

The Lindens (Stoke Hammond) Ltd

The Lindens Care Home

Inspection report

Stoke House
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lindens is a residential care home providing accommodation and personal care to up to 60 people. The service provides support to older people. At the time of our inspection there were 52 people using the service.

The Lindens accommodates people across three units, which includes the main house and two wings. People have their own ensuite facilities. The home have three double bedrooms available to couples or family members who wish to share. The service have a large dining room, separate smaller dining area and a variety of sitting areas throughout the home.

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

People and their relatives were happy with the care provided. They felt they received safe care from a consistent staff team. Relatives commented "My mum is very happy at 'The Lindens'. I have confidence in mum's care. The care staff are very attentive and provide mum with all her physical and emotional needs," and "The care for mum, in my opinion, is excellent. The facilities and surroundings of 'The Lindens' are lovely and kept very clean and well maintained. I have noticed that staff attitude towards residents is always positive and kind, despite the challenges of this type of job. There is a warm feeling to the home every time I visit."

Improvements were made to safeguarding processes to safeguard people. However, safeguarding incidents had not been reported to the Local Authority safeguarding team in line with the Multi- Agency safeguarding policy. Alongside this we had not been notified of incidents involving injury to people.

People's care plans and associated records were in the process of moving over to electronic records. Whilst improvements were made to many records relating to the running of the service, people's records were not suitably maintained and reflective of their needs.

Systems were in place to manage accidents, incidents and prevent reoccurrence. Safe medicine practices were promoted. Risks to people were identified and actions taken to mitigate risks, including infection control risks. Staff had a good knowledge of the people they supported which further reduced risks to them.

Safe recruitment practices were established, and staff were better supported, inducted and trained to support people. Sufficient staff was provided with management support provided as required, including on call support to staff.

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

The registered manager had brought about positive changes to the service. They had improved communication within the team and with relatives. Relatives were welcomed and encouraged to be involved in their family members care. The registered manager had commenced auditing of practices and was aware what improvements were needed to further improve the delivery of person-centred care.

Staff, people and relatives were complimentary of the registered manager who was described as "Approachable, kind, caring and acted as a positive role model to staff." A relative commented "Changes in the home since the last inspection have all seemed positive and a noticeable improvement. There is now a regime that; respects and welcomes contact with relatives and establishes good working practices in administration and staff organisation, while still giving an aura of friendly care."

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

Rating at last inspection and update

The last rating for this service was inadequate (published 2 April 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made although the provider remained in breach of two regulations.

This service has been in Special Measures since April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 25 January, 2 and 3 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, need for consent, safe care and treatment, safeguarding service users from abuse or improper treatment, good governance, notification of other incidents and ensuring fit and proper persons were employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 and Well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lindens Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to failures to make the required notifications to us and record management at this inspection. We have made a recommendation to further improve safeguarding reporting.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lindens Care 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 on day one of the inspection consisted of two inspectors. One inspector visited the service on day two, one inspector and an Expert by Experience visited the service on day three. An Expert by Experience made telephone calls to relatives after the 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

The Lindens Care Home 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. The Lindens Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 all this information to plan our inspection.

During the inspection

We spoke with five relatives and seven people who used the service about their experience of the care provided. We spoke with two care workers, one team leader, two senior care supervisors, administration staff, deputy manager, the registered manager, the provider and one of the maintenance staff. We spoke with one visiting professional. We observed lunch and 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.

We walked around the service and reviewed the environment. We reviewed a range of records relating to people's care which included, multiple medicine records and eight care plans. We reviewed three staff recruitment files and a further three staff files to review supervision and training records. A variety of records relating to the management of the service, including fire, health and safety, accident/incident reporting, safeguarding, audits, policies and procedures were reviewed, and others were requested.

Following the visit to the service we sought feedback from relatives, staff, community professionals and continued to seek clarification from the registered manager. We received written feedback from three staff and six relatives.

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 inadequate. 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 a risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure people were safeguarded from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to be compliant with regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found certain areas required further attention.

- The previous registered manager had failed to report safeguarding concerns to the local authority and to us. We found incidents of violence between people, such as grabbing a person by their clothes was not assessed as safeguarding incidents. The reports referred to people being distressed and upset by what had happened. However, no safeguarding referral was made to the local authority. We have asked the registered manager to make safeguarding referrals and notifications to us in retrospect of those incidents.
- The current registered manager advised us visiting professionals had recently made a safeguarding alert in respect of a person who was admitted from their home address with a grade 4 pressure wound. In discussion with the registered manager we discussed how the safeguarding alert and notification to us should have been made as soon as the service was aware of the pressure wound and its grading. The registered manager agreed this was an omission on their part as the visiting professional made the alert. They agreed to put measures in place to ensure future safeguarding alerts are made in a timely manner.

It is recommended the provider works to best practice in their response to safeguarding incidents.

- Systems were in place to safeguard people. The provider's safeguarding policy had been updated and developed in line with Buckinghamshire multi-agency safeguarding policy. The majority of staff had completed on-line safeguarding training, with further updates in safeguarding training scheduled.
- People and staff had access to information on how to alert external agencies to concerns about their safety. We saw posters were displayed in key areas around the home.
- Staff spoken with were aware of their responsibilities to report safeguarding concerns. Staff commented "If I saw anything that concerned me, I would report it to the seniors," "I would report poor practice or concerns immediately," and "Safeguarding to me, means keeping people safe from harm, abuse, harassment and bullying".
- People told us they felt safe. They commented "I feel safe with my carers, who are very kind and gentle,"

and "I feel safe mainly because of staff, there is always somebody around, in the night that is very important for me as I like to go to toilet and if something happens, help is there."

- Relatives felt confident their family member was safe. Relatives commented "Prior to my mum coming to the home she had falls, but since being here she has had no falls to speak of and she looks so well and healthy," and "Care definitely seems safe now. With dementia my mum falls regularly. Staff are aware and she has all safety precautions in place. Would also say that she is receiving a more balanced medication, not so heavily sleepy."

At our last inspection the provider had failed to meet the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reported on this under the Well-led section of the previous inspection report.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

Enough improvement had been made and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We found the service mainly completed mental capacity assessments when required. People who lacked capacity in specific decision making were supported by third parties to make best interest decisions.
- We found the service did have some evidence of legal powers held by third parties. However, this was not consistent. We have provided feedback to the registered manager to ensure they always have assurance of legal powers held by third parties.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 12.

- The service had an updated risk management policy in place and risk management had improved. People who were at risk of harm due to their medical condition, cognitive functioning, choking, use of bed rails, specific medicines such as anti-coagulants and flammable creams had risk assessments in place to help staff reduce harm to them. Falls risks assessments were in place and equipment such as sensor mats were provided to mitigate falls. Moving and handling risks were identified and addressed.
- Staff were aware of risks people presented with and knew the action to take to manage risks.

- The risk associated with people smoking had been assessed and systems were in place to prevent fire.
- Environmental risks were identified and mitigated, and health and safety checks took place to promote a safe environment. These included, fire safety, water temperature, window restrictors and checks of the environment, including checks of people's bedrooms. Legionella testing was completed in February 2022 and equipment such as gas, electricity, lifts, moving and handling and fire equipment were serviced. A fire risk assessment was in place dated September 2022, with an action plan implemented to address fire safety issues. People had personal emergency evacuation plans (PEEPs) in place which were updated as people's needs changed, and monthly fire drills took place to promote fire safety.
- Relatives felt risks to their family members were managed. A relative commented "Mum has regular falls. However, the falls are managed well, she has been referred to the memory clinic and has a DoLS in place. I am always informed and involved all the way," and "Mum had falls but they put things in place, a hoist to improve transfer and balance."

Using medicines safely

At our last inspection the provider had failed to ensure people received their prescribed medicines in line with best practice guidance. This placed people at risk of being over or under medicated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 12.

- Safe medicine practices were promoted. A revised medicine policy dated September 2022 was in place which had been developed in line with best practice. The medicine room had been reorganised with systems were in place to record medicines received, administered and disposed of. Stock checks of medicines took place and temperature checks were maintained of the medicine cupboard, fridge and the room medicines were stored in.
- Protocols were in place for "as required medicine" and topical administration records were in use to provide guidance on where topical creams were to be applied. Some people were prescribed Transdermal patches. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. Transdermal patch records were in place. This showed the transdermal patch was rotated on each application and the old patch removed.
- Medicine reviews had commenced and changes to medicines were recorded on people's medicine administration records, with a copy of the email from the GP included to show when medicine was changed or stopped.
- The medicine administration records showed medicines were given as prescribed, with medicine audits taking place to ensure safe medicine practices were promoted.
- Staff involved in medicine administration were trained and assessed to administer medicines. We observed medicine being administered and this was carried out in a safe way with the medicine trolley kept secure when left unattended.

Staffing and recruitment

At the last inspection the provider had failed to ensure recruitment procedures were operated effectively to ensure fit and proper staff were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- Newly recruited staff had been through a robust process to ensure they had all the required skills and experience to support people. We found all the required checks had been carried out for the last three staff appointed, which included references and a Disclosure and Barring Service (DBS) check. The DBS provide information including details about convictions and cautions held on the Police National Computer. Staff already in post whom had not had a DBS check done in the previous three years also had an updated DBS carried out. The information helps employers make safer recruitment decisions.
- The registered manager had carried out a full audit of staff recruitment files. The files had been organised and where possible gaps in staff recruitment records held by the service identified and addressed. Risk assessments were in place around medical conditions staff presented with to ensure they were adequately supported.
- Since the last inspection the provider had increased staffing levels, including having a receptionist at the entrance to the service, an extra team leader on the day shift during the week and an extra care staff member at night. The service had an established experienced staff team with no agency staff in use. They used their own staff to cover shortfalls in the rota, whilst ensuring individual staff did not work excessive hours. Relatives were complimentary of the continuity of care provided to their family members. They commented " A number of staff have been here a long time and know my mum well," and "I don't know of agency staff; I only see familiar faces and the new staff always make the effort to introduce themselves to you."
- We found there was enough staff to support people's needs. However, we did observe staff deployment could have been improved. Although we found no risk of harm came to people. We observed 16 people in one lounge on three occasions without any staff presence. We provided this feedback to the registered manager for them to consider how staff deployment could be better managed.
- Staff told us sufficient staff were provided on shift and confirmed that the senior care coordinators and management helped out when they were short staffed. Staff commented "Staffing has improved, plus the team leaders and senior care coordinators assist on shift when short staffed," " There is enough staff and if someone call in sick the staff living on site, are always willing to cover shifts," and "An on call system has recently been introduced, which will ensure support is available, including out of hours."
- People and relatives were complimentary of the staff and described them as "Kind, caring, helpful and hardworking." People and some relatives felt there was less staff at the weekends. The rota showed that was the case as less demand on senior staff to deal with visiting health professionals at the weekends. People told us more activities could be provided, especially community activities. The registered manager was aware and was attempting to recruit a second activity staff member to develop the range of activities on offer.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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

Our last inspection was prompted in part by concerns shared with us by relatives who had restrictions placed on them to visit their family members. At this inspection no restrictions on visitors were in place. Throughout the inspection we observed visitors being warmly welcomed by staff and the management team. Relatives commented "There is now a regime that; respects and welcomes contact with relatives and establishes good working practices in administration and staff organisation, while still giving an aura of friendly care," and "The new management is approachable and inclusive of us as relatives when planning my family member's care and wellbeing."

Learning lessons when things go wrong

- An up to date accident/ incident reporting policy was in place. The service reported accidents, incidents and kept a record of events. Management had oversight of these and was able to identify people who had had frequent falls or incidents.
- We found where accidents and incidents had occurred action was taken to prevent a reoccurrence. For instance, when a person had fallen against furniture and a wall in their bedroom, we observed both had been covered with padding to reduce injury in the future.
- People were referred to external agencies following an accident/ incident. For instance, people were referred to the local falls service, after falls or to specialist mental health services following a deterioration in cognition or level of distress.
- The registered manager had introduced daily morning meetings which ensured staff were informed of changes in people, including alerting them to safeguarding, accidents and incidents to mitigate risks and reduce the risk of reoccurrence.

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 inadequate. 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.

At our last inspection we found all the required notifications were not made to the Commission. This was a breach of Regulation 18 (Registration Regulations 2009) – notification of other incidents.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The previous registered manager had failed to notify us of events they were legally required to. For example, in records viewed we saw a person was taken to hospital on two occasions following a fall which resulted in an injury.
- We found evidence of events which met the safeguarding threshold such as service user on service user abuse and a grade 4 pressure wound should have been reported to the Local Authority safeguarding team and us, had not been made.

This was a continued breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009, as the provider had not notified us of all events it was required to.

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

At our last inspection the provider had failed to ensure records were suitably maintained and that effective governance processes were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to be compliant with regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found certain records required further attention.

- People's care plan records did not provide an overview of people's needs and the support required. The provider had invested in an electronic records and care plan system. Staff were trained in its use. The registered manager felt this would enable them to have accurate, up to date person centred records and had set themselves a timescale to move across to electronic records.

- Records were not routinely kept up to date and accurately completed. For example, fall risk assessments were not always updated following a fall, and there were gaps in the completion of daily records, turning and fluid charts. Regular cleaning was taking place however, high touch cleaning records were not maintained. The registered manager acted on our feedback to put interim measures in place to address these shortfalls in records until the move to electronic records was completed.

This was a continued breach of regulation 17 as records were not reflective of people's needs.

- Improvements were made to risk management and mental capacity assessment records. Other records such as staff recruitment, training, supervision, medicines and maintenance records had been reorganised with missing information provided and made accessible. Systems were set up to log complaints, accidents, safeguarding's and further improvements were planned to record management.
- Following the last inspection, the owner had brought in a consultancy service to support them to bring about the improvements. As a result, policies had been updated in line with best practice and the consultant worked with staff to support them to make the required changes. They were continuing to visit the service to support the new registered manager and carry out monitoring visits.
- Auditing had commenced, with health and safety, infection control, medicine management, complaints and staff files audited. An action plan was in place to address findings from audits and bring about improvements. The introduction of the electronic records will further improve monitoring of daily practices by alerting management to incomplete tasks and actions.

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

- People and relatives' involvement in the service had improved. The registered manager had meet individually with people and sought feedback from them on what changes they would like to see. They set up a meet and greet with relatives when they initially arrived at the service. They also held a relative's meeting to update relatives on their plans for the service. It was agreed regular meetings with families would be scheduled. We saw relatives were updated by emails on agreed actions from the relatives meeting and their involvement in the service was encouraged.
- Relatives commented "Changes in the home since the last inspection have all seemed positive and a noticeable improvement," and "The new manager is brilliant. She has enabled remote communication with my mum, as mum can't use a phone herself."
- A full survey was scheduled to take place annually with the plan for that to be carried out in the Spring of 2023 to give time for changes within the service to be embedded.
- The registered manager had introduced systems within the service to improve communication within the team. One to one supervision of staff had commenced, regular team meetings were taking place, a staff newsletter and a daily morning meeting was introduced. Minutes were maintained of the meetings which were communicated to all staff via email and used at handovers to ensure all staff were updated on changes in people and in ways of working to mitigate risks.
- Staff felt communication had improved and systems were in place to support them to provide consistent care.

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

At the last inspection the provider failed to ensure person centred care was provided, and people's personal preferences were not taken into account. This was a breach of Regulation 9 (Person-centred care) of the

Enough improvement had been made and the provider was no longer in breach of regulation 9.

- Improvements were made to visiting arrangements. The registered manager had worked hard in changing the culture within the service to promote a more inclusive person-centred approach. Relatives were actively encouraged to be involved in their family members care with open visiting promoted. Christmas parties were scheduled for December and activities were being organised to take account of people's interests and wishes.
- Staff were welcoming to people and their relatives. Management engaged with people and their relatives in a positive and open way. The registered managers door was open, and we observed people entering their office and sitting down. There was a natural, caring and warm interaction between staff and people, which promoted a relaxed and homely atmosphere.
- We saw people enjoying their paper of choice. Care plans we looked at contained family histories and important information about them. We noted people's food preferences were discussed with them and the kitchen held a record of this. People's lifestyle choices were respected, for instance, one person choose to continue to smoke and they were not prevented from doing so.
- Staff were positive about the registered manager. They described them as "Approachable, caring, friendly, good listener, open, firm, fair but supportive and encouraging." Staff commented "[The registered manager's name] has brought in a lot of changes, they know their job well and has standards they expect us to work too," "The registered manager is encouraging, they seek feedback and ideas from staff and promote team working," and "The change is positive, especially in developing more person centred care."
- People were positive about the registered manager. They commented "I know there is a new registered manager as they introduced themselves to me. I reported a recent incident to them which they sorted for me," and "[The registered managers name] seem interested to listen to what I have to say. They told me if I have any problems they would be there to hear, and I should come to their office or tell any of the carers I would like to speak with them, and she will come to me."
- Relatives were complimentary of the registered manager and described them as welcoming, chatty, approachable and kind. They commented "The new manager wants to make it better and homely," "The home has improved since the change of manager, lots of new ideas and I have seen immediately an improvement in administration, it is better structured, the manager and deputy manager is accessible and is always available to chat," "I think the home is well managed with the very approachable and friendly new manager. We were informed by the new manager, that there would be changes to the management structure so they could address the issues raised in the previous inspection report. This seems to be more effective and responsive in action," and "I have met the lovey new manager and deputy manager on many occasions as one or the other makes a point of catching up with me whilst I'm visiting, this is always very informative of how mum's been doing and they always ask as to my well-being which is very nice of them and appreciated."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place which was developed in line with regulation 20.
- Whilst no duty of candour incidents had occurred in the time under review, the registered manager was aware of their responsibilities in respect of a duty of candour incident.

Continuous learning and improving care

- The service had commissioned an in-house trainer and had developed a training programme. The registered manager told us all staff had recently received updated nutritional training and face to face

moving and handling training. Other training was scheduled such as oral health and personal care, safeguarding and mental capacity act training.

- The registered manager was keen to ensure staff were suitably trained and skilled for their roles. Role specific training was sourced, such as health and safety and a fire training course for the maintenance staff member and management courses were being pursued for staff with management responsibility.
- The registered manager had introduced a key worker system and planned to develop staff in champion roles such as champions in infection control and dignity in care. People and their relatives were positive about the introduction of the key worker system. A person commented "Certainly the idea of having a key worker is very positive and I would like if I can to have one person to manage all about me."

Working in partnership with others

- The service worked well with external healthcare professionals. We observed timely referrals were made when required to falls clinics, mental health practitioners, local hospital admission avoidance services.
- The service provided a dedicated clinical room, where external healthcare professionals could base themselves. Throughout the inspection we noted this room was used by a variety of visiting professionals such as the district nurses. A visiting professional told us they worked very well with the service. They found staff knew people well and were responsive to changes in them. They commented "Staff carried out their instructions and provided good care to people."
- People and their relatives told us the service was responsive to changes in their health and they alerted relevant professionals. Relatives felt well informed of the outcome of medical intervention and any change in medicines or treatment plan.
- Since being in post the registered manager had engaged with the local medicine optimisation team to improve medicine practices and they were committed to the service having more community involvement. Visits from local school children was being encouraged and they had attended a meeting at the local village hall, with a view to having more involvement in activities organised there such as coffee mornings and fetes.

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 18 Registration Regulations 2009 Notifications of other incidents Notifications were not made to us, in respect of safeguarding incidents and injuries to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained to promote person centred care.