

Shaw Healthcare (Group) Limited

# Woodview House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

Woodview House Nursing Home is a care home providing personal and nursing care and support for up to 24 older people, some of whom live with dementia. At the time of our inspection there were 19 people using the service. Woodview House Nursing home accommodates up to 24 people on one floor across three separate wings.

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

On arrival at the inspection we were informed the registered manager had very recently resigned. There were a team of managers in place to support the service during this period whilst the role was advertised.

Systems and processes in place did not provide effective oversight of the service and had failed to identify a number of concerns that came to light during the inspection.

The introduction of an electronic recording system for medication and care records was not robust which meant the provider could not be confident staff were provided with all the information they required in order to meet people's care needs effectively and safely.

Medication audits had failed to identify a number of areas for improvement. The completion of charts that monitored people's care needs was not robust. Accidents and incidents were reported and acted on appropriately, but not analysed for any lessons to be learnt.

Staff felt supported in their role but had not had their competencies checked and had not received supervision.

People felt safe and were supported by a consistent group of staff who knew them well. Where safeguarding concerns had been raised, appropriate actions were taken.

Staff treated people with kindness and respected their dignity when supporting them.

Staff were aware of the latest government guidance regarding infection prevention control. A recent infection control audit had identified a number of areas for improvement and an action plan was in place to address these.

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

People were supported to take part in activities that were of interest to them and work was ongoing to collect more information from people regarding how they wished to spend their time.

Staff had been supported and kept informed of changes in management. Action was underway to address the concerns raised during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service was good, published 13 November 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. During this review, CQC were made aware of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of medicines and CQC examined those risks.

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.

You can see what action we have asked the provider to take at the end of this full report. During and following the inspection, the provider took action to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodview House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

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

We have identified three breaches in relation to safe care and treatment, staffing 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.

<b>Is the service safe?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was not always responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not always well led.	<b>Requires Improvement</b> ●

# Woodview House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Service and service type

Woodview House Nursing Home is a care home with 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.

On arrival at the inspection, we were told the registered manager had very recently resigned from their post and were therefore not present during the inspection. Day to day management responsibilities were covered by a service manager from one of the provider's other services, the operations manager and a quality manager.

## 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 (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.

We used information gathered as part of monitoring activity that took place on 10 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

## During the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with two service users and one relative. We also spoke with two relatives over the phone following inspection. We spoke with 12 members of staff, including the service manager, the quality manager, operations manager, the deputy manager, nurses, care staff [including agency staff], the cook, the activities co-ordinator and members of staff from the housekeeping team. We also looked at seven care records and a number of medication records. We looked at two staff files, training records and a variety of 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Information held in people's care plans and risk assessments were not fully up to date and did not reflect people's needs. For example, for one person, a risk assessment was missing for distressed behaviours. This meant there was an increased risk to the person and others as any new or agency staff may not be fully aware of the latest guidance on how to support the person safely if they became distressed. For another person, a risk assessment had not been correctly completed regarding their oral hygiene following concerns raised by the CCG (Clinical Commissioning Group) at a recent visit.
- Medication management was not robust. A pharmacist had not been consulted on four protocols for covert medication. It is good practice to consult a pharmacist as it is generally not acceptable to crush medication or to open capsules as this may alter the properties of the tablet or capsule. By doing this, the person may absorb the medication quicker than intended and suffer side effects.
- A protocol was not in place to alert and advise pregnant staff [or those trying to conceive] to the risks of handling a particular medication which could be absorbed through the skin and could harm the unborn foetus.
- Protocols in place for the application of pain relieving medication in the form of a patch were not robust. For example, they failed to state the actual number of sites to be used for full safe rotation and there was no evidence of daily checks to ensure the patch remained in place between applications.
- Systems in place to record glucose monitoring of one person were not robust enough to detect early signs that the current diabetes management was effective.
- Oversight of staff completion of charts, such as fluid or positioning charts was not robust and had not identified a number of areas of concern placing people at potential risk of harm.
- There were no processes in place to review accidents and incidents at the service for any patterns or trends. The incidents were responded to in isolation, but opportunities to learn lessons from these events, were lost.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to each of the areas of concern identified on inspection and actions were taken to address the errors identified. The operations manager explained they were taking steps to improve communication between the home and the pharmacy that supplied medication to the service and actions were being taken to address this.
- Staff were aware of the risks to people and how to support them safely. We observed one person suddenly

become distressed and agitated. Staff supported the person calmly, gave them space and talked to them in a low, unassuming tone. Staff supported each other during this incident and recognised when the person needed to see a 'fresh face' and a different approach. This process was seamless and successful and within a short space of time the person was observed to be calm and enjoying a hot drink and a selection of biscuits.

### Staffing and recruitment

- Staff files seen did not demonstrate a robust and efficient recruitment process. For example, in one file there was no evidence of gaps in the person's work history being explored and in another, no evidence of a Disclosure and Barring check [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions. We were told the information was held at head office and provided with evidence of this during the inspection. The service manager agreed the files on site were not organised and required action and a review of the content.
- People were supported by a consistent group of permanent and agency staff who knew them well to ensure continuity of care. A relative said, "There is a hard core of staff who have been here many years, they are the main stay of the home. I have noticed when agency staff are on shift, they always put them with someone who is familiar with the process."

### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On arrival, the inspection team were not asked to show evidence of a negative COVID-19 test, or have their temperature taken. On the second day of inspection, only one member of the inspection team [who arrived later] was asked to show evidence of their negative test and have their temperature taken.
- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of the inspection, supplies of masks were not available to staff in the entrance area and we observed some staff entering the building and communal areas without wearing a mask.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A recent infection control audit had identified a number of areas for improvement and an action plan was in place to address these concerns.
- 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 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.

We have also signposted the provider to resources to develop their approach.

### Visiting in care homes

- Relatives told us they were supported to visit their loved ones. The provider followed the latest government guidance with regard to visiting arrangements.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding and were aware of their responsibilities to raise any concerns they may have. A relative told us, "I think it is safe as it can be. It's rare anything happens."
- Although people were unable to tell us verbally that they felt safe, from our observations we saw they were



comfortable in the presence of staff and approached staff for support and assurance.

- Where safeguarding concerns had been raised, appropriate action had been taken.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Records showed evidence of people's needs being assessed prior to admission, but no record of who was present or who contributed to the process. This meant the provider could not be confident all relevant information had been collected to provide staff with a complete picture of the person they were supporting, to ensure their care was being delivered in line with best practice. We were told this information had been stored in paper records and had not been transferred fully to the electronic recording system.
- Staff spoken with were aware of people's preferences and what was important to them, but the lack of information held on people's records meant new staff or agency staff unfamiliar with people would not have this information to hand which could affect the quality of care people received.

Staff support: induction, training, skills and experience

- The lack of observed practice of staff meant the provider could not be confident staff supported people safely and in line with their care needs. For example, observations of staff using moving handling techniques had not taken place.
- Staff had not been given the opportunity to attend supervision meetings to discuss any concerns or training issues they may have.
- Despite staff advising they had received an induction, the training matrix in place identified a number of staff had not completed their induction handbook. The operations manager said, "We have identified where training hasn't been done and we have a plan for that".
- Three out of nine staff who administered medication had not completed their training on the home's electronic medication administration recording system. The provider had identified this as an action following a recent medication audit, but no action plan was in place to address this.

This was a breach of Regulation 18 – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to each of the areas of concern identified on inspection and actions were taken to address the errors identified.

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

- Snacks were routinely available in between meals and staff ensured people were frequently offered hot and cold drinks of their choosing.
- People's mealtime experience was individual, calm and orderly. We observed staff supporting a person to

eat their lunch and this was done respectfully, maintaining their dignity throughout.

- Staff were aware of people's dietary needs and preferences at mealtimes and where appropriate, made decisions for people when it came to what they ate, based on this information. It was suggested people be shown 'show plates' of food to help them make a more informed choice at mealtimes. One person told us, "It's alright [the food] you wouldn't say you can't beat it though" and another said, "Yes, there are lots of different things you can have, but not anything that I like." The operations director advised there had been some issues with their supplier, and action was being taken to address this.

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

- We observed an agency member of staff conduct a handover meeting to all staff. The meeting was well attended and informative. However, the agency staff member had been given a paper list of service users to refer to that was out of date. This meant there was a risk of people being missed off the list. We were told this was not the correct procedure and the agency member should have been given an electronic tablet to use with the most up to date information.
- Staff worked alongside a number of healthcare professionals to ensure people had access to appropriate support and guidance in order to meet their healthcare needs. However, this was not always done in a timely manner. For example, one person's hearing aid was lost, but there was no evidence to demonstrate action had been taken to find a replacement.

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

- The physical environment was not decorated to a consistent standard to meet people's needs. Communal areas were noted to be sparse and much of the environment appeared tired.
- A relative said, "The atmosphere is lovely, but it would be nice if it was more aesthetically pleasing."
- The operations manager confirmed the service needed some refurbishment and an action plan was in place. They told us, "We are looking at main living areas being enhanced and improved and bedrooms, bathrooms and corridors as well."
- We saw people's rooms were personalised with items that were of importance to them.

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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had restrictions placed upon them, authorisations had been applied for. Prior to applications being made, meetings had taken place with relevant parties to ensure the decisions were being made in the person's best interests.

- Where relatives held LPA [Lasting Power of Attorney] evidence of this was held on people's care files.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect.

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

- We observed people were given choices regarding where they would like to sit, or how they wished to spend their time. We observed staff were led by people; staff explored with people what they wanted to do and where they wanted to go. Staff were aware of people's preferences and what was important to them.

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

- People were treated with kindness. Relatives spoken with were complimentary of the caring nature of all staff. One relative told us, "The staff are kind and friendly, I see regular staff."
- We observed a number of positive exchanges between people and staff. We observed people approached staff for support and staff responded with kindness and through various means of communication, what support the person needed.
- A member of staff supported a person as they walked through the home. They were respectful and ensured the person was able to walk where they wanted but guided them where appropriate to ensure their safety.
- Staff told us they enjoyed working at the service. One member of staff told us, "I love these people; I've seen how staff work and how they are; they take care of people really well."

Respecting and promoting people's privacy, dignity and independence

- We observed staff treat people with dignity and respect and the atmosphere in the home was calm.
- For those people who received one to one care, staff were respectful and not intrusive when observing and supporting them. Staff were seen to speak kindly to people, in a pleasant tone. We observed one person become distressed and a member of staff listened to their concerns and empathised with them. This approach had a positive effect on the person as it was clear they could see they were being listened to and their concerns taken seriously.
- People were supported to maintain relationships with loved ones and relatives told us they were made to feel welcome.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care records held personalised information regarding people but did not evidence people were routinely involved in decisions about their care, treatment and support. A relative told us, "Reviews are not taking place. I always thought to do a care plan we [family] should be consulted and involved in it."
- There was a lack of evidence to demonstrate people and their loved ones were involved in their care plans and reviews of care. A relative told us they were happy with the care their loved one received but were disappointed not to have been involved more in their care planning or reviews. They told us, "We want to be positive and influence care plans; I did have a meeting with [registered manager's name] and felt very positive about it but have not seen them for some time."
- The operations manager told us, "We do talk to families at beginning of the placement and at six week review." We saw evidence of this but systems in place did not identify who was present at these meetings, so we could not be sure people and relatives were fully involved.
- Staff spoke knowledgeably about how they responded to individual's needs, but the information they shared with us was not always recorded in people's care records. For example, staff explained how they responded with particular distraction techniques for an individual, which proved successful and help the person remain calm. However, this information was not recorded in the person's care record.

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 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.

- People's communication needs were assessed and recorded in their care plan however action was not always taken to address those needs. For example, for one person it had been identified they were hard of hearing and had lost their hearing aid. However, there was no evidence to demonstrate any action had been taken to address this.
- We observed staff communicate with some people through signs, picture cards and body language.

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

- The service supported people to take part in activities that were of interest to them, for example, one person enjoyed having poetry read to them. A relative said, "We do have very good activities here" and

reflected on the positive relationship their loved one had with the activity's coordinator. Other relatives told us they felt people needed more activities to help keep them stimulated. A manager advised this was an ongoing area of work that required some improvement and told us, "We are looking at personalised profiles for people, activities happen, and we want to make them more personalised."

- There were three activities coordinators in post who ensured people had access to activities seven days a week. We were told there was no set plan for activities, but attempts were made to ensure everyone could take part in something they enjoyed.
- Relatives told us they were supported and encouraged to visit their loved ones.

Improving care quality in response to complaints or concerns

- Relatives told us they felt they would be listened to if they raised a complaint. A relative said, "I have not made a complaint, but I would make one if needed."
- The provider had a policy in place to deal with any concerns or complaints that were received. There were no current complaints ongoing at the time of the inspection.

End of life care and support

- People's care plans contained end-of-life wishes and choices. Some plans contained ReSPECT forms. These were used to gather people's wishes for end-of-life treatments. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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 roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively. Audits and quality assurance checks did not identify the issues found on inspection.
- The provider had transferred to an electronic recording system in March 2022, but it was acknowledged this had not been a robust process and more work was required as information was missing from some people's care plans and risk assessments.
- Systems in place could not demonstrate people received adequate hydration throughout the day as there were a number of gaps in charts that recorded this. We were advised there were plans to implement an electronic system which would enable prompts to be put in place for example, if people had not had enough to drink.
- Medication audits had failed to identify areas of concern found on inspection. Not all staff were fully trained on the electronic medication administration system, but they were expected to use it when administering medicines.
- There was no evidence of observed practice of staff or formal staff supervision taking place. This meant staff had not been given the opportunity to discuss any concerns or training needs they may have and the provider could not be confident staff supported people safely and in line with their care needs.
- Induction checklist for new staff failed to acknowledge the need for staff to have information regarding people's care needs. Agency staff did not routinely have access to the electronic tablet which held information on people's care needs.
- Oversight of staff completion of charts was not robust and had not identified gaps in records which would indicate people had not received appropriate levels of care.
- Accidents and incidents were not analysed for any lessons learnt and to mitigate risk.
- Staff recruitment files were not robust, and it was difficult to locate information. This meant managers did not have immediate access to information to assurance them staff were safely recruited.
- Communication systems were not robust. There were five different forms of communication books in place to share information. A member of staff told us, "It would be really helpful if I knew how to use the system properly." They went on to describe how staff struggled to find the password for the electronic system in place for agency staff to access.

This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to each of the areas of concern identified on inspection and actions were taken to



address the errors identified.

- The service manager and a nurse from one of the provider's other homes had been brought in to oversee the service and support the deputy manager and staff. They were clear on what they expected to see at the service and were working to fill the deficits where the provider's processes were not being followed. An action plan was in place and they told us there were working on priorities adding, "What we do changes, depending on the greatest need."
- We observed the staff group, including agency staff, worked well together. Staff were aware of their roles and responsibilities and supported each other throughout the shift.

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

- Staff felt supported and listened to and an employee of the month scheme had been introduced to recognise good care and practice. Staff told us they enjoyed working at the service and would be happy for their own loved ones to live there. One member of staff said, "It's a very loving home, not just residents, all of us are like a big family." Another said, "It's good to work here, the group of staff are kind and caring."
- Staff told us following the very recent departure of the registered manager, members of the management team had been supportive and approachable. One member of staff said, "There was a meeting and they explained what is happening and it put our minds at ease." They added, "[Operations manager's name] is absolutely lovely and other staff have said they are very genuine, and you can talk to them."
- A meeting had been arranged to discuss and reassure relatives regarding the recent changes in management at the service. A relative told us, "If I had one sort of comment, it would be about the turnover of managers. Stability at the top is very important. Staff are pretty well in control and carers know [relative] quite well."
- Surveys had recently been sent out to relatives to obtain feedback on the service. We saw seven had been returned and all provided positive feedback. A relative said, "I completed two surveys in June, one for me and one for my relative. I couldn't find fault. It runs brilliant and couldn't fault any of the staff. They are carers but they do care."
- Weekly staff meetings were taking place to ensure staff were kept up to date with changes in service delivery. A member of staff told us, "I try and come in for the meetings, but if I can't, you can ask in the office for feedback on what's happening."

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; Working in partnership with others

- The latest CQC rating was on display at the home. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgements.
- Management understood their legal requirements within the law to notify us of all incidents of concern, including death and safeguarding alerts.
- The management team and staff were responsive, open and honest in their approach with us during the inspection.
- Relatives told us they were kept informed of any accidents or incidents that involved their loved ones.
- Staff worked in partnership with external health care professionals to support people's health and wellbeing. The operations manager told us, "We are forging relationships with local commissioners which is proving to be invaluable."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Care plans and risk assessments did not hold the most up to date information. Medication management was not robust. Accidents and incidents were not review to identify any patterns or trends.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was a lack of oversight in place to ensure staff were competent and skilled in their role/