

Pencombe Hall Ltd

Pencombe Hall

Inspection report

Pencombe
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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

Pencombe Hall is a care home providing accommodation and personal care for up to 32 people aged 65 and over in one large adapted building. At the time of the inspection 24 people were living at the home.

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

Further improvement from those made since our last inspection was found to be needed to ensure people always received a fully effective quality service.

The provider's policies and procedures were not always followed. Quality audits had failed to identify areas of concern which could place people at risk of harm.

The meal time experience for people who required support from staff was found to need improvement as it did not take person-centred care into account.

Although the registered manager acknowledged these shortfalls and measures were put into place these shortfalls should have been identified earlier by the provider's quality assurance systems.

People were cared for by staff who knew them well. People were supported by staff who understood safeguarding procedures and aware of people's identified risks.

Sufficient staff were available to meet people's needs. The registered manager was aware of the need to continually review staffing levels to ensure they were sufficient. People told us when they needed assistance, staff responded promptly so people's safety needs were not compromised. Recruitment practices were in place to check the suitability of potential staff members.

People's needs were assessed, and their care was planned and provided to meet people's needs. Risk assessments were carried out regarding the care and support people required. People had a nutritious diet and they enjoyed the meals available. People's healthcare needs were met by medical professionals involved in their care.

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 cared for by staff who were kind. Staff were considerate towards the people they cared for. People and relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained. People had fun and interesting things to do and occupy themselves with.

Rating at last inspection

The last rating for this service was requires improvement (published 23 July 2018) and there were multiple

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

The provider took immediate action in relation to some areas of concern to mitigate risks to people using the service.

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

Enforcement

We have identified breaches in relation to the safe management of people's medicines and monitoring the quality of the service provided at this inspection.

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

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Pencombe Hall

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pencombe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced apart from on the final day when we gave notice to complete and give initial feedback to the registered manager.

What we did before the inspection

Before the inspection we looked at the information we had received about the service since the last inspection. This included details about incidents the registered provider must notify us about, such as abuse and accidents. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas of the home to see how staff supported people they cared for. 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. We spoke with six people who lived at the home and six relatives about their experiences of the care provided. We also spoke with a visiting healthcare professional.

We talked with the registered manager. In addition, we spoke with three staff members including team leaders, care staff and an agency member of staff.

We looked at a range of records. These included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager sent us the documents we requested in a timely way. We also spoke with the deputy manager and professionals from Herefordshire County Council on the telephone.

Is the service safe?

Our findings

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

At the last inspection 20 and 22 June 2018 this key question was rated Good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- The administration of people's medicines was not always safe and so put people at unnecessary risk.
- We saw gaps on the medication administration record (MAR) sheets where staff had not signed to evidence they had administered people's medicines. One medicine requiring additional recording and storage was signed as administered on the MAR sheet however it was not recorded as administered in the controlled drugs register. The dose given was not recorded on the MAR sheet and therefore the dose given to the person could not be assured.
- We found records did not always match. For example, a time when a medicine was administered differed between the MAR sheet and the controlled drugs register by two hours.
- Where people received medicines 'as required' [PRN], there was no guidance for staff about the medicine such as the reasons they may be required and the dosage to be given for example if a person was experiencing pain. This means people were at risk of experiencing pain unnecessarily.
- Staff recorded the date of opening on the original container medicines were in. We found an occasion when the balance of medicines held did not match the records. We found this was due to staff having entered the incorrect date when the medicine was opened.
- Records to show the application of creams and ointments were signed on the MAR sheets by team leaders. Staff members signed for these items on records held within people's bedrooms. We saw gaps on the MAR sheets and found for one person no record existed of the creams staff were applying.

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

The registered manager responded by informing us they would introduce protocols and additional audits to improve the safety of medicine management within the home. In addition, the registered manager introduced a pain monitoring record.

- Staff were heard explaining to people why they needed to take their medicines in a calming way to reassure people.

Assessing risk, safety monitoring and management

- The provider had failed to ensure people were kept safe by ensuring fire safety equipment was regularly

checked.

- Fire safety records showed the provider's check to test the fire alarm on a weekly basis had not happened on a consistent basis in line with the provider's own policy and procedure. For example, we saw a gap of 20 days between testing the system during June 2019. In addition, we noted the records did not indicate which call point had been used to test the system. The registered manager and deputy manager confirmed the call points were not tested in sequential order. Testing in sequential order is a means of ensuring the system is in working order throughout the building.
- A fire risk assessment was in place. The registered manager showed us the work carried out as needing attention following the most recent assessment.
- Risk assessments regarding people's care and support were in place. Staff were aware of risks to people such as swallowing and the need to have fluids thickened. Staff consistently told us the amount of thickener needed for one individual. Other risks were assessed such as weight loss and the risk of developing sore skin. We saw the registered manager had responded to a person's risk of falling by referring them to the falls clinic.
- Equipment currently in use such as hoists, and slings were routinely examined by an external company to check their safety. Where repairs or parts were needed this was either actioned or the equipment taken out of service. When using equipment such as wheelchairs staff had ensured footrests were in place and used to prevent entrapment.
- Community nurses were involved in ensuring the safety of equipment such as specialist mattresses designed to help prevent sore skin.
- Portable electrical appliances were regularly tested for safety. The registered manager assured us items which failed were either removed or no longer used.

Staffing and recruitment

- Checks were made as part of the providers recruitment procedures. These included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and therefore helps prevent unsuitable staff from working with people who use the service. Full working histories of employees were not however always recorded within staff files. This is needed to evidence where staff have worked and help ensure they are suitable to work with people.
- People we spoke with as well as relatives were satisfied with the number of staff members on duty at the time of our inspection.
- People told us they did not have to wait for long periods of time if they sought staff attention. During the inspection an emergency call bell sounded. Staff acted swiftly in response to this.
- The registered manager told us staffing levels would be increased in the event of additional people moving into the home or if people's care needs grew. Some staff members did not feel the provider had enough staff available. This was because they also needed to carry out laundry duties as well as at times domestic tasks. We found sufficient staff to be on duty at the time of our inspection to meet the needs of people living at the home.
- Agency staff were used to cover gaps in the rota such as holidays and sickness when needed. The registered manager told us they sought the same members of staff from the agency to assist in the continuity of care provided. One agency member of staff told us they liked working at the home due to the good quality care they had witnessed taking place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. This was reflected in a recent satisfaction survey whereby most people replied they felt safe. Relatives told us they believed their family member to be safe. Relatives told us, "Safe here I have no worries whatsoever. No worries about safety" the same person told us, "I have never seen anything of concern.'

- The registered manager was aware of their responsibility to report any suspected or actual abuse to the local authority and to the Care Quality Commission.
- Staff members we spoke with were confident any allegations of abuse would be acted upon. They were able to describe different types of abuse people could potentially be subjected to. Staff told us they had no concerns about the care provided for people.

Preventing and controlling infection

- People told us they believed the home to be kept clean. One person told us, "They [staff] are very particular" about cleanliness. Communal toilets were found to be clean and have liquid soap and paper towels available for people to use.
- The provider employed housekeeping staff although this did not cover each day. The registered manager told us they were seeking additional staff to cover these shifts.
- Staff were seen to be wearing, and had at their disposal, protective clothing such as gloves and aprons. Staff told us they were not aware of any risks to people by having disposable gloves available within communal facilities.
- A healthcare worker told us staff would alert appropriate people in the event of potential risks to people regarding infection control such as broken zips of specialist cushions so these could be replaced.

Learning lessons when things go wrong

- The registered manager monitored accident and incident records to establish any trends and how future incidents could be reduced.

Is the service effective?

Our findings

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

At the last inspection 20 and 22 June 2018 this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement.

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

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to take appropriate steps to ensure people who lacked mental capacity to give consent to their care and treatment had decisions made in their best interest in line with The Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11(Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good knowledge of people who were subject to an authorised Deprivation of Liberty Safeguarding (DoLS). They were aware of conditions associated with individual authorisations to ensure these were able to be met. Information about individuals Relevant Person Representative was documented (RPR). An RPR is a person who maintains contact and provides support. However, not all staff members, including those who could be in charge of a shift, were aware of people who had a DoL'S in place

and were not able to tell us whether there were conditions to the authorisation.

- Assessments of people's capacity to make decisions were specific based and where needed best interest decisions were usually in place. Decisions were necessary had involved people's representatives such as an Independent Mental Capacity Advocate (IMCA) and people's Power of Attorney.
- Staff were seen to regularly seek people's consent however, this did not happen when staff were using aprons to protect people's clothing when having meals. We saw staff putting aprons around people within any consultation or consent. We brought this finding to the attention of the registered manager who confirmed they would address with staff members.

Staff support: induction, training, skills and experience

- There were gaps evident in the training records. For example, in moving and handling. Some staff who were working together had not received refresher or actual practical training by a person qualified to carry this out. Once brought to the attention of the registered manager they took steps to mitigate any risk by ensuring these staff members were not working together on the rota until training could be undertaken.
- Staff told us they were supported by the registered manager and team leaders.
- Induction training and the care certificate was undertaken by newly appointed members of staff. The care certificate is an identified set of standards which social care staff work through based on their competency. An agency member of staff told us they had received an induction to the care home when they first worked there.

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

- People's care needs were assessed prior to them moving into the home to ensure these needs could be fully met by the staff team.
- Assessments were carried out in people's current settings such as hospital. An initial care plan was drawn up from the assessment, so staff understood people's support requirements.

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

- People were positive about the food and drink. One person told us, "One or two of the dishes are very tasty". The same person added, "At tea time we have a selection of things. Soup or pasta and sandwiches, cake and sometimes fruit. Can pick what you like."
- Staff were seen offering people a choice as well as showing people the choice of food available for them to select from.
- Information regarding a local initiative to support people to have enough fluid intake was displayed around the home and was known to staff members. Signage was displayed including one encouraging people to ask staff if they wanted a drink.
- During the inspection we heard staff regularly encourage people to drink pointing out to them it was a warm day. One person told us, "You can have a cup of tea or coffee when you want." We did however see one person sat within the conservatory where their drink was left untouched. This was brought to the registered manager's attention.

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional told us staff worked closely with them and colleagues to ensure people's needs were effectively met in a timely way and received joined-up-care such as end of life care.

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

- Signage was seen within communal areas on the ground floor to assist people. The registered manager told us of their plans to improve signage.
- The home contained some double bedrooms. The registered manager told us they tended to use these as

single bedrooms.

- At the time of our inspection some areas including two bedrooms and some communal facilities were undergoing refurbishment. The registered manager was aware of the need to ensure areas where refurbishment was underway were kept secure due to the maintenance and building work taking place. The registered manager told us plans for the bathroom were to make it more user friendly they also told us of plans to improve the outdoor sitting areas.
- Some people we spoke with felt accessibility to the outside needed to be improved. The registered manager was aware of the need for improvement within part of the garden area and to be able to ensure people could safely gain access to the garden.

Supporting people to live healthier lives, access healthcare services and support

- One person told us, "If you ask they [staff] will get a doctor." Another person told us staff had provided support when they did not feel too well. People confirmed they were able to access healthcare professionals such as chiropractors, dentists and opticians.
- A healthcare worker told us their team worked well with staff at the home and told us they had no concerns about the care and support people received.

Is the service caring?

Our findings

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

At the last inspection 20 and 22 June 2018 this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people were supported and involved as partners in their care.

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

- People told us they were happy living at the home and told us staff were kind and caring. One person told us, "It is home from home. You get anything you want." Another person told us, "The care in this place is the best I have experienced. It is first class. I have noticed the carers [staff] spend as much time with people as if their own parents. It's excellent."
- A relative of a person living at the home told they had built up good relationships with the staff team and were known to the staff. One relative told us their family member was, "Treated very well". Another relative told us, "Care is very good. No complaints what so ever." A further relative described the staff team as, "Caring and compassionate."
- Staff described the standard of care provided as, "Excellent" and told us they liked working at the home. An agency member of staff told us, "Care is good" and told us if they were seeking permanent employment they would consider working at Pencombe Hall due to the standard of care provided in their experience.
- Throughout the inspection we saw friendly banter taking place between people and staff members. During these times we saw people smiling and laughing. One person on entering the dining room for breakfast was heard to say, "Lovely people, lovely smiles" and, "I'm in the right place here."
- Professionals who visited the home were complimentary about the care and support people received. One person told us, "They [staff] are good here" and, "The care is good".

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

- People told us they felt involved in day to day decision making and told us they felt listened to.
- The registered manager who was known to people told us they spent time with people to listen to their views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful to them and ensured their privacy and dignity was maintained. Keys to bedrooms were available if people wished to have one.
- Staff were able to describe to us practices within the care home to ensure people's privacy and dignity was upheld. Staff were seen knocking on bedrooms doors before entering.
- There was signage for staff to use on communal bathroom doors to show when the room was engaged.

Is the service responsive?

Our findings

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

At the last inspection 20 and 22 June 2018 this key question was rated as Requires Improvement. At this inspection this key question has remained the same 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

At our last inspection the provider had failed to take appropriate steps to ensure care was appropriate and reflected the needs of the person. This was a breach of regulation 09 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 09, although further improvement was required.

- Practices seen at lunch time were not always person centred. On the first day of the inspection we saw a member of staff assisting two people with their meal at the same time. On the second day of the inspection we spent a longer period of time observing staff practice. We saw a member of staff standing over people while assisting to eat, therefore not working at eye level with people. In addition, we saw one person assisting two people at the same time. There was little conversation with people while they were receiving assistance. This is not person-centred care.
- Staff told us they got to know people's care needs by speaking with people as well as attending handover meetings and looking at care plans.
- People we spoke with told us they were not aware of any restrictions at the home. One person told us, "Can get up when you want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had things to occupy them if they wished during the day. One person told us, "We have a mini bus. We go anywhere we like. Go to events like local gala." Another person told us staff brought in their daily newspaper, so they spent the day reading it.
- People, relatives and staff told us about musical entertainment provided within the home as well as exercise to music.
- We were told about reminiscence discussions taking place about items such as boot polish.
- We saw people sat outside with members of staff enjoying the summer sun. Photographs were displayed of people doing fun and interesting things.
- Art work completed by people was seen on display within the home.
- Information about people's likes and dislikes as well as personal histories were available when people had

wished to share this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw pictorial signage within some areas of the home to assist guide people. Pictorial menus were on display and the provider's satisfaction questionnaire was seen to contain pictorial images.
- Large print book were available for people to borrow and read.
- The registered manager told us they would look at having documents such as their complaints procedure and statement of purpose on audio.

Improving care quality in response to complaints or concerns

- Since our last inspection the provider had received one written complaint regarding the laundry. We saw this was resolved by the registered manager.
- People and their relatives told us they were confident they could raise any complaints or concerns they may have with the registered manager or other members of staff. They were confident they would be listened to and their concerns acted upon. One person told us, "I would not run this place down at all."

End of life care and support

- At the start of the inspection one person was receiving end of life care. A revised care plan was in place and handover records showed the person to be 'very frail.'
- A visiting healthcare worker told us staff at the home alongside healthcare professionals such as doctors and community nurses staff worked as a team when a person was receiving end of life care. They added staff made contact with healthcare professionals in the event of any concerns about a person's care. The registered manager told us they involved healthcare professionals, family member's and religious ministers with people looking at their end of life needs.
- The registered manager was aware of local initiatives involving end of life care.
- Compliments were seen regarding the care people provided. These included, 'Thank you all for the care and support you all gave' and 'Always be grateful to you all.'

Is the service well-led?

Our findings

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

At the last inspection 20 and 22 June 2018 this key question was rated as Requires Improvement. At this inspection this key question remained the same 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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality of services provided and ensure records were up to date and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has a recent history of not obtaining a good rating. At this inspection we found there continued to be significant shortfalls to ensure the delivery of high-quality care.
- Following our inspection in November 2017 as well as June 2018 we found the rating for the well led question to be 'Requires Improvement'. As the rating following this inspection continues to be 'Requires Improvement' this is the third consecutive occasion whereby the registered provider has not achieved a rating of at least 'Good'.
- Systems in place were not identifying additional shortfalls in the service provided such as medicine management in the areas we identified, fire safety and staff working together without formal moving and handling training. Audits of care records had not identified a healthcare professional had not followed up on a discussion between them and staff at the home. No further contact had therefore been made with the healthcare professional. This lack of action could place people at risk of harm.
- Staff had recently engaged with people to seek their views as part of a satisfaction survey. The registered manager had not reviewed these while they were being completed and staff had not brought to their attention any issues which needed to be addressed. For example, we noted at least seven people had answered to one question the reply, 'I have some pain but not a lot'. No action had taken place to ensure people were not experiencing pain which could be resolved.
- The registered manager was open and responsive to the areas of concern identified and, in some areas, took immediate action to address issues. However, strengthened systems should ensure these shortfalls are identified sooner.

We found systems were not robust enough to ensure the quality of the service was suitably well led. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately to our findings for example they confirmed quality audits would be increased in areas such as medicine management. We spoke with representatives of the local authority who were aware of the issues we found and they gave an undertaking to support the registered manager make further improvements.

- Staff told us they felt supported by the registered manager. Team leaders attended meetings. Staff members told us they had attended staff meetings in the past although these had not taken place recently.
- Staff confirmed they attended handovers at the start of each shift to provide them with up to date information about people's needs.
- The registered manager told us they kept up to date with local and national initiatives. For example, they were aware of a recent report completed by CQC on oral care. They told us they viewed oral hygiene to be important and believed people's needs were met in this area.
- The registered provider had ensured their latest rating was displayed within the home as well as upon their web site.

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

- The registered manager had recently introduced a system of passing key information to staff members during the handover. These key messages included a reminder about the importance of ensuring people had fluids, checking visitor's identification and completing records.

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

- The registered manager was well known to people as well as relatives. One person said, jokingly, on seeing the registered manager, "Morning boss". Another person described the registered manager as, "Very cheerful and pleasant to deal with."
- A relative described the registered manager as, "Very nice" and told us they were told, "Any problems come in and have a chat." Another relative described the registered manager as, "Helpful, good relationships with [family member], professional and pleasant."

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 registered manager was open to our findings and was aware further improvement was needed at the home.

Working in partnership with others: Continuous learning and improving care

- The registered manager had previously worked with other agencies to make improvements in the service provided. They and others gave assurances these working relationships would continue to drive improvement.

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 ensure safe systems were in place regarding medicine management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were in place.