

Bosworth Care Home (Dorset) Ltd

Bosworth Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Bosworth Care Home 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.

This unannounced comprehensive inspection took place on 23 and 26 January 2018.

Bosworth Care Home is in Weymouth and can accommodate up to twenty older people. At the time of the inspection fourteen people were living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At our last inspection in December 2016 the home was rated as requires improvement. We identified areas for improvement in relation to the safe storage of medicines, the recording of people's Mental Capacity Assessments and subsequent best interests decisions, the activities provided and the governance systems.

At this inspection we found three breaches of the regulations.

People received their medicines as prescribed but some people did not have 'as needed' PRN medicine plans in place and there were some recording shortfalls.

On the first day of the inspection the home was not clean, some areas of the building and equipment were not safe and there were infection control risks to people.

There were not enough staff on duty. This had impacted on the safety and quality of the service people received and the environment.

There were governance systems in place to assess and improve the quality and safety of the service. However, the systems in place were not fully effective as they had not identified the shortfalls and breaches of regulation found at this inspection.

The registered manager and provider took action to address the majority of risks to people's safety and staffing levels between the first and second day of inspection three days later.

People felt they were safe and there were systems in place to safeguard people. Staff had completed training in safeguarding people and spoke knowledgeable about how to raise concerns if they suspected people were being abused.

People told us they liked living at Bosworth Care Home and said the staff treated them with kindness and warmth. Relatives were very happy with the care and service provided by the home. Staff knew people well and cared for them in the way they preferred. Staff spoke to people in ways which showed they valued and cared about them.

Staff were recruited safely and they were trained and had the opportunity for development. Staff told us they were supported by managers at the home and felt invested in.

People's needs were assessed and planned for. People had good access to healthcare and staff referred people appropriately to health care professionals.

People and relatives told us they knew how to make a complaint and said staff listened to them and took action if they needed to raise concerns or queries.

People were provided with a choice of healthy home cooked food and drink that ensured their nutritional needs were met.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Improvements were needed to ensure the service was consistently safe. This was because there were shortfalls in the medicines management, infection control, cleanliness of the home and ensuring the equipment and premises were safe.

There were not enough staff on duty to care for people, do the cleaning, cooking and laundry safely.

Risks to people were managed with clear plans to guide staff.

Staff knew how to report any allegations of abuse.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed.

Staff had an understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care and support was provided with kindness and compassion by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families in order to provide person centred care.

Is the service responsive?

Good ●

The service was responsive.

People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought.

Is the service well-led?

People and staff felt the home was well led but we found it required improvements.

The systems to assess and manage the safety and quality of the service had not identified all of the shortfalls at the inspection. This had also been identified as an area for improvement at the last inspection.

Observations and feedback from people, relatives and staff showed us the service had a supportive, honest, open culture.

Requires Improvement 

Bosworth Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 26 January 2018 and the first day was unannounced. The inspection was conducted by one inspector and an inspection manager on the first day and one inspector on the second day.

We met and spoke with all 14 people living at Bosworth Care Home. We spoke with two relatives. We also spoke with the registered manager, deputy manager and four staff. We observed the staff handover at shift changeover. We also spoke with two visiting health care professionals.

We looked at two people's care, health and support records and care monitoring records in detail and samples of two people's monitoring records such as food and fluid monitoring. We looked at all 14 people's medication administration records and documents about how the service was managed. These included four staff recruitment files, one agency staff profile, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In January 2018 the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received feedback from one commissioner.

Following the inspection, the registered manager sent us the information we requested about staff training, training, and evidence of two people's risk management plans, confirmation of planned staff recruitment, a new weekly cleanliness check record and confirmation of two staff references.

Is the service safe?

Our findings

We checked the medicine storage and stock management systems in place for people. At our last inspection in December 2016 we found that medicines were not always stored securely because the medicines cupboard was left unlocked. At this inspection there was a new lock on the cupboard which meant it could not be left open.

On the first day of inspection some people did not have as 'as needed' PRN medicine plans in place. This included one person who was prescribed additional 'as needed' pain relief. Staff knew the circumstances when they needed to administer the person's pain relief and they had been administered the pain relief when they needed it. By the second day of inspection, the manager had taken action and a PRN medicine plan was in place for this person and there were plans to complete the remaining people's PRN plans.

We looked at the MAR (medicine administration records) and cream application records on the computerised care planning system for people. There was not a consistent way for staff to record when they administered or offered PRN medicines. For example, the records had been completed to show staff had offered the person their PRN medicines but then were other times when they did not. This meant it was difficult to identify any patterns of PRN medicine use when auditing. In addition there were a small number of gaps in the MARs where people had been administered their medicines but staff had omitted to sign. The deputy manager took immediate action and sent a message to all staff reminding them about the importance of medicines recording via the computerised care planning system.

We checked the storage and stock for some specialist medicines and found the stock and the medicine record book balanced for those medicines.

Staff were trained in the administration of medicines and had their competency assessed every 12 months to make sure they were safely administering medicines to people.

On the first day of the inspection the home, people's bedrooms, furnishings and equipment were not clean. This included the kitchen and laundry and the lack of cleanliness placed people at increased risk of infection. These findings were supported by feedback from relatives. Some paint work, surfaces and furniture were chipped and porous which meant they could not be cleaned effectively. The arms and sides of chairs were stained and had food debris on them. In addition, we found unnamed waterproof leg protectors for three people in the bathroom which meant staff would not know they belonged to. This placed these people at risk of cross infection from their leg wounds. The registered manager took immediate action and removed the leg protectors and ordered new protectors that were named and kept in people's bedrooms to reduce the risk of cross infection. The registered manager and provider arranged for professional cleaners to clean the home the two days between the first and second days of inspection. The registered manager informed us on the first day of the inspection that professional carpet cleaners were booked to clean communal areas the following week.

We reviewed the building and maintenance risk management and control systems in place. There were

systems in place to service and maintain most equipment and the building. However, there was not a current legionella risk assessment and management plan in place and the bath hoist had not been serviced. The registered manager took action and arranged for the bath hoist to be serviced and for a legionella risk management company to test the water and systems at the home in February 2018. These shortfalls potential placed people at risk from legionella and equipment that was not serviced.

Hazards were not consistently managed so people lived in safe environment. For example, wardrobes in people's bedrooms were not secured to the walls and could potentially be pulled over. There were not any individual risk assessments and management plans in place for people on how these risks could be minimised. Laundry detergents were not stored securely and people had free access to the laundry. The provider told us following the inspection they had fitted a lock to the laundry door. We acknowledge the registered manager took action between the first and second day of inspection to address the shortfalls identified. The registered manager had a meeting planned with the registered provider the week of the inspection. However, action had not been taken prior to our inspection and the shortfalls identified placed people at risk of harm and infection.

The shortfalls in the medicines management, infection control, cleanliness of the home and ensuring the equipment and premises were safe were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a rolling programme of maintenance, redecoration and refurbishment in place.

People had risk assessments and management plans in place for their skin, mobility, nutrition and falls. For example, one person was at risk of falls following deterioration in their mobility. There was a clear risk assessment and a safe moving and repositioning plan in place.

People had emergency and risk management plans and equipment in place. For example, the home did not have a hoist but had emergency lifting equipment that was used when someone fell.

There was a focus on positive risk taking and supporting people to remain independent. Some people chose to use the stairs to maintain their mobility but the risks associated with this had not been assessed. The registered manager took immediate action and undertook a risk assessment and plan so the people could continue to use the stairs.

We found and people and relatives told us there were not enough staff on duty. One person said, "There's not enough staff", another person said, "They are always short staffed...they don't have time to come and sit and chat. There is only one staff at lunchtime". A third person said, "They're short of staff it's all gone to pot over the last six months". A relative told us, "There should be more staff. I have noticed carers are much more busy than before". In addition, some of the recently completed staff and visitor surveys also identified there were staff shortages.

On the first day of inspection, there were two care staff on duty and the deputy and registered manager. The deputy manager was cooking and providing care because the cook was off work. Another member of staff arrived mid morning to continue with the cooking. The care staff and the deputy manager were responsible for caring for people, activities, cleaning bedrooms and the laundry. Two of the 14 people needed two staff to support them with the personal care and mobilising. This meant that whilst two staff were supporting these people that they were not able to supervise or provide care to the other people, clean or do the laundry. The provider told us following the inspection the registered manager was now using a dependency assessment tool. They informed us that they had the staffing levels in place to meet the assessed needs of the people living at the home. However, we have not been able to assess this and see whether this is

sustained. We will fully assess the staffing levels at the next inspection.

We reviewed the staff rotas and discussed the staffing levels with the registered manager. They identified that the provider had reduced the staffing levels in December 2017. This decision was based on number of people and not any assessments or consideration of their dependency and needs. The registered manager told us they were already planning to meet with the provider to raise concerns about the staffing levels the week of the inspection.

The shortfalls in staffing were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of inspection the provider and registered manager had taken action to address the staffing shortfalls. There were three care staff on duty, a cook and they were interviewing for both an activities worker and a cleaner. The registered manager told us the provider was committed to providing the staffing to meet people's needs. The registered manager was working with another home manager in the area to develop an assessment and dependency tool so they could calculate the number of staff people needed. However, action had not been taken prior to our inspection and the shortfalls identified were having an impact on peoples' safety, well-being, quality of life and risk of infection.

We asked people if they felt safe living at Bosworth Care Home and every person replied they felt very safe at all times. Relatives told us they were confident their family members were safe.

There was information displayed in the main entrance noticeboard about how people, visitors and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident in recognising the types of potential abuse and how to report any allegations. The registered manager had co-operated with the local authority during any safeguarding investigations. Learning from safeguarding incidents had been shared with the staff team.

There was a system in place to record, review and analyse any safeguarding, medicine errors, incidents and accidents that took place. The nature of the incident was recorded and a full description given of what action was taken and the result of the action.

The registered manager followed appropriate recruitment processes before new staff began working at the home. Staff files showed photographic identification; at least one reference, full employment history and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. The registered manager informed us they were finding it difficult to obtain references from two staff member's last care sector employer. They had completed a risk assessment and the staff were not working unsupervised whilst they waited for the second reference. The registered manager confirmed following the inspection they had sought an alternative second reference for the staff members.

Is the service effective?

Our findings

All but one person told us the staff had the skills, training and knowledge to meet their needs. Staff told us they had the appropriate training and skills to complete their job effectively. Staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding.

New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector. We spoke with new staff about their induction process. Staff told us they had felt well supported throughout the process and had always worked alongside a more experienced member of staff when they started their employment.

Staff said they were well supported by the registered and deputy manager. Records showed and staff told us they received regular supervisions and an annual appraisal. Being a small home staff told us they could always approach the registered and deputy manager at any time for support and guidance.

We discussed equality, diversity and human rights the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

People and or relatives told us they had the opportunity to look around the home before deciding to move in. People's needs were assessed before they moved into the home. People's assessments included all aspects of their needs including all of the characteristics identified under the Equality Act. For example, assessments included people's religious and cultural needs, their sexual orientation, sexual identity and important relationships. This made sure the home was able to meet their care, health and support and cultural needs and provide them with person centred care. The registered manager was able to give examples of where the service was welcoming and meeting people's and staff's diverse needs.

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.

Most people living at Bosworth Care Home including those people living with dementia were able to consent to the care and support provided. All of the people we met, including those people living with dementia, told us their consent was always sought before staff provided any support. Staff recorded that they sought people's consent to care and support on the computerised recording and care planning system.

The recording of MCA assessments for people had improved. Mental capacity assessments and best

interests decisions were in place for one person in relation to receiving personal care and medication. These decisions had been made in consultation with people's relatives, representatives and health professionals. There was a system in place to record if people had a Lasting Power of Attorney arrangement for health and welfare and/or finance. This meant people would have appointed people to help them make decisions or support them with decisions made on their behalf. We spoke with a relative who held Lasting Power of Attorney for health and welfare for their family member and they told us they were consulted about any decisions.

The registered manager was clear about their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The registered manager had made appropriate applications but these had not yet been assessed.

People's rights were protected because the staff acted in accordance with the MCA and sought people's consent to their care. All of the staff had been trained in MCA 2005 and DoLS and understood the principles of the MCA 2005. They had a good understanding of the legislation and the circumstances where they may need to act or record a decision that was in a person's best interest.

People told us they enjoyed the food provided. One person said, "Food is very good indeed and (staff) are excellent cooks". People were offered choices of meals the evening before. However, on the first day of inspection, only one person we spoke with could recall what they had ordered or what was for dinner. Staff did not consistently remind people what they ordered and what was on offer when their meals were served. By the second day of inspection there was a poster displayed in the dining room showing what the choices of the day were.

One person told us they preferred their main hot meal of the day in the evening rather during the middle of the day. Staff told us and we saw records that showed they facilitated the person's preferences for a hot meal in the evening wherever they could but what the amount of food they ate varied from day to day. It is recommended that the service investigate ways they can be more responsive to people's preferences of meal times and choices of food.

People who were identified as nutritionally at risk were having their foods fortified (such as full fat cream, full fat milk, or full fat cheese added to their meals) to help increase their weight and their food intake was monitored. Most people were weighed monthly if they chose to by using step on scales. However, there was not any means of weighing people or assessing any weight gain or loss for those people who needed support with their mobility. The registered manager agreed to investigate means of assessing people's weight loss or gain and to look at purchasing some sit on scales.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. There were examples of where people had been referred to the GP, district nurses, Speech and language Therapists (SALT) and dieticians. People had access to chiropody services, opticians and dental care. This was supported by the feedback we received from visiting health professionals. A visiting professional told us the staff at the home were proactive in making referrals to their team. They said the staff's prompt referral had prevented one person's health deteriorating significantly.

Bosworth Care Home had signed up to the 'red bag' scheme. This is a health passport system to ensure people have consistent care when transferring between services, for example when people were admitted to hospital. A red bag is used to transfer standardised paperwork, medication and personal belongings and

this stays with the person throughout their hospital stay and is returned home with them.

The registered manager identified that the layout of the home meant it was not suitable for people who were living with dementia who liked to walk around. This contributed to and determined the level of needs of the people Bosworth Care Home could care for.

People and relatives told us they liked the homely feel of the home. The armchairs and curtains had been recently replaced. As identified earlier, some of the carpets, furniture and furnishings were worn, stained and damaged. The registered manager told us there was a rolling programme of refurbishment. People's bedrooms were personalised and they had brought in their own furniture and furnishing to help them feel at home. For example, one person had their double bed in their bedroom.

Is the service caring?

Our findings

There was a friendly, relaxed and caring atmosphere at the home. People and staff clearly liked each other and enjoyed one another's company.

All of the people spoke very highly of the staff and told us they were kind, caring and compassionate. Comments about staff included; "They are marvellous people" and "staff are very kind and all really helpful". A relative said, "This is the best thing that ever happened to Mum, she is so well looked after and they are so very kind". Another relative told us, "They've been brilliant in caring for Mum". A third relative sent us feedback that they were 'more than happy with all care staff and has huge respect for them for the care they have provided her mother over the last few months.'

We observed staff providing care and support in a kind and caring manner. Staff interacted with people using their preferred names and engaging them in conversations. Staff were patient and understanding with one person who was upset and unsettled. They reassured the person and followed the guidance in their care plan. The person's relative told us that staff always supported their family member in a sensitive and understanding way.

People living at Bosworth Care home were able to make their views and needs known and communicate with others. Staff knew people very well and if they communicated differently staff were aware of this and took time to make sure people understood them.

Staff ensured people's dignity and privacy was maintained by carrying out personal care in their bedrooms or bathrooms. People told us and we saw staff knocked on people's bedroom doors before entering.

People's personal information and records were stored securely in the office or electronically. The computerised care planning records were password protected and there were differing levels of access to enter and amend peoples' records.

People had shared their personal histories and these were recorded in the computerised care planning system. Staff knew people well and their individual life histories, personal relationships and what things were important to them.

Records showed and people told us their views and preferences for care had been sought and were respected. For example, one person told us they preferred to manage all of their own appointments, telephone calls and visits from health professionals themselves.

People and their visitors told us they were made welcome whenever they visited. People told us staff sought their permission about their friends and relatives involvement in their care and support.

The registered manager and staff told us there was a positive respectful, caring culture between the small staff team.

Is the service responsive?

Our findings

People received personalised care and support that they directed. People's social, emotional and well-being needs were planned for alongside their physical and personal care needs. People were involved in their care planning and had signed to agree their care plans. These were scanned and stored electronically on the computerised care planning system. Staff told us people's care plans were very easy to follow and gave them clear information how to meet each person's preferences and needs.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff supported one person who was deaf to communicate by using basic hand signals and ensuring they placed themselves in front of the person so they could see the staff clearly so they could then lip read. The registered manager gave us other examples of how they had previously supported people to communicate and understand information. For example, by installing a loop system. A visiting Speech and language Therapist (SALT) told they had previously been involved with supporting a person at the home with communication aids.

There was an activities worker employed 11 hours a week and there were plans to recruit another 20 hours. People told us they were currently satisfied with the communal activities on offer at the home. This included visiting singers, bingo and games. This had been an area for improvement identified at the last inspection in December 2016. People who chose to socialise with others chose to eat in the dining room and join in the activities in the lounge. Those people who preferred their own company told us their wishes were respected but that staff did not always have the time to sit and chat with them. We discussed this with the registered manager who said that they anticipated with the staffing increase and new activities worker staff would be able to spend more time with people who chose to spend time in their bedrooms.

Those people who were socially isolated received visits and companionship from a local community visiting service. People's cultural and religious needs were identified and there was visiting clergy for those people of a Christian faith. One person told us they received Holy Communion once a month and this was very important to them. The registered manager told us due to the demographics of the local population and community they were currently able to meet everyone's cultural and religious needs by the visiting Christian clergy.

The home has Wi-Fi and staff support people to maintain contact with family and friends who are not able to visit frequently via video calls.

The computerised care planning system was used to respond and alert staff to people's changing needs. Staff told us this worked very well for them to highlight changes in people's needs to the managers and to the rest of the staff team. For example, following the weekly visit from the nurse practitioner any changes to people's care or medicines was alerted to all the staff so they were kept up to date. Staff told this system was very effective and they also used it as prompt to remind each other of any changes at the daily handovers.

There was complaints information displayed on the notice board in the main entrance. People and relatives told us they knew how to complain but had not needed to. They said that any concerns they raised with the registered manager were always addressed. There had been no complaints made in the last 12 months.

Where people chose to, their advanced decisions or preferences in relation to their end of their lives were recorded. These documents included what was important to the person and any specific wishes they wanted to be met. For example, two people's relatives had stayed at the home so they could be with their family member at the end of their life.

The registered manager told us they informed people individually about the death of other people who lived the home. Following feedback from previous relatives surveys, the staff also informed visitors following the death of one of the people at the home

Is the service well-led?

Our findings

People and relatives gave us positive feedback about how well managed the home was and the approachability of all staff including the registered manager. However, during our inspection we identified breaches of the regulations that the registered manager and provider had not fully identified or addressed by their governance systems.

The registered manager's and provider's existing audits and quality assurance systems had not identified these shortfalls which meant these audits and systems were not fully effective or accurate. We identified that was an area for improvement at our last inspection in December 2016 and although some improvements were made to the audits in use they were still not fully effective. For example, one of the health and safety audits did not include the same checks of the building as it had done in previous months. The weekly checks of the cleanliness of the home did not accurately reflect our findings on the first day of the inspection.

These shortfalls in the governance were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We acknowledge that the latest audits had identified the impact of the reduced staffing levels were having on people and the home and that the registered manager had already arranged to raise these with the provider.

People, relatives and staff told us they felt the home had a friendly and homely culture. Staff said they were well supported and worked as a close knit team. They said they felt the home worked well and gave a good standard of care to people. The registered manager told us they felt proud of the homely atmosphere and having developed a "home from home". They said they had a good staff team they were proud of and feedback from people and relatives was that because the staff did not wear a uniform this contributed to the relaxed family feel to the home.

Feedback from people, relatives and staff told us there was an open and transparent culture. For example, the last inspection report and action plan were displayed in the main entrance to the home. This showed people and visitors what action had been taken in response to our last inspection report.

The inspection report and the overall rating was displayed in the main entrance of the home. There was a link to the latest inspection report on the home's website. The registered manager contacted their website provider to ensure that the home's rating was displayed on the landing page of their website.

There was a system in place to gain the views of the service from people, visitors and staff. Records showed the results from last year's surveys were reviewed and analysed by the registered manager. Action had been taken in response to the feedback received. The surveys for this year had just been returned and had not yet been fully analysed. The feedback was positive about the caring qualities of staff, care and support, activities and food but some of the surveys identified that there were staff shortages. This feedback had also contributed to the registered manager's planned meeting to discuss staffing with the provider.

The registered manager was planning to reintroduce residents and relatives meetings but these had not historically been successful. They believed this was because the home was small and they regularly worked and provided care and support to people. This meant they also had contact their friends and families and received continuous feedback. The registered manager told us they had an open door policy and this was evident during the inspection and people and relatives visited the registered manager's office frequently. One of the people living at the home would telephone the registered manager from their bedroom when they wanted to see them about anything.

Staff spoke highly of the communication systems in place and these included daily handovers. There were staff meetings and important information could be shared through the computerised care planning system.

The registered manager and staff demonstrated an understanding about equality, diversity and human rights. They focused on people as individuals and how they could meet their needs in a person centred way. The policies in place reflected equality, diversity and human rights legislation. Staff felt they were treated fairly by the registered manager and supported well to do their job to the best of their ability. They told us any training or learning needs they identified to the registered manager was provided.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; safeguarding, serious injuries and deaths.

The registered manager told us they kept up to date about changes in practice via attendance at local social care hub events, local authority training and links with another small provider in the locality.

The registered manager and provider made sure any learning from any safeguarding, accidents and incidents was shared and new systems were introduced in response.

The provider and registered manager told us they worked well with other agencies and health professionals. This was confirmed by the health professionals we received feedback from.

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 There were shortfalls in the medicines management, infection control, cleanliness of the home and ensuring the equipment and premises were safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were shortfalls in the systems to assess and monitor the safety and quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were shortfalls in the numbers of staff on duty and this was impacting on the quality and safety of the service people received.