

Sundial Cottage Rest Home Limited

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Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sundial Cottage Rest Home Ltd provides personal care and accommodation to up to 22 people. The home is an older style building and is arranged over two floors. Some of the people using the service were living with dementia. There were 22 people using the service when we inspected.

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

Improvements were needed to ensure the safe and proper use of medicines. There was an inconsistent approach to managing risks to people's health and wellbeing and improvements were needed to ensure that legal frameworks regarding consent were being consistently followed. The governance systems in place were not being effective at identifying and resolving all of the areas where the safety and quality of the care being provided was compromised.

Some of the required records to support safe recruitment were not in place. Infection control arrangements within the service needed to be more effective and incidents and accidents needed more effective oversight. There were sufficient number of staff deployed to meet people's needs. People told us they felt safe at Sundial Cottage and the provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

There were areas of the home which remained in need of updating and refurbishment, the provider was taking action to address this. People had care and support plans that were personalised and reflected their needs. People were supported by staff who had relevant training. Feedback about the food was generally positive. Staff sought the specialist advice of a range of health care professionals to assist in achieving positive outcomes for people.

People told us staff were kind, caring and friendly and we observed a number of positive interactions where staff clearly conveyed their regard for people. Staff took steps to protect people's privacy and people were free to spend time, in private, in their rooms as they wished. Staff involved people in discussions and encouraged them to make choices about how they spent their day and which activities they took part in.

Staff knew people well and this enabled them to engage effectively and provide person centred care. People had access to regular and meaningful activities and relatives expressed confidence that they could raise any issues or concerns with the interim leadership team or the provider. Staff worked alongside community nursing teams to ensure that people had a comfortable and pain free death.

Staff understood the values of the service and spoke of a positive culture and of the importance of providing people with person-centred care. The provider was aware of their responsibility to act in an honest and transparent way when things went wrong and engaged well with people, staff and relatives.

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

Rating at last inspection

This service was registered with us on 28 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 28 August 2021.

Why we inspected

This was a planned inspection in order to give the service a rating under the current provider.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led key question sections of this full report.

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

Enforcement and Recommendations

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

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, consent and good governance.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sundial Cottage Rest Home 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by two inspectors,

Service and service type

Sundial Cottage Rest Home Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sundial Cottage Rest Home Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the registered manager had recently resigned and whilst still registered, they were no longer in post. A new manager had been appointed and they were due to start in September 2022.

In the interim, the provider had put in place a suitably qualified temporary management team who were very familiar with the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We used all of this information to plan our inspection.

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

During the inspection

We spoke with six people living in the home. We also spoke with the interim managers, the provider, and two care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received written feedback from a further four staff, five relatives and two healthcare professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed to ensure the safe and proper use of medicines.
- We reviewed the medicines administration records (MARs) for August 2022 and found five occasions where there was a gap in MAR, but no reason for this recorded. The gaps had not been identified at the time and action taken to understand the circumstances of these.
- Three people had been taking 'When required' or PRN medicines regularly without this being escalated to the prescriber for review.
- In five examples, people had been prescribed medicines on a regular basis, but staff were treating these as though they were PRN medicines and had not been administering these.
- One person had been prescribed a cream for ten days, but the MAR showed that this had continued to be administered for in excess of 20 days.
- One person was receiving their medicines covertly. Their care records included directions from a pharmacist that the medicines could be given with juice or water. We observed staff mixing all of the person's liquid medicines in a pot and then pouring these on the person's breakfast cereal. This was not in line with the advice from the pharmacist and it is not best practice to administer medicines in this way.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate records and checks were being undertaken of the controlled drugs.
- Risks associated with being blood thinning medicines were now clearly identified in people's care plans and expiry dates of medicines were being monitored.

Whilst there were examples where the medicines fridge had exceeded recommended temperatures, there was evidence that this was being monitored and action taken to address anomalies.

Assessing risk, safety monitoring and management

- Whilst there was no evidence that this had caused any harm, there was an inconsistent approach to managing some of the risks to people's health and wellbeing.
- One person known to be at risk of choking, was not being fed in a safe position. The person was being assisted by a volunteer rather than a member of staff. They told us they had not been told how to ensure the person was in a safe position to be supported with eating and drinking.
- One person was at risk of developing pressure damage to their skin. They had a repositioning schedule in place, but records did not provide assurances that this was always being followed.

- Due to the layout of the building, people had access to two staircases. We found that the risks posed by people having this access had not been fully considered as part of people's individual risk assessments. Following a fall on the stairs earlier in 2022, the provider had not ensured that the risk assessment relating to the stairs had been reviewed. The provider is taking action to address this.
- Falls risk assessments were in place and we saw examples where these had been updated following a person experiencing a fall. However, it was not always clear that, following a fall, checks and observations had continued for a period of time to make sure the person was not deteriorating. This is in line with best practice approaches.

Systems to manage risk were not sufficiently robust. This 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.

- Overall risks associated with the premises and equipment were managed through regular safety checks and maintenance at the service.
- Since our last inspection, the provider had taken action to install thermostatic mixer valves (TMVs) to ensure that the temperature of the hot water being discharged from taps was being safely regulated.
- A more robust legionella risk assessment had been undertaken, but we were still not assured that all of the recommended control measures were being undertaken. The provider has now arranged for additional checks to be put in place.

Staffing and recruitment

- Some of the required records to support safe recruitment were not in place. For example, two staff did not have a full employment history and there was no risk assessment in place for a staff member who had started prior to their DBS being returned.

Systems to ensure only fit and proper persons were employed were not sufficiently robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received the right support and staff were there when they needed them. For example, one person told us, "You have a call button, you have only got to press it and they come". Relatives expressed no significant concerns about staffing. For example, one relative said, "There is always plenty of staff on duty".
- Rotas showed that planned staffing levels were met.
- Agency staff were rarely used which helped to ensure continuity of care.
- Staff gave mixed feedback about staffing with some feeling that there were sufficient staff and others feeling that they were at times stretched. However, despite challenges, staff were confident that people's needs were met, and that the provider was working hard to recruit.

Preventing and controlling infection

- Whilst feedback from people and their relatives about the cleanliness of the home was positive, we found some areas needed to improve.
- Flooring and fixtures in some of the communal bathrooms, toilets and shower rooms were worn. This makes it difficult to effectively clean the surfaces.
- Best practice is that hands should be dried with single use paper towels after washing to avoid the contamination or spread of infection, we found that hand towels made of cloth were being used in some of the toilets.

- Aprons used as personal protective equipment were hanging in an area where they were coming into direct contact with a clinical waste bin and we saw face shields stored next to a clinical waist bin.
- A bed rail bumper that was in use was worn. This affects the ability of staff to keep the item clean and free of infection.
- Quarterly infection control audits were undertaken which included checks that staff were following PPE standards and for example, supporting people with hand hygiene before meals.
- Staff were observed to use personal protective equipment (PPE) correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider asked that relatives book visits to help limit the number of relatives in the home at any one time. Visits could take place in the person's own room, the smaller of the communal lounges, the purpose built summerhouse or the gardens.
- Whilst relatives were generally happy with the visiting arrangements, some felt that these were not as flexible as they could be. For example, some concerns were raised about only being allowed one visitor a day, not being able to make unplanned visits and not being able to stay as long as they would have liked. One relative told us how it was frustrating that they needed to be escorted to and from the visiting room.
- We discussed these concerns with the provider. They were clear that visiting was not restricted, or time limited and could take place in a range of areas across the home. Where it was requested that visits take place in the smaller communal lounge, these visits were a little less flexible to ensure that the area was not double booked.
- In response to our feedback, the provider has taken action to clarify the visiting arrangements with relatives.

Learning lessons when things go wrong

- Staff understood their responsibility to raise concerns and report safety related incidents and there was evidence that staff had, overall, responded to these appropriately. However, we were not always assured that there was sufficient and timely oversight of these by the management team to ensure that all appropriate actions had been taken in response such as post falls checks.
- A medicines error had taken place, but there was no evidence that this had been appropriately escalated to other agencies, fully investigated and lessons learnt shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Sundial Cottage and relatives were also confident that their family members were safe from abuse. For example, one person told us, "Oh yes, I definitely feel safe, they [Staff] are very kind". A relative told us, "I feel that the safety and wellbeing of the residents is of paramount importance at Sundial Cottage".
- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

- Staff felt able to speak up about any concerns and were confident that any concerns raised would be acted upon by the management team to ensure people's safety. For example, one staff member said, "I am very confident that my management team will go above and beyond to help me and to safeguard anyone".

Is the service effective?

Our findings

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

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

- Where staff had doubt about a person's ability to make a decision, mental capacity assessments had been completed. However, when people had been assessed to lack capacity to make a specific decision, there was no evidence that inclusive best interest consultations had been completed to inform care planning and delivery.
- The use of one person's covert medicines was not taking place in line with legal frameworks or with the advice from the pharmacist or prescriber.
- People without legal authority to do so were signing consent forms on behalf of people. This demonstrated a lack of understanding of legal frameworks around consent.

Consent was not always being obtained in line with law and guidance. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their responsibilities to make applications for deprivation of liberty safeguards (DoLS) as required.

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

- There were areas of the home which remained in need of updating and refurbishment. This was commented on by some of the relatives we spoke with, for example, one said, "The home is generally clean. It is old and some areas look tired, there are limited plug sockets in the rooms and the TVs have not been working at times in his room and the visitor lounge. I have often had issues with bad phone lines/reception when calling the home possibly due to their location so tend to resort to emails".
- The provider demonstrated that they had a refurbishment plan in place and a number of improvements

had already been made including the replacement flooring and installing a new call bell system.

- The exterior of the building was pleasant with well-maintained gardens and seating areas for people to use.
- The provider had taken steps to adapt elements of the design of the building to meet the needs of people living with dementia, for example, corridors were colour coordinated to assist with orientation, a wall in one area had been decorated with locks and other items for people to engage with. In the smaller lounge one of the walls had been decorated with sensory cloth.

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

- People told us they received care that met their needs. For example, one person told us, "They take me to bed and make me comfortable". Relatives also felt that the care provided was effective, for example, one relative said, "All the family are very pleased with [Family member's] care, I don't think there is any more they can do better".
- People had care and support plans that were personalised and reflected their needs including any communication or cultural needs they might have.

Staff support: induction, training, skills and experience

- Staff had a suitable induction programme that prepared them for their role.
- Staff felt well supported and their performance, values and behaviours were monitored through a system of supervision and appraisal. One staff member told us, "Yes we have them [Supervisions] regularly and we can ask for a chat at any time".
- People and their relatives told us that they felt staff were well trained.
- An overall training matrix was kept to enable the leadership team to monitor completion rates of staff training. This reflected that most staff were up to date with the training required by the provider which included, fire safety, infection control and moving and handling.

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

- Staff supported people to eat and drink enough to maintain a balanced diet.
- One main meal option was served daily. We observed that people were able to choose to have an alternative if they wished.
- The lunch time meal was a sociable event with most people eating together in the dining room. Staff were available to provide support as needed.
- Feedback about the food was generally positive.
- Some people required a pureed diet for comfort or for safety. This was nicely presented and each of the individual items in the meal were pureed separately so that the person was able to taste the individual flavours.

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

- Staff sought the specialist advice of a range of health care professionals such as the palliative care team, tissue viability nurses, speech and language therapists and the community mental health team.
- Weekly multi-disciplinary calls were held during which staff could discuss any emerging health care risks with doctors, occupational therapists and community nurses.
- One health care professional told us, "Staff do seem to have the patient's best interests at heart and are keen to seek advice when they feel patients need to access care. This is especially important with the high levels of dementia in the home, where patients cannot necessarily raise issues themselves... Staff follow our advice on medications and raise concerns appropriately... Staff and management know their patients really well and do try to ensure they get the best care".

- Staff told us how they felt the care being provided had achieved positive outcomes for people, for example one staff member told us, "We had a service user that can came to us upset, maybe low mood from past experiences, but within a week with us they were happy, eating better, wanting to interact with others. Family members said what a change to me, that says enough that we have managed to bring someone from a sad place".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind, caring and friendly and we observed a number of positive interactions where staff clearly conveyed their regard for people.
- Relatives felt their family members were happy and that staff treated people kindly. Comments included, "I have observed that staff are very kind and caring towards mum" and "The staff are very kind and caring and listen to her when she is tearful".

Respecting and promoting people's privacy, dignity and independence

- Staff took steps to protect people's privacy. For example, we observed staff speaking with people discreetly about their personal care needs when in the communal area.
- A relative told us how due to their family members dementia, they had become attached to wearing the same particular items of clothing. To ensure that these remained fresh and clean, staff ensured these were laundered each night, avoiding distress to the person. The relative said, "She [Family member] always looks clean and tidy and well presented, a testament to the care given to her".
- Another relative told us, "Staff always take their time with [Family member], they do not rush him, they let him go at his own speed and encourage him to do what he can for himself before intervening".
- Care plans described the tasks people were able to complete for themselves and we observed that people were free to spend time, in private, in their rooms as they wished.
- People were supported, where appropriate with seeing ministers for religious services.

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

- Staff involved people in discussions and encouraged them to make choices about how they spent their day and which activities they took part in.
- A residents committee had been recently been developed. We spoke with the chairperson. They told us how the committee had recently arranged the 'Squawker Club' which was a singing and a gardening club.
- People were provided with newsletters which shared information about events and news happening within the service.

Is the service responsive?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. 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 happy living at Sundial Cottage and they and their family members felt that staff worked hard to ensure their individual needs were met. It was clear that staff knew people well, and had a good understanding of their family history, personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care.
- Relatives commented on the friendly and person centred nature of the care provided. For example, one relative said, "Due to the small size of Sundial Cottage, it appears to be like one happy family. Staff often provide anecdotes about [Family member's] antics during activities, how she loves to sing along and dance during music sessions, tell funny stories about her past, sneakily eat the cakes during cooking sessions, etc, etc. When I take [family member] back to Sundial Cottage after an outing, she invariably refers to it as being her home and that she is going in to see all her friends".
- Care records were written in a way that respected people's individuality and the importance of promoting their autonomy and choice. Our observations during the inspection indicated that staff used these approaches in their daily practice.
- Care plans were updated to reflect people's changing needs. This was done on a monthly basis by a staff member who knew the person well.

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 take part in social and leisure activities.
- A weekly programme of activities was planned and included cooking and puzzle clubs, singing groups and armchair exercises. Monthly boat trips were undertaken.
- During the inspection, we observed people taking part in a cake decorating activity supported by a volunteer which they were greatly enjoying.
- Themed celebration days were held, the day after our inspection, people and staff were going to be enjoying a 50s style party for national burger day.
- During the summer a garden party had been held for people and their families which had been well attended. The provider told us it had been lovely to see relatives back in the home enjoying the social event all together.
- People were positive about the activities. One person told us, "I'm very happy here we go for walks it helps us to keep fit, you don't get bored" and another said, "Yes I am happy, I do a bit of sewing, I sew the name tags on".
- Relatives were positive about the activities provision with one saying, "A staff member will always encourage mum to join in on an ongoing activity or perhaps do a puzzle if nothing specific going on...mum

loves jigsaws, a new hobby taken up since going to live at sundial". This relative praised the way in which the registered manager had been instrumental in making the activities provision more varied and more outward looking after the challenges of the pandemic. They told us, "my mum has certainly flourished in the last 9 months".

Meeting people's communication needs

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

- The leadership team were aware of the AIS. A large pictorial guide to meal options had been developed to help people express their choices.
- People had communication plans which included details of people's preferred ways of communicating. For example, we saw that for one person, staff were advised to use facial expressions, hand gestures and body language to promote effective communication.
- There was evidence that people were being supported to access vision and hearing tests.

Improving care quality in response to complaints or concerns

- People and their relatives expressed confidence that they could raise any issues or concerns with the registered manager and that these would be addressed.
- Complaints were responded to and used as opportunities to develop the service.

End of life care and support

- Some, although not all, people had been supported to express their preferences for how their end of life care should be provided and had end of life care plans. There was scope to develop these further to ensure that they each provided a detailed and personalised advanced care plan that set out peoples wishes in relation to their end of life care.
- Staff worked with the community nursing team worked to ensure that people had a comfortable and pain free death.
- Three staff held a Level 3 qualification in end of life care, one of these told us, "I feel confident in my knowledge to offer the best and dignified care at that time" and another said, "I personally have had training at [Hospice name] for end of life care which Sundial sorted for me, you definitely use it in your everyday practice to keep dignity at the end of life stage".

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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; Continuous learning and improving care; how the provider understands and acts on their duty of candour responsibility

- The inspection highlighted some areas where the quality and safety of people's care had been compromised.
- Concerns were identified about the consistency with which medicines were safely managed and with how some of the risks to people were mitigated.
- Some of the records relating to the employment of staff were not fully complete and it was not clear that legal frameworks regarding consent were being followed.
- It was often not clear who had completed records and risk assessments or the date these had been done.
- Whilst the providers own governance arrangements had already identified that there were areas for improvement. There had been a lack of progress with acting upon these to drive improvements and embed changes.

The systems in place were not being effective at ensuring compliance with the fundamental standards. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of their responsibility to act in an honest and transparent way when things went wrong.

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

- The provider engaged well with people, staff and relatives. Meetings had been held with people and their relatives to gather their views and opinions. One relative told us that in response to suggestions at meetings the registered manager and provider had "Definitely took on board feedback" and another said, "I have been invited to, and attended, relative meetings and it is good to have an opportunity to hear from the manager and to ask questions or raise queries".
- Newsletters were sent to keep relatives informed about events and news within the service.
- Regular meetings were held with staff to communicate important information about the service and give them the opportunity to share their views.
- Despite the challenges of the Covid-19 pandemic, staff were trying to establish and maintain links

between the home and the local community.

Planning and promoting person-centred, high-quality care and support with openness;

- Staff understood the values of the service and spoke about the importance of providing people with person-centred care and of there being a positive culture within the home.
- Staff told us they worked well as a team and supported one another when needed to ensure that essential care was delivered. For example, one staff member told us, "I feel confident in my job role and happy to work alongside a team I can turn to, if needed, for help, advice or just a chat and I feel valued for that. Any problems and concerns I can raise these with the team supervisors, management/proprietors".
- Staff spoke proudly about working at the home and of 'getting it back on its feet' after the pandemic. One staff member said, "I work with an amazing team we all try our best to get on... I couldn't wish for a better home...I feel the care and support on every person on a daily basis but even more so when one is on end of life, we all care and look after everyone who is involved. I'm always here for them day or night. I have the support of everyone in my team, we work together and respect each other you get it back which is amazing. The home does amazingly when someone comes out of hospital and needs a lot of TLC (tender loving care) we try our best to... get them up on their feet and eating again".

Working in partnership with others

- The leadership team and staff worked with a range of health and social care professionals to meet people's needs.
- The provider responded in an open and transparent way to requests for information to support this inspection.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent was not always being obtained in line with law and guidance. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The systems in place had not ensured the safe use of medicines or of the management of risks to people's health and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Systems to ensure only fit and proper persons were employed were not sufficiently robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

