

# Anchor Hanover Group

# Thameside

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Thameside is a residential care home providing personal care to up to 61 people who live with physical frailty and dementia. The service is divided into 5 units across 3 floors. At the time of our inspection there were 49 people using the service.

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

The governance systems of the service did not support the service to consistently improve and sustain safe care delivery. There were quality assurance processes in place, but these did not always identify areas for improvement including potential risks to people's safety and environmental issues.

We made a recommendation about the variety of available activities. Care plans were in place for people which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, and complaints were dealt with in accordance with the provider's complaints policy.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People and relatives told us there were sufficient staff to care for their family member. However, some staff felt staffing levels in certain areas of the home would benefit from more staff. The provider had a safe staff recruitment process in place. Staff received appropriate training, support and development which enabled them to meet people's needs.

People's needs were assessed before moving into Thameside. This was to ensure the service could meet these needs. People received care and support from staff who had been appropriately recruited and trained to recognise signs of abuse and how to safely support people. Staff understood people's risks and ensured people had as much choice and control of their lives as possible.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists. Notifications were completed to inform CQC and other outside organisations when events occurred. Healthcare professionals told us staff were knowledgeable about people's healthcare needs and followed their recommendations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They were supported with their nutritional needs. Specialist diets were in place when required and people were monitored to help them retain a healthy weight. Their health care needs were monitored, and staff ensured when support from external health professionals was required this was sought in a timely manner.

Family members spoke positively about staff engagement with their relatives and told us they were treated in a caring and respectful way. People and their relatives had the opportunity to express their views on their care and staff worked in a way which supported people's dignity and privacy.

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 this service was good (published 09 November 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Thameside

## 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

There were 3 inspectors on this inspection and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Thameside 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.

Thameside 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 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 all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 10 family members. We spoke with 9 members of staff including the registered manager. We reviewed a range of records. This included an in-depth review of 6 people's care and medicine records and an overview of 6 others. We looked at staff files in relation to safe recruitment practices. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from healthcare professionals who work with the service.

# 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; Learning lessons when things go wrong

- Environmental risks were not always managed in line with the provider's policy. Safety checks were not made in accordance with the provider's policy. For example, provider monthly checks of people's personal alarms, slings and wheelchairs were last done in April 2023. Monthly emergency light checks and automatic door release checks were also last carried out in April 2023. There was no record of quarterly checks being completed to confirm that shower heads were cleaned and disinfected.
- The registered manager confirmed there was no maintenance person on the premises for some months prior to the inspection which meant some safety checks were not completed. The new maintenance person was appointed shortly before this inspection.

The provider did not have robust checks in place to ensure the safety of the premises and equipment within it. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the registered manager submitted evidence that safety checks were completed and the maintenance person was enrolled on an intensive training programme to ensure they were equipped to fulfil all aspects of their role with regards to safety and maintenance checks. In the meantime, they were supported with environmental and safety checks by an experienced member of staff.

- Staff were trained in fire safety and knew how to move people safely if the alarm sounded. Regular fire drills were carried out. A member of staff told us, "We have regular fire drills, they are always unannounced and taken very seriously by us all."
- There was a system in place for recording accidents and incidents, which included analysis to determine strategies to prevent further injuries or incidents. Professional advice was sought, for example, from the GP or emergency services. Records showed risk assessments were updated after any incident or accident. Reflective practice meetings were held with staff to identify lessons learned and staff told us they were updated on any changes implemented to lessen the risks and keep people safe.
- Risks which affected people's daily lives, in relation to their mobility, nutrition and management of health conditions were documented. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way, which included. included additional training for staff.
- Family were aware of risk assessments in place for their relative. We were told, "[Relative] has a risk assessment in place for falling, they need 2 staff sometimes if they are a bit wobbly. This is never a problem," and "[Relative's] food is always mashed, this is written up in their risks."

- We observed how staff supported people according to their assessed level of risk. For example, walking alongside 1 person who, we were told, "Is having a poor mobility day."
- Staff demonstrated a good understanding of people's individual risks and how to mitigate them. They told us, "[Person] has good mobility but this can fluctuate so we assess their ability on a daily basis and allocate staff accordingly to assist them," and, "I read the care plans to see if anything has changed like an increase in any risks."

#### Preventing and controlling infection

- Whilst the home was visually clean, inspectors identified a strong unpleasant odour in certain areas of the premises. These was brought to the attention of the registered manager and actions were immediately taken to reduce the odours, and an enhanced cleaning programme was initiated.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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 registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Family members told us they felt welcomed into the home by staff and management.

#### Using medicines safely

- Medicines were safely managed, stored and ordered in a timely way. Records showed regular audits were carried out on how people's medicines were managed. This included checking for any errors in people's medication administration records. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- The registered manager responded to findings of a recent pharmacy audit and added an additional early morning medicines administration round to ensure there was sufficient time in between doses of that medicine. Protocols were in place for 'as required' (PRN) medicines such as pain relief described the circumstances that it may be required. People told us they received pain relief when requested.
- However, we observed the provider's medicines protocol was not always followed in respect of storage of creams. We observed that some creams in people's rooms were not kept in their box, which meant the administration instructions were not readily available to care staff. Following inspection, the registered manager confirmed a meeting was held with administrating staff to ensure they were clear about the provider's policies and procedures and refresher training for all staff was booked.

#### Staffing and recruitment

- People were supported by a sufficient number of staff. The provider used a dependency tool to determine people's care and support needs and staffing requirements were assessed at the end of each month or when a resident's needs changed. The number of staff on duty on the day of inspection reflected the level of staffing the RM considered to be sufficient to support people safely.
- We observed in most instances how staff did not appear rushed and saw they were able to spend time with people. However, in an area of the home where people's needs were higher, we saw that staff had less time to spend with people. Some staff told us, "[Person] walks around a lot and we haven't always got time to do baths or showers for people," another told us "There is just not enough staff to do anything. People in



their bedrooms are left out. We can't take people downstairs because that would leave just one member of staff up here."

- The provider subsequently told us they were reviewing dependency and staffing levels in response to feedback given at the end of the inspection.
- Feedback from family members about staffing levels was positive. One said, "Whenever I am here there are always lots of staff around," and "I have never had a problem (with staff levels). There is always someone around."
- In other parts of the home, staff told us there were sufficient staff to support people safely. One said, "Since I started working here, I have never experienced shortages of staff. I have plenty of time to sit and chat with people," and "We really are not short staffed, even when someone might ring in sick, their shift is always covered."
- A healthcare professional told us, "I believe there are enough staff, they always have eyes on people."
- The provider had systems in place to ensure safe recruitment of staff. Required safety checks had been made before staff started work. The provider ensured Disclosure and Barring Service (DBS) checks were in place for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safe and protected from abuse. There were policies covering adult safeguarding, which were accessible to staff. They outlined who to go to for further guidance.
- Family members told us they felt their relatives were safe and well looked after. One told us, "[Relative] is very safe living here, I have that peace of mind." Another said, "Staff do everything possible to keep the residents and visitors safe, I have no concerns about any of that."
- Staff told us they received training in safeguarding and knew what action to take if they suspected a person was at risk. They knew people well and how to protect them. A member of staff told us, "We are here to keep people free from harm and abuse. I need to always be aware of marks or bruises for which have no explanation."
- Safeguarding and whistleblowing policies and procedures were in place and staff told us they were confident to use the whistleblowing process if they had concerns. Whistleblowing allowed staff to raise concerns whilst legally protecting their anonymity.
- Notifications of potential safeguarding concerns were raised with the local safeguarding authority and CQC, and management carried out internal investigations in response to concerns raised.

# 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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Nationally recognised tools were used to assess people's needs and choices. For example, a tool to assess risk to skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.
- Pre-assessments were completed with people prior to them moving into Thameside. The level of detail recorded helped ensure the service could provide appropriate care to the person. The assessment formed the basis of a person's initial care plan and information was added and reviewed as staff got to know people.
- A healthcare professional told us staff referred people to them appropriately and in a timely manner. They said, "They always make referrals well, they make it clear what they want and they always seem to follow guidance well after my visits."

Staff support: induction, training, skills and experience

- Staff were suitably experienced and skilled to meet people's needs and to undertake the responsibilities of their role effectively. There was an induction and training programme in place. People and their family members told us they had confidence in the abilities of staff.
- One family member told us, "The staff are very well trained. They use all sorts of skills to persuade [relative] to have a shower." Another said, "I see staff in the living and dining area and they seem confident in how they work. They all seem to know what equipment each resident needs."
- Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role.
- Staff spoke positively about the training provided. One member of staff told us, "We are strongly encouraged to do our training. The dementia training was very useful because we need to be able to understand what dementia means for the person."
- The registered manager appointed staff members to be 'champions' of some aspects of care and support, including moving and handling, dementia and wellbeing, slips, trips and falls, nutrition and hydration. Staff told us this meant they could seek additional advice in that area if needed and therefore provide a better care experience for people, "We have a moving and handling champion who will do observations of safe practice."

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. A member of staff told us, "We weigh people every month and observe weight loss or gain and report any concerns to the GP." Senior carers updated people's nutritional needs and risks each week on dietary summary sheets. This information

was shared with all care and kitchen staff.

- We observed the mealtime experience to be relaxed, the tables were nicely set and food was well presented. Staff showed people plates with an example of the lunch to help them make their preferred choice. A family member told us, "I am surprised how nice the meals are, I am allowed to sit in on a few meals. Since dementia got [relative], they only like sweet meals, nothing savoury and sometimes needs help to eat, which staff are always on hand to do."
- Where people needed support or encouragement to eat, staff sat with them. One person was being assisted to eat by a member of staff who chatted with them and offered encouragement to eat a little more.
- We observed that some lunch portions were small and one person told us the portions of food were "occasionally small." We told the registered manager about this and following inspection, they confirmed the chef will monitor the lunchtime service to ensure portions are adequate, with extra food available should people require it.

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

- Staff understood when to escalate any concerns about people's health to a healthcare professional and worked closely with them to ensure people had specialist input to their care when needed. These included GP, district nurse, speech and language therapist, dietitian and mental health specialist.
- Family members told us, "If there is any problem with [relative], staff will make sure they are seen by the GP," and "We are kept in the loop about the GP, if staff need to call them, they will also inform one of the family."
- A healthcare professional said, "We try and do face to face visits once a week and we do video calls as well. They are a really good team here, quite stable. They support each other."
- Instructions from healthcare professionals were recorded in people's care plans and communicated to staff through handovers and were detailed in people's records. This meant people were receiving the most up to date support to meet their health needs.

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

- The design of the service met people's needs. The corridors were wide, and people were able to mobilise easily with their walking aids. People's rooms were personalised with their own photos, pictures and furniture and there was a photo and their name on the outside of their room. Bathrooms and appropriate adaptations were in place to assist people.
- The environment was bright and airy with lots of colourful pictures on the walls. Whilst there was not a wide range of signs to guide people living with dementia around the building, we observed people were able to orientate themselves and locate the bathroom and their bedrooms with little difficulty. A family member told us, "The environment is helpful for people to move around. It is light and bright so if eyesight is poor, it makes it easier. [Relative] finds their way easily. The home is set out in wings so there is not the feeling of it being a big open space."

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.

- 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. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. For example, use of a sensor mat and lowered beds to prevent falls if it was needed and the use of locked doors to keep people safe.
- A family member told us, "I have been engaged in decision making for [relative], for example, when they wanted to use a sensor mat." Another said, "I have noticed how staff always offer [relative], choices and they wait for the response."

# 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. The rating for this key question has remained 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A family member told us, "I have no concerns about the care. I feel there are good standards of care and respect."
- Throughout the inspection we observed staff to be warm, friendly and respectful. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality. A healthcare professional told us, "The people here are just really well looked after. Staff are doing an amazing job here."
- Staff received equality, diversity and inclusion training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This helped ensure people's individual needs were understood and reflected in the delivery of their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in decisions about their care. We saw staff explaining things to people, offering choices and helping people in their daily decisions. Staff encouraged this and all observed interactions were calm, patient and focused on the person they were engaging with. A family member told us, "[Relative] is encouraged to be as independent as they can be. I hear staff ask them about which clothes they want to wear."
- People were respected by the staff, and their privacy and dignity was promoted. A family member told us, "Staff are very careful to protect [relative's] dignity, especially in how they assist with personal care matters. [Relative] is always well turned out too, clean clothes etc, this is really important to them."
- Staff told us they considered encouraging people to retain their independence was a key part of how they supported them. They told us, "I'm always asking people what they want to do, what they want to eat, what they want to wear, what time they want to go to bed etc."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

# 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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 provider and registered manager understood the importance of activities for people's physical and mental health. The registered manager told us activities were a "whole home effort." There was a home activity planner and senior care staff were responsible for coordinating activities on each floor which were facilitated by care staff.
- However, some family members said, "[Relative] walks up and down a lot. It would be nice for them to go out more, particularly to the garden," and "There is a lack of people going out. People get bored," and "I personally think more varied activities would be good."
- We spoke with the registered manager and deputy manager about this and they acknowledged the reduction in off-site activities. They told us the person responsible for organising external activities was unavailable. They were expected to return to work soon after the inspection, at which point, trips out would resume.

We recommend that the provider considers activities which reflect the differing needs and wishes of people.

- Other family members were positive about the available activities. They said, "[Relative] is offered lots of activities," and "There is ball and catch which staff include [relative] in."
- We observed a variety of staff-led activities throughout the day. We noted that some focussed on people's particular preferences as outlined in their social history. For example, where a person previously played sport to a high level, a carer engaged them in an indoor game of that sport. The person responded very well to this and encouraged others to join in.
- Information about people's social interests were documented. Family members contributed to developing this. Staff told us they referred to this information to engage with people and develop a good relationship with them.

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

- People's care plans were detailed, person centred and considered people's diverse needs. For example, there was a detailed account about how 1 person's religious belief should be supported. Care and support needs were regularly reviewed and updated to reflect changes with any necessary guidance included for staff.
- People and their family members were encouraged to participate in care planning. We saw input from family members was added to the updated care plans. A family member told us, "I had a care planning meeting and went through [relative's] needs. They have a really good snapshot of [relative]." Another said, "I

helped write the care plan and I am involved with reviews."

- A healthcare professional told us staff understood people's individual needs and said, "I am always impressed by the level of knowledge and understanding staff have of the residents. It makes the care feel very person-centred."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person-centred care. One told us, "It is very important to treat everyone as an individual and never think, just because one person likes something that everyone else will too."

#### 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 care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any additional aids they needed such as glasses or hearing aids.
- We observed staff engaging with people according to their stated communication preference. They communicated clearly with people, adapting their language to help them better understand what they meant and were saying. People were also given the opportunity to respond at their own pace without feeling rushed.
- The registered manager confirmed that information was made available in various formats to make it accessible to people.

#### Improving care quality in response to complaints or concerns; End of life care and support

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access. Family members told us, "We have never had to speak to the manager about any concerns, but know we could if we needed to," and "I have no complaints, the staff and managers listen to me and are extremely helpful."
- There was a current complaints policy in place. Information on how to make a complaint or raise a concern was displayed within the service and was also in an accessible format. We saw there were 2 complaints in the past 12 months. Both were managed in accordance with the provider's complaints policy.
- People's wishes for the end of their life were recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Staff told us they were confident to support a person at the end of their life. One told us, "Yes, I have helped to support a person at the end of their life. We worked with GP, district nurses and hospice to make sure we were following the person's end of life care plan."

# 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 their roles, and understanding quality performance, risks and regulatory requirements

- There were organisational quality assurance processes in place that were used to monitor and improve the service. However, these did not identify concerns which inspectors identified on the day of inspection. These had the potential to impact on safe outcomes for people.
- We were told the service was without a maintenance person for some time prior to this inspection. This meant that monthly and quarterly safety checks were last completed in April 2023. These checks included people's personal safety alarms and safety sensory equipment, sensory mats, slings and wheelchairs. There was no record of quarterly checks being completed to confirm that shower heads were cleaned and disinfected. The quarterly checks should also ensure the thermometer for testing water temperature is properly calibrated.
- Medicine audits did not identify how topical creams stored in people's bedrooms were not always correctly stored in their dispensed box. There was no negative impact on people identified.

Systems in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to these shortfalls during and immediately after the inspection. They confirmed suitable checks of the environment and equipment were in place, as well as an enhanced cleaning programme.

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

- There was a positive culture within the home and people appeared happy and engaged with staff. People's birthdays and other significant events were celebrated throughout the year. A family member told us, "This is an excellent home where the staff have people's best interests at heart. I would recommend it to anyone."
- The registered manager and deputy manager were frequently out of their offices, engaging with people and staff. We saw people and staff interacted in a positive way with them throughout our inspection.
- People told us the registered manager and deputy manager encouraged contact and operated an open door policy. A family member told us, "The communication here has always been good. If there are any concerns the managers will always invite me in for a conversation or email me with an update." Another told



us, "The managers seem to be very understanding towards the residents and the staff. There is good communication with family."

- A healthcare professional told us, "The manager is really good and they have very experienced team leaders."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their family members, staff, and professionals were given opportunities to provide feedback about the home through informal conversations, meetings, and the complaints procedures. There was an electronic device situated in the entrance hall which people could record their views, give feedback and make suggestions about the service. These were regularly reviewed and where applicable, responded to.

- People told us they were actively encouraged to voice their opinions on the running of the service. One told us, "There is a signing in and out screen, when I sign out there is a part where I can add comments."

- A health care professional told us, "They are all great and I am always very happy to come here. I know I can rely on their judgement, and I think they are doing a great job. I would place my Mum and Dad here."

- Staff told us they had a positive relationship with the registered manager and deputy manager and could raise issues, concerns, suggestions in a variety of ways. There was a regular meeting structure, including daily mid-morning meeting with heads of departments to review the day so far and discuss any arising issues. In addition to meetings, staff had the opportunity to speak to line managers through regular supervision meetings, as well as complete an annual staff engagement survey.

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; Continuous learning and improving care

- The registered manager and their deputy had a good understanding of the regulatory responsibilities of their role and of the duty of candour, which was to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. There was evidence duty of candour was applied when people had accidents or incidents or complaints were received.

- The provider notified us of events that occurred within the home so that we had an awareness and oversight of these to ensure that appropriate actions were taken.

- The registered manager kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.

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  The provider did not have robust checks in place to ensure the safety of the premises and equipment within it. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.