offered throughout the day. A relative commented, "[Person] gets enough to eat and drink. There is a jug of water and a jug of orange juice. Their fluid intake and urine are

monitored".

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

- There was a large garden available for people to access and enjoy. We saw people were supported to freely move around the service and maintain their independence.
- Specialist adaptive equipment was used to meet people's care and support needs and to support their independence, in-line with their best interests.

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

- People were supported to maintain good health and access a variety of healthcare services. One person told us, "Yes, I have seen the dentist and optician since I've been here" and another said, "I have seen a doctor, they have never refused anything I have requested". We observed when a person was suddenly taken unwell, staff were quick to respond and obtain the appropriate support necessary. A visiting healthcare professional told us, "If I needed to find a home for a relative, this would be the one".
- Systems were in place to share information and communicate with other services.

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.

- A number of people living at the service had authorisations in place to deprive them of their liberty. Not all staff were fully aware of who had a DoLS in place, but all spoken with were aware of the reasoning for these authorisations and what it meant for the people living at the service.
- All staff spoken with were aware of the particular conditions in place for one person and were able to explain how these conditions were being met. Records confirmed, and we observed that the conditions were being met.
- People told us staff obtained their consent prior to supporting them and respected the decisions they made. One person told us, "Yes I make my own decisions, I have ever since I came here". We observed all staff obtaining people's consent prior to offering support.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People were overwhelmingly positive about the care and support they received from staff. We received many positive comments regarding the caring and compassionate nature of all staff including the registered manager and the provider, who had a visible presence in the service. Everyone spoken with described care staff as 'kind, caring and respectful' and told us 'nothing was too much trouble for staff'. One person told us, "If you're writing something about this place then say, it's a happy place. I am very happy here". A relative said, "I do think they [care staff] are kind and compassionate".
- We observed people were consistently treated with kindness and compassion. We saw numerous instances of staff offering comfort and reassurance to people, asking after them and ensuring they felt safe and comfortable. A relative told us, "Nobody walks past and not speak to the residents. They have a little chat". We noted that staff knew people well, knew when they had visitors or had plans to go out and were able to engage them in conversation about these events.
- We were provided with many examples of the kind and caring nature of the service and the staff who worked there. For example, a relative told us, "A friend who used to visit [person] had not been for a while. Staff asked how they were and when we told them they were not well, they did a collection for them and gave me a card to give them".

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

- People were supported to express their views. They were listened to and their decisions respected. One person said, "Yes I make my own decisions, I have ever since I came here".
- For those people who required the support of an advocate, arrangements were put in place.
- It was evident staff had been given the time to get to know people in order to understand their care and support needs, wishes and choices.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and we observed this. One person told us, "Everyone is polite, I can't complain about any of them [care staff]. They are not sharp with me and always willing to help". Relatives told us they were welcomed into the home 'day and night'. One relative commented, "I've never seen the staff treat my mom and other residents without respect".
- Staff explained how they maintained people's dignity whilst providing personal care, for example by ensuring doors and curtains were shut and using a towel to cover people. From our observations and

conversations with staff, it was evident that treating people with dignity and respect was uppermost in their mind.

- We observed people were encouraged to maintain their independence where possible. One person told us, "They [care staff] encourage me to do things for myself" and another said, "Anything that is in my capabilities, I am encouraged to do". A relative said, "Yes, they [care staff] support [person's] independence as much as they can". We observed people were able to walk freely around the home, access the garden areas and were supported to regularly access the community.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People were involved in the development, planning and review of their care needs. One person told us, "Yes, they [care staff] know what is important to me and what I like to do".
- We noted people's care plans held information regarding their personal preferences, strengths and abilities, who was important to them and how they would like their care delivered. From our conversations with all staff, it was evident they knew people well. They knew enough about people to hold conversations with them about their interests, any visitors or their healthcare needs. A relative described how well staff knew their loved one and what to say to them to encourage them to take part in activities they enjoyed. They told us, "Staff here are brilliant, all of them, including the laundry and kitchen staff, they can't do enough for [person]".

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 were supported by staff who were aware of their communication needs and communication care plans were in place providing staff with guidance on how to converse effectively with people.
- We observed staff speaking to people at eye level, talking clearly and listening to people's responses. A relative whose loved one had particular communication needs told us they had no concerns regarding staffs' ability regarding this and the person nodded in agreement to this statement.

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 told us and we observed, they were involved in a variety of activities that were of interest to them. The activities co-ordinator explained how they built up a profile of people's particular interests in order to offer activities that were of interest to people. For example, the service had their own choir, which many people living at the service enjoyed participating in and being involved in concerts for family members. The activity co-ordinator told us, "Music is one thing people all love and this encourages them to communicate with each other". We saw one member of staff was designated as activity co-ordinator, but all staff were involved in delivering activities. This meant people had the opportunity to take part in group activities seven days a week.

- Planned group activities took place twice a day. Information was on display around the home and in each person's room, telling them what events were happening that week. In addition to this, weekly plans were in place for one-to-one chats with people who were cared for in their room or had declined to join in group activities.
- We saw people were routinely supported to regularly access the community on a one-to-one basis with a member of staff and weekly plans were in place to ensure all people living at the service were provided with the opportunity to access the community, should they wish to do so. One person told us, "I like steam trains and the staff take me to the train station".
- We observed one activity called 'news reviews'. We noted every effort was made to engage all people in the activity and provide them with the opportunity to voice an opinion, should they wish to do so.
- The service benefited from having a number of volunteers who regularly visited to help out with activities and sit and chat with people. One volunteer told us "They [management] gave me an award for being a 'St Anthony's Friend'" and we saw photos of a garden party that had taken place the previous summer where staff and volunteers had been nominated for awards by their colleagues and people living at the service. We observed a person enjoying a conversation with the volunteer and when they left they commented, "Well that was nice, she's lovely isn't she?"
- People were encouraged and supported to maintain their relationships with friends and relatives. We observed the service had a steady stream of visitors during the day and all spoke with talked positively of the 'family atmosphere' at the service.

Improving care quality in response to complaints or concerns

- People told us they had no complaints regarding the service. They told us they if they had any concerns they could raise them directly with any member of staff or the provider. We saw information was on display throughout the home alerting people how to raise any concerns they may have.
- We observed staff routinely obtain feedback from people regarding the service and their care and respond to any issues or queries people had.
- We saw where complaints had been received, they had been recorded and responded to appropriately and lessons were learnt.
- We noted a number of people had taken the time to write to the provider and compliment the service. One person who had recently returned home following a period of respite at the service wrote, "What I have to congratulate you most for, however, is the quality of your lovely staff; unfailingly kind, patient and caring, I soon looked on them as old friends".

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- We saw every effort was made to ensure people's wishes were respected and the necessary care, support and appropriate level of treatment was provided to meet people's individual needs. A relative spoke movingly about the care provided to their loved one at this particular time. They told us, "I cannot speak highly enough of them [care staff] and their continued support so that [person] can stay here and not move to another home".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Lack of governance systems in place did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had purchased a new quality assurance system in order to provide oversight of service delivery. However, the system did not appear to be used to its full potential and therefore did not provide the registered manager with a complete oversight of the service. The transition to the new system had not been effectively planned and the training had not provided the registered manager with the skills to use the system effectively.
- The audits that were in place had failed to identify the areas for improvement that were found on inspection. For example, the medication audit was not robust and had failed to identify excessive stock levels, the storage of medicines above recommended guidelines temperatures, lack of 'as required' protocols in place and that staff were not following the provider's policies and procedures in relation to medicine management.
- Audits had failed to identify people's care records held insufficient information regarding how to manage the risks to people on a daily basis. This could lead to inconsistent care and poor practice.
- Where accidents and incidents took place, the information gathered was not analysed for any trends and opportunities to learn from these events were lost.
- The audits in place had failed to assess, monitor and improve the quality and safety of the service.
- The provider had failed to ensure records relating to the care and treatment of each person using the service provided staff with a complete, accurate and up-to date picture for staff to follow.

We found no evidence people had been harmed, however, insufficient systems were in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately during and after the inspection to the concerns raised. During the inspection, we noted audits of all medication were completed. We saw excessive stock was removed, and an air conditioning unit was purchased to ensure the correct temperature of the treatment room. We noted protocols were written for 'as required' medicines and accidents and incidents were analysed for any lessons to be learnt. We noted risk assessments were being written to provide staff with more information and a number of audits were introduced to provide the registered manager and the provider with oversight of the service.

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

- People spoke warmly and positively about the service. People told us they knew who the registered

manager and the provider were and described both as 'approachable'. People were confident they would be listened to if they raised any concerns and told us they would happily recommend the service. One relative said, "I know the manager and you can speak to them about any concerns" and another said, "I have nothing but respect for the people who work here, and I can't speak highly enough of them".

- The provider told us, "We have a very open culture, people are free to come in and share comments, good or bad and they are acted on". From our observations and conversations with staff, this statement was a good reflection of the service. We observed people were routinely asked how they were, they were listened to and if they were not happy with something, they were confident enough to tell staff, who in turn, listened and responded appropriately.
- We observed the provider to have a visible presence in the service. All people living there knew who he was and would pass the time of day with him. It was clear he was a regular visitor to the service and supportive of the staff group and registered manager.
- Staff felt valued and listened to. They told us they worked well together as a group and we observed this. As well as receiving regular supervision and attending staff meetings, staff felt their achievements were recognised. Staff shared with us a celebration that had taken place the previous year where they had been recognised for their hard work. A member of staff said, "[Provider's name] is very well thought of by staff, families and residents and it was a fabulous day to be honest".

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 registered manager was aware of their responsibility to report on concerns raised and relatives confirmed they were kept fully informed regarding their loved ones' care needs. A relative described the service as having a, "Nice and friendly atmosphere and open culture".
- There was an open and honest culture within the service. People felt comfortable raising concerns directly with the provider or the registered manager. A person told us, "The owner comes and I speak to him. Yes, he listens to me. I had a few concerns about the heating, all sorted now".
- Staff were aware of their responsibilities to report on concerns. Where incidents and accidents took place, individual actions had been taken and relatives informed.

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

- The registered manager told us their oversight of the service came from observing staff practice, speaking to people and their families and working alongside staff on a daily basis.
- Staff were aware of their roles and responsibilities and spoke positively about their colleagues. We observed staff were motivated and shared the provider and registered manager's vision of providing 'person-centred' care.
- Staff told us they worked well as a team and felt valued by the registered manager and the provider, promoting a positive working environment. Staff received regular supervision which provided them with the opportunity to discuss any concerns or training needs they may have and obtain feedback on their performance.

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

- People told us their views of the service were regularly sought and listened to. One person told us, "They [care staff] talk to you, so I ask for what I want". We saw people's views were sought through surveys and at attendance at regular meetings, providing them with the opportunity to voice any concerns or issues they may have. One person told us, "I do attend residents' meetings. They bring things up and we bring things up

and they do take notice".

- We observed all staff (throughout the inspection) routinely ask people how they were, if there was anything else that they needed and what they thought of the service.

Working in partnership with others

- The registered manager confirmed the service worked alongside mental health teams, community nursing teams, district nurses and a number of other agencies in order to provide people with the care and support required to meet their needs and we saw evidence of this.

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 provider had failed to ensure effective systems and processes were in place to enable them to identify and assess risks to the health, safety and welfare of people who use the service.