Dorking Residential Care Homes Ltd

Nower House

Inspection report

Nower House
Coldharbour Lane
Dorking
Surrey
RH4 3BL

Tel: 01306740076
Website: www.nowercare.co.uk

Date of inspection visit:
18 June 2019

Date of publication:
20 August 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service;
Nower House is a care home providing accommodation and personal care for up to 50 older people with a wide range of care needs. At the time of our inspection 46 people were using the service. Nower House is one large house which is split into two sections called Woodcote and Newra.

The building is laid out over two floors, with two large lounges and two large dining areas on the ground floor. One smaller lounge, two TV rooms, a conservatory and a lift for people to use.

People's experience of using this service and what we found:
We found there was a lack of risk assessments for people and their ongoing care needs. Nobody had risk assessments in place for things such as requiring a hoist, falls, moving and handling, risks relating to pressure damage and MUST (malnutrition universal screening tool) and other health concerns.

Medicines were not managed and administered safely. We found shortfalls with the processes in place to account for how much medicines were in the home. We also found people had the wrong amount of medicines stored for them and staff were unable to account for these errors. We raised this with the nominated individual who addressed this immediately..

People who were receiving end of life care did not have a person-centred end of life care plan in place. We raised this with the nominated individual and have signposted the service to linking in with local hospices with a view to developing end of life plans with people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People did not have decision specific capacity assessments or detailed best interest decisions.
Although several audits existed they had not picked up the errors that we noticed during the inspection with regards to medicines, consent to care and risk assessments.

People told us they felt safe and protected from harm and abuse. Staff were confident about identifying potential abuse and actions they would take if abuse was witnessed or suspected.
Staff did know the people they cared for well and were able to demonstrate detailed knowledge of peoples' needs which lowered the risk around people not having risk assessments.

People told us staff were caring. We observed caring interactions between staff and people during our inspection. Although people were not always aware of what a care plan was, they told us they were involved with making decisions about their care. People told us they were treated with dignity and respect. Relatives also told us that they found staff to be caring and kind.

People were supported to express their views through residents' forums which were reviewed by the service to identify areas for improvement. We received positive comments from staff about the registered manager. Staff told us they worked together as a team to achieve good outcomes for people.

Staff received training relevant to their roles. People were supported to eat and drink and provided with a variety of food choices at mealtimes. Staff worked well with external healthcare professionals to ensure good outcomes for people. People's needs were met by the home environment. Staff ensured consent was gained before providing care.

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 19th July 2016. There were no previous breaches from the last inspection.

Why we inspected;
We inspected this service in line with our inspection schedule for services currently rated 'Good'.

We have identified breaches in relation to the safe management of medicines, safe care and treatment, need for consent, person centred care and good governance at this inspection.

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

Follow up:
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Nower House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Three inspectors, and one expert by experience carried out this inspection. 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:
Nower House is a care home that is registered to provide accommodation and personal care to a maximum of 50 people. At the time of our inspection, 46 people were living there. The Care Quality Commission 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 and took place on the 18th June 2019.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the provider information return (PIR), which 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 used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and three relatives to ask about their experience of the care provided. We carried out observations of people receiving support and spoke with the

nominated individual, compliance manager and seven care, activities and catering staff who worked at the service. At the time of our inspection the registered manager was on leave so we were unable to speak with them on the day. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at six care records in relation to people who used the service. We reviewed medicine administration records and observed medicines administration. We looked at four staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments in relation to people's care were not always carried out. The provider did not ensure staff knew how to deliver care safely and did not specify what was in place to mitigate risks to people. This included risks such as falls, moving and handling, risks relating to pressure damage, MUST (malnutrition universal screening tool) and other health concerns. One person who was identified as at risk of falls in their care plan had no risk assessment in place for falls. The nominated individual told us, the 20 page care plans and massive numbers of individual risk assessments and thousands of sheets of paper that the CQC seem to require now will simply not get read and are therefore totally superfluous. We already complete hundreds of pages of risk assessments which obviously have a serious point.
- Risks to people were not always considered or planned for. People who were cared for in bed had no guidance or risk assessments to inform care staff where to check for pressure areas on people's bodies or where to record the information to show this had been completed. We observed this was a records issue as no one was being treated for a pressure sore.
- Storage of people's medicines was not always managed safely. No stock checks were completed to demonstrate people were taking their medicines in line with their prescriptions. For example one person's medicines record showed 22 tablets were signed in and 20 tablets had been given. There were four left in stock, which meant there were two tablets too many. Another person's medication record showed 18 tablets had been signed in and nine had been administered. There were 10 tablets left, which meant there was one too many. Staff were unable to account for these errors meaning that they could not be sure if people had taken their prescribed medicines.
- Peoples medicine administration records were not always accurately recorded. Where staff had handwritten guidance onto someone's record, this was not always signed and never double-signed as per best practice guidance.
- There were no clear protocols in place for PRN ('as and when') medicines and there was no guidance for staff for when people required it. One person's record indicated they could take their PRN medicine up to four times a day but no guidance in place to assist staff with when to give this or how it should be recorded.

Systems were either not in place or robust enough to demonstrate risk was effectively managed and the failure to manage medicines safely placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although risk assessments were not completed staff had a good understanding of people's needs within

the home. This meant people were less at risk as staff were able to respond to them appropriately.
● Environmental risks were considered and monitored. Regular checks were carried out on fire equipment and emergency lighting. Specialist equipment such as mattresses, hoists and wheelchairs were regularly checked to ensure they were working and in good repair. There were dedicated maintenance staff available to carry out works as needed.
● People's individual medicine profile included a recent photograph of them, and information on their GP and any allergies they had.
● Medicines were observed being administered. Time was taken to explain what the medicines were for and people were offered a drink with them. Staff observed discreetly to ensure people had taken their medicines before moving away.

Systems and processes to safeguard people from the risk of abuse
● The provider had safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I'd always talk to them and ask if they were okay anyway. If I thought something was wrong I'd speak to the duty manager or I could look up the number for safeguarding in the office."
● The service had a safeguarding policy available to people, relatives and staff, which included types of abuse and contact details for reporting abuse. We observed that people and staff knew how to access this.
● Staff understood about whistleblowing procedures and how they could raise concerns.
● People and relatives told us they were happy with the care and felt safe. One person told us, "I feel safe because everything is right. There are enough staff, and they are well trained." A relative said, "The care [relative] has received is good, I'm really happy."
● Staff contacted relatives when any incidents or accidents occurred. One person's relative said, "They keep me informed if there are any issues."

Staffing and recruitment
● There were enough staff available to meet people's needs. Staff had time to engage with people. People and relatives also told us there were enough staff. One person said, "I feel very safe because you are looked after so well. The carers are lovely. There are enough staff. They never appear to be harassed. They are marvellous, and get on very well together, which creates a nice atmosphere." Another person said, "There are lots of people to look after me."
● We observed staff were attentive to people's needs. People who wanted to walk around the service could, but staff were available whenever they appeared to need assistance.
● Safe recruitment practices were followed which included references from previous employers, proof of identity and checks through the Disclosure and Barring Service (DBS). DBS checks help employers to make robust decisions about staff they recruit.

Preventing and controlling infection
● The prevention and control of infection was well managed. One person told us, "It's spotless, the cleaning staff really do work hard to make sure everything is nice and tidy." One member of staff told us, "We have protective clothing, gloves, and aprons available." We observed staff using gloves and aprons when delivering personal care to people.
● Staff had training in infection control and knew how to control and prevent the spread of infection, including the cleaning of the home and how to prevent cross contamination.

Learning lessons when things go wrong
● Management were keen to develop and learn from feedback. The nominated individual told us they hold regular provider committee meetings which was an opportunity to discuss any concerns, feedback and

improvements. They also hold an annual general meeting which looked at all aspects of how the service is provided. This enabled the provider to be able to discuss the future vision of the service and how to take things forward and continually improve care for people.

● Accidents and incidents were reviewed, and action was taken to minimise the risk of a similar incident happening again. An analysis of falls had taken place, including by location, time of day and by person to look for any trends. The result of this for one person with a high level of falls was referred to a GP and they were diagnosed with a UTI which was treated and the falls stopped. The service also used sensor matts for people who had been identified as a falls risk.

Requires Improvement

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

● Peoples legal rights were not always protected and the principles of the MCA were not always followed. The nominated individual told us that the MCA and DoLS did not apply to anyone at Nower House. However, staff told us about two people who they felt were living with dementia and lacked capacity to make day to day decisions. One staff member told us, "(This person) struggles to communicate, it's very difficult. We know what she likes from when she first came here. Things like what food she enjoys and how she likes her tea."
● Capacity assessments were not always decision-specific or kept updated. Two people who lacked capacity to make day to day decisions had a capacity assessment which covered eating and drinking, health, medicines, wandering and personal care in one assessment rather than separate ones. This is not in line with the MCA. The capacity assessment did not contain detail on how these decisions were reached. It didn't cover peoples continued consent to their care and the need for continuous supervision. As a result people did not have up to date decision specific capacity assessments based on their current needs.

●No DoLS applications had been submitted where people lacked capacity to consent to their care and be subject to constant supervision. The nominated individual told us if people did require a DoLS then they

would have to move as this service was not designed to accommodate these needs.

Failure to complete decision capacity assessments was a breach of regulation 11 (Need For Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● People praised the food and told us it was very good. One person said, "They're very good about it. They do me all sorts of different things.". Another person told us, "They always make sure you are okay. And I love the food."
● People received a healthy balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
●The chef showed us a six-week menu was available to people. The menu catered for peoples' tastes and choices and included vegetarian options.
● The nominated individual told us they prepared fresh food every day. We observed that on the day of our inspection people were provided with freshly cooked food.
● We observed people being offered drinks throughout the day. People could choose to make their own drinks or be supported in doing so.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the home to ensure their needs could be met. The provider had completed an assessment for people whilst also including the family or someone that knew the person well to ensure all of their needs were discussed.
● People's outcomes were good. For example, one family member told us about how their relative had improved since arriving at the home. They said their family member had gained weight and was much happier and was more confident at the home.

Staff support: induction, training, skills and experience
● Staff were up to date with their training. A staff member told us. "If I ever feel like I need more training in anything I will just ask, and the management will book it."
● Staff had completed training in areas relevant to people's individual needs such as dementia, hydration, respiration, continence, falls and sepsis to provide the care they required.
● The provider had ensured staff received external training in safeguarding adults, fire safety, health and safety, malnutrition, challenging behaviour and moving and handling.
● Staff were required to complete an induction. Each member of staff had their own induction file which they all signed up to and worked through. Progress was monitored by senior team leaders and the management.
●Staff told us they felt part of a good team and were supported by the provider. Staff had regular supervision and we saw evidence of this in their staff files.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Health and social care professionals were arranged when needed to support people. This included GPs, dieticians, district nurses, podiatry and hospital appointments. One staff member told us, "Families would usually support people to appointments but if they weren't available then [registered manager] or [compliance manager] would often go with people." One person told us, "They do understand me. I do not need that much help, but if I ask, it is always there. They also make sure I keep active which is good. If I need a doctor, the carers fix it quickly."
● Records were maintained of all healthcare visits and contacts. The files we looked at included records of

visits and contacts with district nurses, speech and language therapists and GPs.

● People and relatives felt their needs were met. One person told us, "They understand my needs well. They are very good. They look after me well. They get me up in the morning, but otherwise respect my independence." A relative told us, "They definitely understand her needs. They know she is very mobile but monitor where she is going. I think that the doctor visits frequently.

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

● People lived in an environment that met their needs. People had access to spacious communal areas with comfortable seating and well-maintained furniture. There was enough communal space for people to either gather together to chat or to have some time and space on their own if they wished.

● People's rooms were personalised and filled with items which were important to them.

● People had access to an outside are with a well-maintained garden. We observed that people used to garden area on the day of our inspection.

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.

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

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

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

- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "You can do whatever you want to." Another person told us, "I do whatever I want to do. I can't do as much as I used to but it's up to me." We saw people were supported to make their own choices.
- In care plans we reviewed it was not evident if people had been involved in creating their plans. We received mixed feedback from people about their care plans. One person said, "I have a care plan, I'm always involved with my care". A relative said, "There is a care plan in place. I am not sure how often it is reviewed. But I have never had any concerns. It's all very good."
- Relatives we spoke with told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

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

- People told us staff who supported them were caring. One person told us, "They [staff] are very kind and caring. I cannot think of anything that is wrong." One member of staff said, "I love my job, the residents are always so happy in this house. Like a happy family. The carers take great care of people, it's a good team."
- We observed kind and caring interactions between people and staff during our inspection. For example, we heard a member of staff say to a resident, "Have you finished, beautiful?" The person smiled back at the member of staff in acknowledgment. We heard another staff member compliment a person on their appearance.
- People felt supported and well treated. One person told us, "I am very happy here. I have a visual disability, and they are always so kind in helping me. They certainly respect me. They always knock before entering my room. They are very good. Very patient. I never like to miss an opportunity to sing their praises."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their dignity. We observed that staff offered people choices and respected their decisions. Staff said they always knocked on people's doors before entering and the practice we observed confirmed this.
- People and relatives told us staff treated people with respect and maintained their privacy and dignity. One person told us, "They treat me with dignity. They are very good. We do have good chats about

all sorts of things. I am very happy. I have never come across any resident who says that they are unhappy." Another person told us, I am undoubtedly treated with dignity and respect. The carers are very polite. They always knock on my door and maintain my privacy. We have a bit of banter." A relative said, "They definitely treat [family member] with dignity and respect. I often see staff having a chat with residents."

● People were encouraged to maintain their independence. One person told us, "Staff are always asking me what I would like to do. Sometimes I want to join in but other times I like to spend time on my own. Staff are always happy to support me with what I choose and I feel like I can keep my independence, which is important to me." A relative told us, "They do encourage her independence which is great." One member of staff said, "Being independent makes people feel more comfortable."

Requires Improvement

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support

- The service had not developed their practice in supporting people in relation to their end of life care. Planning ahead for when people may no longer be able to communicate their views regarding end of life wishes is sometimes called 'advance care planning'. This involves thinking and talking about how people choose to be cared for in the final stages of their life.
- People's care plans contained a section for end of life care needs. However, these had not been completed. We found for one person who was receiving end of life care it contained no information on how staff could deliver care to this person during end of life which would consider this persons' thoughts and wishes.
- There was a concern around end of life and diet needs. We observed one person who was on end of life care was not on a food and fluid chart and had not been weighed this year. We raised this with the nominated individual who addressed this immediately.

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

- People's care records were not always sufficiently detailed, or person centred to ensure staff had clear guidance on how people liked to have their care delivered. This included risk assessment documentation.
- Care records contained information related to people's medical history, personal care, medicines, mobility, nutrition, and communication. However, often these did not contain sufficient detail to make them person-centred.
- Most care records reviewed contained very brief information regarding people's needs, previous lives and interests. For example, one person's care plan gave no personalised information except for next of kin details, they liked tea and had been admitted to hospital from the home following a fall. We discussed this with the nominated individual who told us he was looking to implement a more person-centred approach to care plans. The service sent us a person-centred template that they will be looking to use which focuses on people's likes, dislikes, hobbies, family, life history and what is important to people in their life.
- Despite the poor documentation, our observations were that people received care that met their needs because staff knew peoples' needs well.

Failure to design care with a view to achieving service users' preferences and failure to include end of life care planning was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

●The provider was aware of their responsibilities under this legislation. They knew how to access translation services should these be required. Information on accessible information was on display in the service to remind people of their rights.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to maintain important relationships. Family members we spoke with all told us they could visit when they wished. We observed relatives were visiting people during our inspection. One relative told us, "Staff make me feel very welcome."
● People had access to a variety of different activities seven days a week. The service had an activities board for people to see and this showed weekly trips that had been organised. Trips included a Swingbridge boat trip, St Pauls church afternoon tea, patchwork garden trip, Worthing visit and a garden party. One person said, "I enjoy going out on the trips, it keeps me feeling healthy to be able to still go out and about. Staff are always helpful and kind when they take us out, I couldn't ask for anything more."
● People had access to activities in the home, including boardgames, singalongs, knitting and arts and crafts.
● A member of the activity staff told us, "I work mainly with the activities team and we try our hardest to think of a range of things for people to do to make their life as interesting as possible. It is important for us to have a range of activities to meet everyone's likes and hobbies."
● We observed that the activity staff were motivated when engaging people with activities. One staff member was playing a game with people using a beach ball and encouraging everyone to take part. One staff member said, "I just love making older people's lives better and knowing that they are enjoying it that little bit more by joining in with activities."

Improving care quality in response to complaints or concerns
● The service had a complaints procedure for people and relatives to raise concerns.
● The service had not received any recent complaints. We saw several letters of praise from people, relatives, and professional staff who had visited the service. One person said, "I have never complained. There is a residents' forum, and the manager either follows up, or explains why it cannot be done."

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.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found some information held within care plans and risk assessments to be inaccurate or lacking in detail. Care plans did not always reflect a person-centred approach. Audits had not identified the need for risk assessments to be completed as part of everyone's ongoing care. This was supported by the view of the nominated individual who told us they didn't agree with risk assessments.
- Audits that were being used had not always identified areas for improvement. Audits had not identified the issues that we found on the day of inspection or the breaches of regulations in relation to consent, safe care and treatment or person centred-care or medicines.
- Although the service did have audit systems in place they have not been able to show issues had been identified and dealt with. To support this we did not feel the nominated individual was taking on board matters of concern we were raising with them.

The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture in the service was welcoming and friendly. Staff showed a good understanding of their individual roles and spoke with each other throughout the day as to what was happening and what needed to be done. One staff member told us, "The shift manager always tells us at the beginning of the shift what they want us to achieve throughout the shift, this is documented in handovers, what has taken place, reasons if certain things didn't happen."
- Staff felt supported by management to carry out their jobs. Staff told us that they felt management listened to them and supported them which created a positive working environment. One staff member told us, "The management respect what I say If I suggest anything. They always say I'm good at my job and are happy with me. I'm proud to say I work here." Another staff member told us, "The manager always reminds us of what is expected of us in a positive way."

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

● Families were kept updated when things went wrong. Relatives told us that they were updated by the registered manager if there had been an incident or accident. One relative told us, "They kept me updated when [my relative] had to go to hospital, I was happy with everything they did."
● The management was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. The nominated individual was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us they were listened to and supported. One staff member said, "We don't have full staff meetings but if there's a problem one will be called and seniors meetings will sort out any problems generally,"
● People and relatives were positive about the management. One person told us, "The manager is very well organised and approachable. It is lovely here and I could not live anywhere better." A second person told us, "I think they are well organised. The manager is approachable." A third person told us, "If you ask the manager, it is done." A relative told us, "The manager is friendly. If we have any issues she sorts them out. She takes mum for a walk. Overall, as soon as I walked in, I felt very welcome. It's now a second home for me."
● The activities co-ordinator led monthly residents' forums. These forums gave people an opportunity to discuss any topic they wished. A forum which took place in June 2019 looked at trips, events and residents made suggestions around call bells and decoration which were responded to by the registered manager. One person explained that attending the meetings helped them to understand what was happening in their home.
● Satisfaction forms were completed by people and relatives. Forms showed mostly positive feedback, such as, 'In this stage of my life it's ideal for me', and, 'There's a good working team and environment'.
● People were involved in residents' forums. These forums gave people an opportunity to voice any concerns or comments they may have in relation to their care. The nominated individual told us these forums were planned with support from the activities staff and records were kept of these forums.

Continuous learning and improving care; Working in partnership with others
● The service worked in collaboration with all relevant agencies, including GPs and District nursing teams. The nominated individual was clear about who and how they could access support from should they require this.
● The service worked with local community groups to support peoples' needs and preferences such as local churches and local community facilities.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to design care to meet people's individual needs and reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to provide care with the consent of the relevant person

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide safe care and treatment for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance the provider failed to assess, monitor and improve the quality and safety of the services provided