

Lancam Care Services Limited

Albany Park Nursing Home

Inspection report

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21 June 2023

22 June 2023

26 June 2023

13 July 2023

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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

About the service

Albany Park Nursing Home is a residential care home providing personal and nursing care to people aged 65 and over, some of whom were living with dementia. Albany Park Nursing Home accommodates up to 47 people in one adapted building. At the time of the inspection there were 45 people living at the home.

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

Premises were not maintained to a standard which promoted a good atmosphere. We found significant issues around identifying and acting on maintenance issues. Auditing processes failed to identify the concerns found at the inspection.

We had received concerns around restrictions on visiting and relatives needing to call and make a 1-hour appointment slot. The manager assured us this had happened in the past and was no longer in place.

We have made a recommendation around visiting procedures.

People had clear risk assessments which provided staff with information on how to minimise risks. Staff knew how to effectively work with people to keep them safe. People received their medicines safely and on time. There were clear systems in place to manage medicines. Staff received training and competency check around administration of medicines. There were enough staff on duty to ensure people's care and support needs were met. People told us they felt safe at Albany Park Nursing Home. Staff had received training in safeguarding and understood how to report any concerns.

Staff were well trained, and we saw records of regular staff training. People were fully involved in choosing what they wanted to eat. People were complimentary of the chef and the quality of food that was provided. People were supported to maintain their health and well-being through routine and specialist healthcare appointments. 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 told us they felt safe and staff were kind and friendly and treated them well. People were encouraged to be part of planning their care. People were treated with dignity and respect. Cultural and religious beliefs were supported. Staff encouraged people's independence and helped them do things for themselves around daily activities.

There was an activities coordinator in post, and we saw numerous activities on offer. People were fully involved in planning activities during weekly meetings. People had detailed and person-centred care plans which clearly documented people's care and support needs.

People had good outcomes of their care based on the person-centred care people received. People and relatives' feedback was valued and used to improve the service. Staff were positive about working at the home and felt supported. Staff worked in partnership with other healthcare agencies to improve and maintain people's quality of life.

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 29 July 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations around person centred care, providing activities and adequate staffing levels.

At our last inspection we recommended that the provider follow the guidance, at the time around proper use of Personal Protective Equipment (PPE). Staff had not been wearing face masks properly which placed people at risk of infection. At this inspection there was no government guidance around the use of PPE as this had been lifted. Staff had access to face masks and wore them when appropriate.

Why we inspected

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

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.

Enforcement

We have identified breaches in relation to good governance of the home and maintaining the premises and equipment.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Albany Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 4 inspectors, 1 nurse specialist advisor and four Experts 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. Two Experts by Experience attended the home to gain feedback from people and two further Experts by Experience contacted people's relatives by phone to gain their feedback.

Service and service type

Albany Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Albany Park Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 June 2023 and ended on 13 July 2023. We visited the home on 21 and 22 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. 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 the manager (who was also the clinical lead) and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 14 people living at the home and used observations to understand people's experience of their care. We also spoke with the activities coordinator, 1 nurse, 5 care staff, 1 domestic staff member and 16 relatives. We looked at 8 care records and risk assessments, 13 people's medicine records, 5 staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We found significant concerns around the maintenance of the home and environment.
- People had bed rails which were covered in soft foam and plastic 'bumpers' to prevent them harming themselves accidentally. Bed rail bumpers were torn, dirty and stained.
- En-suite bathrooms were not always clean and in a good state of repair. There was ingrained dirt around toilet bases as well as some instances of flooring coming away from the wall creating a trip hazard and tiles coming away from the wall. Shower drains were dirty and metal such as on commodes and showers were, in some instances, rusty.
- One person's bed was significantly damaged with plastic and splintered wood sticking out.
- Another person's wardrobe was not fixed to the wall, had very few clothes in and was easy to pull over. This created a risk of the person hurting themselves if they pulled the wardrobe over when opening it.
- Walls in bedrooms and ensuite bathrooms were often stained and dirty.
- In three people's bedrooms we observed a strong smell of urine from the carpets and beds.
- One room had exposed wires hanging from the window recess. Although these had been tied up, they were still hanging down. The provider told us there were not live wires.
- One side of the ground floor bedroom looked out on to the basement area with a significant drop. There were large windows / doors with no window restrictions in place on these windows to prevent people from accidentally falling.
- Two people's call bells were in a state of disrepair. We showed the provider one of these and it was replaced immediately.
- We found one person had a small fridge in their room which had been covered by a small blanket style covering. This was a fire hazard. We pointed this out to the manager who said this would be reviewed.
- Following the walk round we also showed the nominated individual photos of our findings.

The poor condition of parts of the home and the failure to identify these issues means that the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the last day of the inspection, the manager showed us a delivery of new bed rail bumpers. However, bed rail bumpers should not have become as dirty and damaged as they were at the time of the inspection.
- People had comprehensive risk assessments which gave staff clear guidance in how to work with people effectively to minimise risks.
- The home had up to date maintenance checks for gas, electrical installation, fire equipment and other

equipment which required regular monitoring.

Visiting in care homes

- Prior to the inspection we had received concerns around restrictions on visiting. We spoke with the provider and manager about this who told us there had been restrictions in place prior to the new manager taking over.
- People and relatives, following the inspection, confirmed there were restrictions in place. People said, "Visitors have to ring up. They have one hour" and "My [relative] comes. [They] make an appointment then rings me to tell me when [they are] coming." A relative said, "Improvements needs to be focused on their visiting procedures. To have to make an appointment for just one hour is unacceptable really."
- The manager told us there were now no restrictions on visiting but they felt it was useful for people to phone prior to visiting in case their relative had an appointment or were going out. However, we found a person's care plan had been reviewed in May 2023 which stated, 'Visiting is restricted at the moment due to C19 pandemic. All visitors are expected to make a phone appointment. They are supplied with PPE on arrival and need to have an (COVID-19) test'. We spoke with the manager about this who told us people's care plans would be reviewed to amend this.

We recommend the provider reviews all visiting arrangements and involves people and families in the review.

Staffing and recruitment

At our last inspection, systems and processes in place to determine safe staffing levels were not followed. Sufficient numbers of staff were not always available. This placed people at possible risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to ensure people's care and support needs were met.
- A dependency needs assessment was completed for each person living at the home which calculated the number of hours of support people required on a daily and weekly basis. This then determined how many staff would be needed, both nursing and care staff. Rotas showed the amount on staff on duty both day and night, matched the dependency tool.
- Since the last inspection, the provider had focused on recruitment and had employed new care staff and nursing staff. At the time of the inspection, no agency staff were being used.
- We observed the communal area during the morning. We found there were enough staff to help people, chatting and offering drinks. During lunch time, there were enough staff available to ensure people were appropriately supported. People told us they felt there were enough staff to support people. A person said, "There's enough staff. They are pretty good staff!"
- Staff were recruited safely. Staff files showed recruitment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

At our last inspection, we recommend the provider and registered manager ensure all staff follow current government guidance on wearing the required PPE when in the home as well as ensuring chemicals are stored safely and securely and not left accessible to people placing them at risk of harm.

At this inspection we found this had been addressed.

- At the time of the inspection, there were no government guidelines around wearing masks in the home. There were processes in place to reintroduce this if there was an outbreak of COVID-19.
- Cleaning products and sanitisers were stored appropriately and safely to ensure people did not have access to them.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises due to the conditions we found in some people's rooms.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- People told us they felt safe living at the home and with the staff who cared for them. People said, "I'm happy, I feel safe. It's a pretty friendly place" and "If I was ill-treated I'd speak up, but there's not been a case of that!"
- Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse.
- Staff had all received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe.

Using medicines safely

- People received their medicines safely and on time.
- Medicines were administered by staff who had received the relevant training and, who underwent annual assessments of their competency to ensure they were safe to administer medicines.
- There were effective procedures in place to manage the ordering and stock control of medicines.
- There were regular medicines audits to identify any concerns and address any concerns. We found, where any issues were identified, these were immediately addressed.
- We observed staff being patient and kind when administering people's medicines. A person said, "They give me drinks with my heart tablets."

Learning lessons when things go wrong

- There were processes in place to ensure learning from any incidents.
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented, and learning was shared in staff meetings.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with standards, guidance and the law.
- People had a comprehensive assessment of their care and support needs prior to moving into the home. This ensured the home would be able to meet their needs.
- Information from the assessment was used to create people's care plans.

Staff support: induction, training, skills and experience

- Staff had appropriate training, skills and support to make sure people's care and support needs were met.
- Staff received a comprehensive induction when they started working at the home. Where staff had not completed the care certificate, they were supported to do so as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also shadowed more experienced staff for a period of time before being able to work alone.
- There were systems in place to ensure staff received regular training and the manager monitored when this needed to be refreshed.
- Each Monday, the manager (clinical lead) and nominated individual, who was also a practicing doctor, provided short bite learning sessions on different aspects of care. Staff were able to request learning on topic they felt they wanted more information on. These sessions included catheter care, mental capacity, safeguarding and wound care.
- Staff were supported through regular supervision and appraisal.

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

- People were encouraged to eat and drink enough to maintain a balanced diet.
- People were given different choices of what they wanted to eat each day. There were menus on tables in the communal area and the chef would go round each day and ask people what they wanted. A person said, "I think the food is plain but wholesome, good food. I order it and they give me what I order."
- We observed a calm atmosphere during lunch and some people had chosen to sit outside to eat, as it was a nice day. Where people required help to eat, staff helped people and did not rush them.
- Staff were observed encouraging people to drink throughout the day. Staff knew people well and understood their likes and dislikes. A person said, "You're offered drinks and coffee during the day."
- People told us they enjoyed the food and were able to have an alternative if they did not like what was available. People said, "The foods very nice my number one is aubergine bake and rice! They take a note of

what you want" and "You can request other food if you don't like it."

- Where people had a specific dietary requirement such as puree, or soft food, this was provided. People's care plans documented their care and support needs around food. The chef knew people's needs and was updated regularly of any changes in people's dietary needs by the care staff.

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

- People had access to healthcare and their care files showed that they saw dentists, opticians, psychiatrists and GP's as required.
- Where any action from appointments were identified, this was clearly documented on the electronic system and handed over to staff.
- Staff knew people well and were able to recognise when people may be becoming unwell or changes in their mental capacity. Staff knew how to raise these concerns and refer people to appropriate healthcare professionals.

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

- The home had been adapted to try and meet people's physical needs, however we found various issues related to the environment that needed improvement. Please see the safe section of this report.
- There were wide corridors and a lift to ensure people's mobility needs were met.

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.

- People were receiving care and support in line with the principles of the MCA.
- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff that we spoke with and the manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with. A staff member said, "Some people have capacity, some don't. People who lack capacity, we communicate with their family to try and find out what they like, dislike, favourite food etc."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well, and their equality and diversity respected.
- People told us they felt happy living at the home and said staff treated them well. Comments included, "I'm happy. It [the home] has a nice atmosphere. Not strict, nice and friendly. That suits me, I fit in" and "They [staff] are all my family."
- People were complimentary of the care they received and said, "They're [staff] bloody brilliant. I get everything done", "I wash myself and I even go to the hairdressers" and "They [staff] look after my room. They do my laundry once a day."
- We observed staff communication with people was warm, friendly and showed caring attitudes. People also commented on staff taking time to sit and chat with them. One person said, "They [staff] always have a chat."
- Staff had been trained in person centred care and what that meant for the people they worked with. Staff commented, "We respect people's choices. We follow a person-centred approach" and "some people have halal food only or some people are vegetarian. We respect that. Some people prefer assistance from female staff only, we follow that."
- Staff understood how to support people to follow their faith, where this as an identified care and support need. A person said, "They [staff] ask my permission before they do things. They turn my radio off so I can pray."

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

- People and where appropriate, relatives, were involved in making decisions about care.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. We saw that where people wanted to contact their relatives and friends by telephone or video calls, staff supported them to do so.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People told us staff were respectful of their privacy and ensured people's choices were valued. People said, "They [staff] don't touch things if they're asked not to", "They [staff] ask if you want the door open" and "They [staff] say "We hope to do your room at such and such a time. They respect your wishes."
- Staff knew people well and understood when they needed their space and privacy and respected this.

- Staff promoted people's independence and encouraged people to do things for themselves. People said, "They [staff] help wash and dress me and shower me" and "I make my own bed, sometimes they [staff] help if needed." A staff member commented, "I observe and see how they manage, will offer support if person can't manage."

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. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found people did not receive care and support that was person centred. There were no structured activities in place to ensure that people were stimulated, and their wellbeing maintained. People were not supported to develop and maintain relationships with their relatives. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an activities coordinator in place who involved people on a daily basis on planning activities. The activities coordinator worked Monday – Friday and also planned activities at the weekend which were facilitated by care staff.
- People were involved in planning activities and there were weekly meetings with people to discuss what they would like to do and what they had previously enjoyed and may wish to do again. A weekly activities plan was created and displayed following these meetings. The activities coordinator also told us that people could change their minds about what they wanted to do and activities were dependent on people's wishes.
- Where people remained in their rooms, there were one to one sessions based on what people wanted.
- There were numerous activities available including, quizzes, karaoke, gardening using accessible raised beds, access to a hairdresser who visited the home regularly and a signer who visited every Saturday.
- People were starting to access the community and do activities outside. This included, library visits, walks to the local park and café visits.
- The activities coordinator ensured people's religious needs were met. We saw photos of various cultural and religious holiday celebrations such as Eid, Easter and Christmas. There were also weekly church services by a visiting pastor. A henna session had been arranged for a person in celebration of Eid.
- People confirmed there were activities and said, "We have parties in the garden and 2 or 3 times a week we have a singer" and "We have exercise, bingo, pictures. Saturday night we have live music, and everyone dances." Where people did not wish to take part in activities, this was respected.

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

- People had detailed person-centred care plans which reflected their care and support needs.
- Care plans included information on people's physical and emotional needs as well as their likes and dislikes. Each person had a detailed personal history. All of this information allowed staff to understand

people and ensure their care and support needs were being met to promote wellbeing.

- Care plans were regularly updated when there were any changes in people's needs.
- There were reviews of care involving people and where appropriate, relatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly documented in care plans.
- Communication needs were assessed during people's assessments before they moved into the home. This included communication aids such as glasses and hearing aids.
- Where were living with varying levels of dementia, there was information on how each person may express themselves and guidance for staff on how to effectively communicate with them.
- There was a 'food photo album' which was used to show people who may have difficulties communication or understanding the written menu. This ensured people understood what choices they were making around their food.

Improving care quality in response to complaints or concerns

- There was a clear complaints process in place.
- People told us they felt comfortable raising any concerns. One person said, "If I had a problem I'd talk to the staff. They're good staff."
- Where complaints were made, records showed they were responded to within 8 days. The action that the provider took showed the relatives had been heard, responded to and the issues had been discussed in staff meetings.

End of life care and support

- At the time of the inspection, there were no people receiving end of life care.
- Where people had a 'Do not resuscitate' order in place, we saw these had been completed with, where appropriate people, their relatives and healthcare professionals.
- People's care plans documented their wishes at the end of their lives and what they would like to happen. Where people had not wished to discuss this, this was respected and documented.

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 for this key question has remained 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; Continuous learning and improving care

At our last inspection we found Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. This placed people at the possible risk of harm. Regulation 17 (1)(2).

At this inspection we found there had been positive improvements. However, the home remains in breach of regulation 17.

- At our last inspection, we found certain areas of the home in a general state of disrepair which had not been identified during the quality audits of the home. At this inspection we found, as documented in the safe section of this report, on-going concerns around the general maintenance of the home and premises.
- Auditing processes failed to identify the issues found around maintenance during the inspection.
- Monthly window restrictor audits in March 2023, December and September 2022 all noted there were window restrictors in place on the ground floor. We found this was not the case.
- An audit of bed rails in May 2023 noted all bed rails were clean. We found bed rail bumpers were generally torn, dirty and stained.
- There was a maintenance book which documented issues to be addressed. However, the concerns highlighted at this inspection were not in the maintenance book.
- There has been a failure to learn from and embed improvements around maintenance of the home as documented at previous inspections in, 2017, 2018 and 2021. The lack of oversight and robust systems and process meant there was on going issues in these areas.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. 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 nominated individual told us there was a plan of work to decorate people's bedrooms and we saw some rooms which had been painted.

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

- The home promoted positive outcomes for people which were inclusive.
- Management and staff put people's needs and wishes at the heart of everything they did.
- People told us they were happy living at the home and were complimentary of the service they received. People said, "They put cream on my legs. Anything I ask they do!" and "It's like a 5-star hotel. They clean my room and change my bed. A very nice lady folds and brings my clothes" and "I'd recommend this place."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said about the manager, "[Manager's name] is the one I turn to if I need any advice. She is kind and always helps."
- There were regular staff meetings where staff were able to discuss any concerns and share information.

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

- People and their relatives were involved in the service and their feedback actively sought.
- People's views around food was actively sought. There was a 'feedback book' where staff asked people the opinions about the quality and choices of the food provided. Feedback was reviewed and acted on.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- There were minutes available in the reception area of the most recent resident and relatives meeting. This ensured minutes were available for people and relatives were available to access the information if they had been unable to attend the meeting.

Continuous learning and improving care; Working in partnership with others; 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

- Where any accident/incidents or issues identified areas for learning were identified, these were taken seriously and used to improve the quality of care. For example, falls. Learning was shared with staff during meetings and handovers and people's care records updated accordingly.
- The home worked with the local authority Care Home Assessment Team (CHAT) so they could provide a multidisciplinary approach to people's care. CHAT supported the home with community psychiatrist nurses, continence nurses, palliative care, tissue viability nurses and other medical and psychological support where required.
- People's care files showed staff worked with other routine healthcare professionals such as dentists, chiropodists and the GP to help people maintain well-being.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the manager and nominated individual were aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure all premises and equipment was clean, secure and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home.