Minster Care Management Limited

Diamond House

Inspection report

80 Bewcastle Grove
Leicester
LE4 2JW

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Diamond House is a residential care home providing the regulated activity accommodation and personal care. The care home accommodates 74 people across two separate buildings, each of which has separate adapted facilities. The service provides support to people with a physical disability and/or people living with dementia. At the time of our inspection, there were 64 people using the service.

People's experience of using this service and what we found
The systems and processes that assessed and monitored quality and risks had been improved upon but were not sufficiently robust in some areas.

Improvements to the cleanliness and hygiene in some parts of the service was required. Immediate actions were taken to make these improvements.

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. However, improvements were required in how MCA assessments and best interest decisions were documented.

Staff deployment in 1 building was not consistently adequate, to meet people's needs and safety. Immediate action was taken to improve staffing.

Staff training had improved, but gaps were still evident in some areas. Staff were recruited safely and received opportunities to review their work, training, and development needs.

Care documents used to provide staff with detailed guidance of how to meet people's known risks and individual care needs, were being reviewed and updated. Where completed, guidance was detailed and reflected people's needs and preferred routines.

Risks associated with fire safety had improved and were being monitored. Staff were aware of their responsibilities to protect people from abuse and avoidable harm.

People were positive about the choice and quality of food and drinks. People's individual dietary needs were known, understood, and monitored.

People's health needs were monitored, and staff worked with external health care professionals, in supporting people to achieve positive outcomes.

People received care that was respectful, compassionate, and dignified. Choice and independence were promoted. People were positive about the caring approach of staff, whom they believed knew and

understood their needs well.

People received opportunities to participate in group and individual activities based on their interests and hobbies. A new document to reflect people's end of life care wishes had been introduced. People's diverse and cultural needs and preferences were recorded and understood by staff. People's individual communication needs had been assessed.

People, visitors, and staff received opportunities to share their experience to help develop the service. Staff were positive about working at the service and improvements had been made to the frequency of staff meetings and communication. Staff competency checks had been introduced and were an effective way to measure staff skills and learning needs.

The registered manager and provider understood their registration regulatory responsibilities. The last rating for the service was clearly displayed.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 July 2022) and there were 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 we found some improvements had been made; however, the provider remained in breach of 1 regulation and the rating remains requires improvement.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement
A continued breach of Regulation 17 Good Governance was identified.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Diamond House

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
This inspection was completed by 2 inspectors 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
Diamond House 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. Diamond House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
The service 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who used the service and 1 relative about their experience of the service. 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 the registered manager, deputy manager, new area manager, a unit manager, quality team leader, 2 senior care staff, 3 care staff, a domestic, the chef, an activity coordinator, and the maintenance person. We spoke with 2 visiting health or social care professionals and the visiting hairdresser. We reviewed in part, 8 people's care records and 3 staff files and a variety of records relating to the management of the service, including audits and checks and medicine records.

Requires Improvement

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 requires improvement. At this inspection the rating has remained the same. 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

At the last inspection, the provider had failed to safely manage and mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

● Risks associated with people's health conditions were managed safely. Care plans that provided staff with guidance of how to manage known risks had improved. The management team were further reviewing guidance, to ensure this was up to date and reflective of people's current needs.
● Staff were knowledgeable and aware of people's individual care and support needs. People told us staff supported them to remain safe. A person said, "I'm safe, it's the people [staff] they are good and the surroundings."
● Health and safety of the environment, premises and equipment had been improved upon and procedures implemented to continually monitor these. This included personal emergency evacuation plans, fire, and water safety checks.
● Falls were recorded, and a monthly analysis completed. This enabled the management team to consider any themes, patterners or trends to support them to make changes to reduce further risks.
● Records confirmed what actions had been taken to reduce reoccurrence. This included referrals to the GP for a community falls team assessment. Fall sensor equipment was used that promoted independence whilst monitoring safety. Care plans were updated to reflect any falls and actions required of staff to manage risks.

Using medicines safely
At the last inspection, the provider had failed to safely manage medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

● People's prescribed medicines were ordered, stored, managed, and returned safely following best practice guidance. Staff responsible for managing and administering medicines had received training and

their competency assessed.
● People received their medicines when they needed them. A person said, "I have some pills they [staff] seem to come at a usual time." We observed staff administering people's medicines and this was completed safely and followed best practice guidance. Action was being taken to ensure medicines administered covertly (without the person's knowledge) had the required approval from the GP and pharmacist.
● Guidance for staff about administering prescribed 'when required' medicines were found to be more detailed. An improved medicines internal audit had been implemented. Any identified actions for improvement had been recorded and acted upon.

Preventing and controlling infection

At the last inspection, the provider had failed to ensure infection prevention and control measures were sufficient. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation. However, some shortfalls were identified in relation to cleanliness and hygiene in some parts of the service and we were not assured. This was brought to the attention of the registered manager and some immediate actions were taken to make improvements.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was 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
● People were supported to receive visits from relatives and others in line with current government guidance with regards to COVID-19.

Staffing and recruitment
● Staff deployment was not consistently safe and effective. The provider used a dependency tool to assess what staffing levels were required based on people's individual needs. Whilst the registered manager had identified one of the units required an additional care staff floater, this was not provided daily. We concluded due to people's assessed needs, an additional 'floater' was required daily. The registered manager agreed, and increased staffing with immediate effect.
● We identified there were insufficient domestic staff hours provided. The staff rota showed domestic staff did not work at a weekend. Given the size and layout of the service and some concerns with cleanliness and hygiene, we concluded the current domestic staff deployment was not sufficient. We discussed this with the registered manager who took action to make improvements.
● Staff were recruited safely. Employment checks confirmed action had been taken to ensure staff's suitability to work with vulnerable people. This included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (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

● Staff were aware of their role and responsibility to protect people from avoidable harm and abuse. Staff had completed safeguarding refresher training and safeguarding information was available. A staff member said, "Any abusive incident such as between people living here or staff, visitors, I would report to the senior, if not dealt with I would go to the manager."

● Staff had access to the provider's safeguarding and whistle blowing procedures. We observed safe care and treatment and positive and responsive care provided by staff.

● People told us, and a relative confirmed, staff supported people to remain safe. A person said, "I feel safe, I just do. The staff are excellent, I like them all."

Requires Improvement

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 requires improvement. At this inspection the rating has remained the same. 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

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.

- MCA assessments were not consistently decision specific. Documentation did not record how staff completing the MCA assessment, had concluded the person lacked mental capacity to consent. Neither was it recorded who had been involved in the decision making process. These shortfalls show the MCA legal framework was not fully adhered to.
- The management team told us they were aware improvements were required. An internal audit completed in January 2023, confirmed what we were told. The provider's development action plan also confirmed actions were ongoing to make required improvements.
- A relative confirmed they were involved and consulted in decisions about their family members care and treatment.

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

- A pre-assessment was completed before people transferred to the service. People's individual care and treatment needs, including routines and preferences were discussed and planned with them and or their representative. This supported staff to enable them to meet people's needs safely and effectively.
- The provider's policies and procedures reflected current legislation. Well recognised assessment tools were used in the assessment and ongoing monitoring of people's needs. This meant best practice guidance in the care and treatment of people was used to support staff to effectively meet people's care needs.
- Improvements had been made to assessing and recording people's diverse needs. This included people's

preferences to religious, spiritual, and cultural needs including sexuality.

Staff support: induction, training, skills, and experience
● Staff received ongoing training and development. Whilst records confirmed improvements had been made to the compliance rate of training staff completed. This was an ongoing area of development. Records confirmed of actions taken by the management team to support staff to complete training required of them. For example, training was discussed in staff meetings and supervision meetings.
● Staff competency checks had been implemented and were ongoing. This provided a useful way to monitor and measure staff skills, knowledge, and development needs.
● Staff were positive about the training and support provided. A staff member said, "Training - before working directly with people, I had to complete online training of 17 units. I've recently completed fire safety face to face and had a competency assessment. I've had a supervision which was really good, helpful, and supportive."

Supporting people to eat and drink enough to maintain a balanced diet
● People's individual dietary needs, including preferences were assessed, planned, and monitored. Information was available in the kitchen for catering staff and care plans provided staff with up to date guidance to support people safely and effectively.
● We observed people were offered choices of meals and drinks throughout the day. People's lunchtime experience was observed to be good. Independence was promoted with the use of adapted cutlery and crockery. Staff were attentive and responsive to people's support needs.
● People were positive about the choice and quality of meals and drinks. A person said, "The food is excellent, I had salmon today, there's a choice of 3." Another person said, "Mostly the foods okay you get your choices after breakfast, you get very generous portions, they [staff] always support those who need it. They encourage them to do it themselves."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's individual care needs associated with known health conditions were assessed and monitored. NHS health condition factsheets were used as a method to support staff's knowledge and understanding of people's health and care needs. Staff were knowledgeable about different health conditions and important information relating to different conditions such as diabetes and catheter care.
● People's oral health care was assessed, and care plans provided staff with guidance of support required. Care records confirmed people were supported to access health services.
● People were positive about the support they received to manage any health conditions. A person said, "The doctor comes I see them when I need to."
● Weekly GP visits were completed. An advanced practice nurse, visiting at the time of our inspection gave positive feedback about how staff supported people with their health needs. Comments included, "I do a weekly ward round. Staff will chase results and communicate well and also with families. They respond well to clinical needs and even small concerns they will act upon and seek advice."
● Information was shared with external health care professionals such as ambulance and hospital staff to ensure people received consistent care and treatment. A profile sheet provided important and useful information.

Adapting service, design, decoration to meet people's needs
● People had a choice of communal areas to spend their time. These spaces had good lighting and heating, were spacious and provided comfortable seating. This included a secure and pleasant garden with a seating area.

● Adapted communal bathrooms and toilets met people's mobility needs. People's bedrooms were personalised with important and familiar items to them.
● An activity room was available, and a corridor wall provided a bright and interactive sensory experience for people.

Good

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 requires improvement. The rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity, and independence

At the last inspection, the provider had failed to ensure people were consistently treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

● People and their relative or representative received opportunities to discuss the care and treatment provided. The provider had implemented a 'resident of the day'. Throughout the calendar month every person was visited by the head of each department and their care, treatment, individual needs, preferences, and aspirations discussed with them. This also involved reviewing care plans and consulting others such as family and representatives.
● Care plans recorded people's night and morning routines. We were aware some people were supported to get up early. Some people told us this was their choice and their care plan confirmed this. Staff were clear that it was people's choice when they got up. The management team completed unannounced night and early morning checks to ensure people received consistent care and support based on their individual care needs and preferences.
● People were positive about the care and approach of staff. A person said, "They [staff] are very good, they listen to me, they are always helpful." Another person said, "They [staff] knock, I shout if I don't want them to come in. They take the time to listen to you. I wanted cheese and biscuits, and they got it for me."
● We observed positive staff engagement with people. Staff referred to people using their preferred name, they were kind, caring and compassionate in their approach.
● We observed a staff member say hello to each person as they entered a room. They asked how people were and showed great care and attention. Staff promoted people's independence and encouraged and acted upon people's choices. For example, we observed a staff member ask people what they would like to watch on the television, after a decision was made, they acted upon what was requested.
● We observed there to be a relaxed and calm atmosphere. Staff were well organised and worked together. Happy, jovial exchanges between staff and people were seen. Staff had developed positive relationships with people and through talking with staff it was clear they knew them well.

● Advocacy information was available, and some people were supported by paid representatives (advocates) due to having a DoLS authorisation. Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights.

Good

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 requires improvement. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection, the provider had failed to ensure care met people's individual needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

● People's diverse needs had been discussed and assessed. Care plans provided staff with information such as people's religious and spiritual preferences. A monthly community religious group visited people. This supported people with their pastoral care. This was confirmed by a person who said, "They do church on a Wednesday they have different pastors."
● People's personal care preferences were recorded. People were given daily choices of a bath, shower, or wash. We observed people to be well presented and in accordance with their wishes. One person they liked to wear makeup and have their handbag with them at all times. We observed the person wearing make up and had their handbag with them. Another person told us and records confirmed, what their preference was about shaving.
● People's life history, and routines had been assessed and discussed with them or their relative. Care plans were detailed and supported staff to provide care and treatment in a way people wanted. Information about people's important life events enabled staff to understand and engage with people.
● A new document called, Thinking Ahead had been introduced to record people's preferences to their end of life care wishes. This supported staff to provide person centred care at the end of a person's life.

Meeting people's communication needs; 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
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 such as their hearing and sight had been assessed and planned for. Visual

signs and pictures were used to support people to orientate around the service. Menu and activity boards correctly reflected the choices available.
● We observed staff communicate effectively with people. We saw examples where staff communicated with people at the same level, gaining eyesight and how they considered the use of language, tone and were patient and unhurried.

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
● An additional activity coordinator had been appointed. People received opportunities to participate in a range of activities. We observed an arts and craft session, bingo, and a quiz. An activity coordinator said, "We have monthly resident meetings where we discuss what activities people like to do. We then plan the activities for the week. They are based on what people like, request and enjoy. We have a vehicle so can take people out, or we walk to the local shops, cafes with people."
● People confirmed activities were available. A person said, "They [staff] help me with painting and art and also decorating Easter eggs. We did bingo today, we do exercises. We also play games, there's different activities every day." Another person told us how they had been supported to go to the local shops with staff and how they had enjoyed this.
● Some people either chose to remain in their bedroom or were cared for in bed. Staff understood the risk of people becoming self-isolated. Staff were organised and allocated to regularly check on people and to meet their personal care and eating and drinking needs. Records confirmed people were regularly visited by staff.
● The activity staff provided group and individual one to one activity. An activity coordinator gave many examples of how they spent time with people who remained in their bedroom. They clearly demonstrated they knew people well and what different activities they enjoyed. For example, 1 person liked staff to sit with them and chat over a cup of tea, another person enjoyed a foot and hand massage with their favourite music playing and staff to sing along to.

Improving care quality in response to complaints or concerns
● The provider's complaint procedure was on display for people. People told us whilst they were not sure what the procedure was, but they felt able to raise any concerns. A person said, "They [staff] haven't told me how to complain but I've got no complaints at all."
● A relative confirmed they were aware of the complaints procedure. They told us they would not have any hesitation and felt able to raise any concerns directly with staff. They told us how they had raised a concern about their relations bathroom with the domestic, and it was addressed immediately.
● The provider's compliant log showed they had been no complaints received since our last inspection.

Requires Improvement

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 requires improvement. At this inspection the rating has remained the same. 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; Continuous learning and improving care; Engaging and involving people using the service, the public, and staff, fully considering their equality characteristic

At the last inspection, the provider had failed to ensure systems and processes monitored and improved the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst it was evident improvements had been made, we identified further action was required to fully meet this regulation. This was therefore a continued breach.

● The systems and processes to assess, monitor and mitigate infection prevention and control were not sufficiently robust. The cleanliness and hygiene concerns identified in this inspection, had not been picked up by internal monitoring and oversight. This put people at increased risk of harm.
● Night cleaning schedules were not sufficiently detailed in the actions expected of staff. There were no day cleaning schedules for staff to complete to confirm cleaning tasks were completed. The registered managers daily walk around was a useful opportunity to review hygiene and cleanliness. However, daily walk around records and discussions with the registered manager, confirmed oversight and monitoring was poor in this area.
● There were no suitable systems for cleaning, checking, and disposing of equipment, such as shower chairs, toilet frames, storage units when they were no longer in good repair. This shows a lack systems and processes and management oversight.
● Monitoring, oversight and management of behavioural incidents was limited. The provider's internal audit in January 2023, identified a review and analysis was required. The provider's home development action plan dated January 2023 recorded behavioural incident documentation would be added to the monthly audits. This had not occurred. We identified a person had experienced a high number of incidents in March 2023, but there was no analysis completed. We discussed this with the management team who told us they were not aware of these incidents. This shows a lack of oversight and monitoring.
● The training matrix showed continued gaps in some areas and confirmed the expected compliance rate the provider had set had not been reached. This included training in infection prevention and control. The provider's home development action plan did not give sufficient assurances of action planned to make improvements required.
● The provider's home development plan showed 7 out of 16 actions had not met the target date for

completion and a further target day had not been identified. This document also showed the sign and date on reviews by the registered manager and area manager was mostly blank. This shows a lack of monitoring and oversight and impacted on the improvements identified as requiring action.

The provider had failed to ensure systems and processes monitored and improved the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were positive about the care and support they received. Resident and relative meetings and feedback surveys had been introduced. Along with resident of the day, to improve opportunities for people to share their experience.
● Care plans had been improved upon and were ongoing, to ensure staff had detailed guidance to support them to provide personalised care and support. This included important information about people's protected characteristics.
● Staff were positive about working at the service and told us of the improvements made since our last inspection. A staff member said, "I love my job, it's amazing, I really enjoy it and it's a really good staff team. There's been lots of improvements made at the service."

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people
● Staff worked positively with external health and social care agencies. A visiting health professional said, "They (staff) are very good with people living with dementia, they pick up on nonverbal information. People's individual needs are well known by staff. Any recommendations are made, the seniors are good, I've never had a situation where they have not followed up."
● Care records confirmed staff made referrals to external professionals for assessments and support in a timely manner. Recommendations were recorded and acted upon.
● The management team showed an open and transparent approach during the inspection. They were enthusiastic and committed in ensuring new and improved systems and processes were fully embedded and sustained. They also recognised the shortfalls identified during this inspection and the provider's internal audit of further improvements required.
● Staff were positive about working at the service and told us of the improvements made since our last inspection. A staff member said, "I love my job, it's amazing, I really enjoy it and it's a really good staff team. There's been lots of improvements made at the service."

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 aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes to assess, monitor and mitigate risks were robust. Regulation 17 (1) (2)