Excel Care Homes Limited

Aniska Lodge

Inspection report

Brighton Road
Warninglid
West Sussex
RH17 5SU

Tel: 01444464130

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Aniska Lodge is a 'care home' situated just outside the village of Warninglid, near Haywards Heath. Aniska Lodge Nursing Home is a Grade II listed building with a large extension backing onto woodlands and has 49 bedrooms, all single with ensuite facilities. Residential and nursing care is provided for long term or respite care. There is also a separate unit,' The Willows' for people who are living with dementia. There were 44 people living at the service at the time of the inspection.

At this inspection we found the service had not been maintained at the rating of Good overall but deteriorated to Requires Improvement overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
● The service did not have a registered manager. The new manager and senior staff had undertaken audits in the service. Action plans were in place where areas had been identified as not fully maintained or were in need of improvement. For example, at the last inspection we were told guidance and support was being sourced for the redecoration of the 'Willows' unit. This was to improve the environment for people living with dementia. However, this had not been fully completed and was still ongoing.
● Although systems were in place to ensure there were sufficient staff to meet people's individual needs: The deployment of the staff had continued to not ensure the service was always responsive.
●Although checks had been made to ensure mattresses for people at higher risk of skin breakdown were set at the correct settings, we found two which were not. This was highlighted to staff and rectified on the day. However, this had not ensured people were fully protected.
●There was a plan in place for the redecoration and replacing of furnishings where identified. For example, beds were being replaced and new carpeting laid. However, two areas of flooring were identified as potential trip hazards.
● The service provided a variety of activities in line with people's interests and encouraged people's involvement. However, although activities had been identified for people who remained in their own room. On the day of the inspection not everyone who wished to be had been engaged in meaningful activities.
●People and their relatives told us people were safe. There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it.
● There were systems in place to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.
● Medicines were managed safely. Medicine documentation and relevant policies followed best practice guidelines to ensure people received their medicines safely.
● Staff received appropriate training and support to enable them to perform their roles effectively.
● People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food.
● People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service

and provide feedback.
● People's care was personalised to their individual needs. There was sufficient detail in people's care documentation that enabled staff to provide responsive care.
● Management and staff demonstrated a good understanding of and response to people's diverse needs.
● The service had processes in place to measure, document, improve and evaluate the quality of care.
● Referrals were made appropriately to outside agencies when required. For example, GP visits, community nurses and speech and language therapists (SaLT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

Rating at last inspection: Good. (Report published 14 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had been without a registered manager in post. The last registered manager had deregistered in September 2017.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
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 not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always Well-Led. Details are in our Responsive findings below.	**Requires Improvement**

CareQuality Commission

Aniska Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● The inspection team consisted of three inspectors and an 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. They gained feedback from people using the service and their relatives.

Service and service type:
● Aniska Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
● The service 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. 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 the time of our inspection, there was no registered manager at the service. However, there was a manager working at the service and responsible for the day to day running. They were in the process of registering with Care Quality Commission to become the registered manager.

Notice of inspection:
● This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.
● We visited the service on the 12 February 2019.

What we did:
●Before the inspection we reviewed the information, we held about the service and the service provider. The

registered provider 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted the local authority and five health and social care professionals for their experience of the service provided.

● During the inspection visit we looked at records.
This included:
●Two staff recruitment files
●Training records
●Eight people's care records.
● Medicines records.
●Records of accidents, incidents and complaints
●Audits and quality assurance reports

● We used a range of different methods to help us understand people's experiences. Some people who lived at the service had limited verbal communication. Therefore, as well as speaking with 11 people and six relatives, 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 used the SOFI in a communal area during the inspection visit. We case tracked the care provided to eight people. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records.
● We sat in on a staff handover, observed the lunchtime experience throughout the service, activities provided throughout the service and observed medicines being administered.
● We spoke with two providers, the manager, the deputy manager, the clinical lead, two activities co-ordinators, the chef, the maintenance person, the administrative assistant, a visiting hairdresser and 11 care staff.
● During our inspection process we spoke to three visiting professionals who provided specialist support to people who lived in the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.
People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
● People had pre-admission assessments to identify people's care and support needs completed before they moved into Aniska Lodge.
● People's care and support plans included detailed risk assessments in relation to their specific care needs, which had been reviewed regularly. For example, people were assessed as to if they were at high risk of skin breakdown (Pressure sore.) Where identified people had been provided with an air mattress (An inflatable mattress which could protect people from the risk of pressure damage.)
●Premises risk assessments and health and safety assessments were reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Staffing and recruitment:
● The provider had undertaken checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● Staff rotas we saw confirmed staffing levels remained consistent. The provider had systems to monitor staffing levels and ensure continuity and familiarity with people who used the service. Visiting health and social care professionals spoke of a consistent staff team and availability of staff for reference during their visits.
● Staff spoke of enough staff on duty and of good consistency of the staff team. A member of staff told us, "The senior job is about day-to-day supervision on the floor. We allocate who care staff will work with and have responsibility for induction of agency staff if they haven't been here before, that can take all morning. We don't do formal supervision, we get supervised like care assistants by the deputy." A member of staff told us, "There are definitely enough staff. We have a lot of people needing two carers and there is a lot of time spent on basic care, but we take time to chat with people. We use agency staff and they are mostly the same ones, who know the residents well."

Systems and processes to safeguard people from the risk of abuse:
● People were protected from the risks of abuse and harm. People told us they felt safe with the care and support provided.
● Staff were aware of the safeguarding policy and of the whistleblowing procedures and had received safeguarding training and refresher training. They could tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.
● Where concerns were identified these had been referred to the appropriate authority. The senior staff worked with relevant organisations to ensure appropriate outcomes were achieved, as well as to notify the Care Quality Commission.

Using medicines safely:
● Medicines were stored, administered and disposed of safely. Care staff who administered medicines had the relevant training and competency checks.
● People told us they received their medicines safely and on time. Comments received included, "I have no worries about how they give me my pills," "I leave it to the staff, I don't have to think about it less to worry about," and "Staff give me my tablets and that's fine with me." People's medication records confirmed they received their medicines as required.
● There were protocols in place for staff to follow, for example for, 'as required' (PRN) medicines such as pain relief medicines, which included reasons for use and effects. For one person there was a detailed description of the issues, and a range of alternatives to medicine administration for care staff to try first. For example, the use of soft music, different staff providing care and support, the offer of a drink, etc. If given, the effects were to be assessed at 30 and 60 minutes.

Preventing and controlling infection:
● The service and its equipment were clean and well maintained. There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
● Staff had received infection control training. Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.
●There were regular audits and checks of infection control procedures in place. Aniska Lodge had a rating of 'five' (The highest rating) from the Food Standards Agency who are regulators for food safety and food hygiene. A relative told us, A relative said "It is always very clean here and there are never any nasty smells."

Learning lessons when things go wrong:
● Accidents and incidents were recorded and where appropriate were referred to other organisations such as safeguarding teams and CQC.
● Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Details and follow up actions by staff to prevent a re-occurrence were documented.
● Following any accident, incident or safeguarding concern information was shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Good

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.
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:
● Staff applied best practice principles, which led to good outcomes for people and supported a good quality of life. For example, a member of staff told us about the dementia care provided, "It's all about today with dementia, and making the most of the moment. There's no place for rushing, we aim to keep a relaxed atmosphere always. There's more of a fixed calendar downstairs. There are three activities workers and we decide our programme each week. We have our sections of the care plans to complete."
● People's needs had been comprehensively assessed and regularly reviewed.
●Staff had a good understanding of equality and diversity. This was reinforced through training
● People and where applicable, their relatives were involved in their care planning and review. A relative told us, "They involved us directly in the care planning, invited us in and we went through it, could add what we wanted."

Staff support: induction, training, skills and experience:
● Staff told us, and records confirmed, staff were supported in their roles. Staff received training and were knowledgeable in what was required when looking after people
● The provider provided staff with an induction and essential training to ensure they had the right knowledge and skills to carry out their roles. This included an awareness of dementia care. A member of staff told us, "Everyone does dementia training and we have an agreed approach. I've done additional on-line training about environmental considerations and use of music with people living with dementia. Management look to us for expertise and we go to them for advice."
● Staff had regular one to one meetings to discuss their practice and identify further learning needs and an annual appraisal. A member of staff told us, "The deputy gives supervision regularly, but she is always available anyway. We also have staff meetings with the manager. They really include us and want to know what we think about things."

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 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.
●The provider was working within the principles of the MCA. For example, where medicines were administered covertly there was detailed comprehensive documentation, with mental capacity assessments undertaken, which had been checked with the pharmacist. Information was individualised, showed how to safely give the medicine, and stressed need to assess each time whether person would accept medicine without covert means.

● The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process of submitting one. A relative told us they had been involved in the decision to apply for a DoLS for their mother, and the reason why it was needed had been fully explained to them. They also said they were now waiting for the best interest meeting.
● Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. A member of staff told us, "When providing personal care, we ask them what they want. We try to explain the care to be provided. If they don't want it, we give them some time and go back later."

Supporting people to eat and drink enough to maintain a balanced diet:
● People told us they liked the food provided. One person told us, "I like the food. I have all my meals in my room."
● Where required, staff supported people to have enough to eat and drink throughout the day. A seasonal menu was followed which had been drawn up taking into account people's likes and dislikes. A member of staff told us, "I go around and talk to people about the menu. I also talk about the menu at the residents meeting."
● People's nutritional needs had been identified as part of their original assessment and then updated as required when reviewed. One person's care plan detailed they had also been assessed by the speech and language team (SaLT.) Following which guidance was in place for care staff to follow on the assistance required to support the person when eating, for example, soft, textured bite-sized food should be provided and drinks thickened. A relative said a person had been in to assess their mother as she was having some difficulty swallowing. The care staff had followed the plan advised by SaLT to manage this.

Supporting people to live healthier lives, access healthcare services and support:
● Health and social care professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "They know their patients incredibly well. Documents are always available. I try to see our residents every six to eight weeks. Staff always make themselves available when I arrive. Any issues they are on to it and making it better. They are very pro-active."
● Visiting health care professionals told us communication was good. One visiting health care professional told us they had found the staff to always be very knowledgeable of the people living in the service and of their needs and any issues that were causing concern. They also said communication was very good and the nurses always rang if they were not sure or needed advice.

Adapting service, design, decoration to meet people's needs:
● There was an ongoing maintenance and improvement plan for the premises
●Work had been taking place to improve the environment and furnishings and to help create a more dementia friendly environment on the 'Willows' unit.
● There were adapted bathrooms and toilets and the provision of hand rails to support people.
●People made use of all the communal areas in the service. People could choose to sit in the, lounges, dining areas or in their own rooms.
● People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests.

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.
People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● People were supported with kindness and compassion. We observed positive interactions, appropriate communication and staff were observed to enjoy delivering care to people. A relative told us, "Its fantastic care and is just like being at home. Everybody looks after Mum as if she is their Mum. People are so friendly. Mum hated the thought of moving into a care home and went somewhere else from hospital where she was not happy. Nothing is too much trouble here and Mum often says, "You won't put me in a home will you", as she sees this as her own home." Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
● Staff demonstrated a kind and caring attitude to people. A relative told us, "Some staff are like family because they know our resident well." A member of staff told us, "I wanted to work here because the staff are very resident-centred. The nurses have a lovely approach and the deputy helps and supports a lot." Another member of staff said, "We try to be very family oriented here by creating a homely atmosphere." A relative said, "They are very caring and show a lot of empathy." A compliment from a relative received directly by the service detailed, 'I wanted to send a letter of thanks to you and the team. They were all so wonderful the way they looked after her.'
●Staff knew people well, including their backgrounds and histories, likes and choices and what was important to each person. They understood their needs and used this information to support people. A relative told us, "It's clear he enjoys his food and gets good personal care; he's always shaved and in nice clothes.
●Staff adapted their communication style, body language and used gentle touch to emphasise questions to people who had difficulty communicating their needs and choices.
● Equality and diversity was promoted and responded to well. A relative told us they spent Christmas Day with their mother and were given a private room to eat together as a family. Another relative told us, A relative told us, "I feel the staff have as much capability communicating with him as we do ourselves. They have got to know him well. They are very patient, they accept he doesn't remember them from one moment to the next and continue to treat him the same. It helps that the atmosphere is always pleasant and laid back."

Supporting people to express their views and be involved in making decisions about their care:
● Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose how and where they spent their day.
● People and relatives were involved in reviews. People told us they had been involved in planning their care. A relative told us, they had been involved in the care planning and had come in early for a meeting with

the Living with Dementia Team. They said they had felt listened to by the staff and the specialist team and had been fully involved in their mother's care plan.
● Records confirmed regular meetings were held with people and their relatives to discuss care.
● Visiting health and social care professionals told us multi-disciplinary meetings were held and where possible people and their relatives were involved in these meetings to discuss their needs and make decisions about the care. Records viewed supported this.

Respecting and promoting people's privacy, dignity and independence:
● People's right to privacy and confidentiality was respected. We observed staff talking with people in a respectful manner.
●People were supported to maintain and develop relationships with those close to them and relatives were invited to have meals with their loved ones if they wanted to.
●We observed staff treated people with dignity and respect and provided support in an individualised way. A member of staff told us when providing personal care, they would ensure this was provided in an environment to ensure privacy and dignity was maintained.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.
Regulations may or may not have been met.

At the last inspection on 13 July 2016, we asked the provider to take action to make improvements to the deployment of staff, and this action has not been completed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● At the last inspection we were shown how staffing was calculated to ensure there was enough staff on duty to meet their care and support needs. However, on the day of that inspection we observed the care staff were very busy. The deployment of staff during the day meant areas of the service did not ensure people always had access to care staff when needed. At this inspection we found this had not been fully addressed.
● During the morning we observed people living with dementia on the middle floor and found for significant periods they were supported by one activities coordinator. This member of staff was trying to provide activities for people, but was also being called upon to provide personal care and support. This interrupted the activities and social experience for people.
● Lunch on the 'Willows,' unit was poorly organised, with no sense of build up to a clear meal time. Lunch was late in being served and fragmented in its delivery. There were a number of people eating in their rooms with staff support and a number of people in the dining room who also needed one-to-one support. The SOFI completed identified good support for people who needed one-to-one support, but periods when other people were not engaged in any social stimulation or encouragement to eat their meals.
● Observations throughout the service on the day was of limited interactions and checks of people who remained in their bedrooms, whilst care staff were providing personal care. For example, one person had not been able to access their drink without staff support. This person had a television on, but they couldn't have seen it as they were lying flat. Another called out for assistance saying, "I don't like being on my own, "for fifteen minutes before a member of staff was able to provide assistance.
● A number of people remained in their own rooms throughout the service and did not access the social activities provided in the lounges. A member of staff told us for people who stayed in the room, "We do an individual calendar, might be reading to someone or brushing their hair. We recognise care staff might be better placed in terms of time with people, or their knowledge of them; it's a shared aspect of whole person care needs." However, on the day of the inspection we observed throughout the service there were limited interactions and activities provided to people in their own rooms.

The above demonstrates a breach of Regulation 9 Health and Social Care Act 2008 HSCA RA Regulations 2014.The deployment of staff in the service did not always provide a responsive person-centred service to ensure people's individual care and support needs were met.

● Relatives spoke highly of the activities programme throughout the service provided in the lounges and the stimulus provided. Activities coordinators facilitated a range of activities which people could attend. A

relative told us, "We've shared his interests with staff and know they have acted on this." We see the activity programme; they seem to see lifestyle as important and we feel it is an appropriate lifestyle here for (Person's name) and the other people we see on our visits." A member of staff told us, "We use an interest form for each resident, which is updated monthly. We get information from families as well as seeing what people respond to positively. We recognise the importance of both exercise and rest, and that it's different requirements for everyone – some people respond well to little walks around the home, and outside whenever the weather allows. Whereas a good time for looking at books with (Person's name) is when he is resting on the sofa. We have a walking club just using the corridors."
● Notice board displayed information about upcoming events. The weekly activity programme was sent to relatives by e-mail and the service had a closed social media page which a relative could access where photographs were up loaded to. Relatives told us they were invited to all social events and parties and there had recently been a Burns Night party and a curry night was planned to follow a Valentines Party.
● People received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs. A visiting healthcare professional told us, "My patients always look well kempt, comfortable and happy. They also have the freedom to choose and make their own choices."
● Detailed new electronic individual person-centred care plans had been developed and being fully implemented, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. A member of staff told us, "We read the care plans as much as we possibly can. It makes such a difference having all that information at hand." They demonstrated various facets of the handset system, and told us it ensured tasks were carried out on time and that shortfalls were recognised and addressed promptly. Showed how additional notes were added to tick boxes and said staff routinely looked at these. Together with handovers, this meant communication was consistent.
● All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The provider had implemented a policy and procedure. Staff ensured that the communication needs of others who required it were identified at the initial assessment and met.
● There were specific details in people's care plans about their abilities, needs and preferred methods of communication. There was guidance to effective communication methods, examples of body language presented and to use. Lifestyle response to music, and hand holding. There was pictorial signage around the home to help people orientate. The activity coordinators used an iPad to engage with some people and the provider told us this usage was being extended. A relative who travelled frequently told us how staff had organised Face time at Christmas so that they could see and speak to their mother several times whilst they were away. A member of staff told us of a recent development of a pictorial menu which was being developed to help people to make their meal choices.

Improving care quality in response to complaints or concerns:
● The provider had a complaints policy and procedure and the records detailed any complaints received were recorded, investigated and responded to. Where concerns had been raised these had been dealt with appropriately and had been shared with staff, when appropriate, to prevent a reoccurrence.
● People had received information on the complaints policy and procedure, knew who to speak to and told us that they would be comfortable to do so if necessary.

End of life care and support.
● Aniska Lodge was not providing end of life care at the time of the inspection. However, peoples' end of life care would be discussed and planned and their wishes be respected should this be required.
●Care plans recorded conversations with people about their wishes for end of life care this included their

preferences.

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.
Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.
Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
●There was not a registered manager for the service. The provider acknowledged this had been a difficult period. However, a new manager had been recruited and had commenced working in the service in December 2018. They were in the process of registering with the CQC to become the new registered manager.
●Quality assurance processes in place, however areas were identified during the inspection as areas in need of improvement which had not been identified as part of these audits. For example, although senior staff spoke of dependency tools used to ensure there were enough staff on duty the deployment of staff at times had not ensured a responsive service had been provided which enabled people to receive their care and support needs in a timely manner. We were informed by staff the air mattresses were checked daily to ensure they were on the correct setting for the individual needs of the person. However, for two people the mattresses had not been set at the correct setting to ensure people were fully protected. For one person this was set at 30 and not 70. One person told us they had been very uncomfortable in bed the previous night. This was highlighted to staff on the day and rectified. However, pressure area care could have been compromised where pressure mattresses had not been maintained at the required setting.
● Systems were in place to maintain the environment and equipment. However, there was some wear and tear of the carpet on the first floor which could have been a trip hazard. The slope in to the 'Willows' unit was not clearly identified to the people living on the unit and could also have been a potential trip hazard.
● Guidance and support being sourced the redecoration of the 'Willows' unit was still ongoing to ensure a more dementia friendly environment.
● The manager was supported by a deputy manager and a team of registered nurses (RGNs) and senior care staff. Staff at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
●Staff were clear about their level of professional accountability, how this related to both service expectations and requirements of their professional registration with the relevant agency. Registered nurses were supported by the provider to revalidate their registration with the Nursing and Midwifery Council (NMC.)
● Staff told us the new manager was supportive and approachable. They had been collaborative with the people and the staff team to develop the service. Staff told us their views had been sought and they had felt listened to. One person said, "The Manager is new, but he is always helpful." Another person said, "The Manager is good and listens to me." A relative said "We have seen a number of Managers here, but all have left for good reasons." A visiting health care professional told us, "Aniska appears to be well managed and the staff are consistent which says a lot."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
● The manager planned to deliver person-centred, high-quality support to achieve positive outcomes for people. This considered all aspects of a person's life, and ensured support reflected people's individual needs and choices. However, there were some areas identified for example, the provision of meaningful activities and interactions with people which were areas in need of improvement.
●Quality assurance audits and checks had been implemented and undertaken to ensure the quality of the service provided. Action plans were in place to detail the changes to be made and progress towards completing this. These had been and discussed with the senior staff to review and ensure progress towards the agreed improvements. For example, further work had taken place following the implementation of the electronic care plan to ensure the consistency and detail of the information recorded.
●There was a weekly meeting with heads of departments to review and discuss the care being provided. Staff told us this was an opportunity to discuss practices for improvement and what could be improved to enhance people's quality of life.
● The manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● People were given opportunities to provide feedback about the service. People had reviews of their care and support needs, they and their relatives could provide feedback at that time. There were resident and relative's meetings and a new newsletter had also started to be sent out to keep people in touch with what was happening in the service. Quality assurance surveys were also sent out for people and relatives to complete. The latest survey had just been sent out to be completed.
● Staff attended regular meetings to identify any concerns, provide feedback and be informed about changes and planned improvements.

Continuous learning and improving care:
● The manager had a quality assurance process in place which had been used to help identify improvements where needed. For example, in relation to the recording in the care plans. They had introduced a more robust auditing process to be followed.
● Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event occurring.

Working in partnership with others:
● Senior staff had worked in partnership with other services and organisations. For example, the provider had been proactive in engaging with the local authority to improve their systems and process in relation to infection control.
●Health and social care professionals confirmed staff communicated and worked effectively with other agencies to benefit people using the service. A visiting social care professional told us, they had found the communication from the senior staff to be excellent and both staff and management had made significant efforts to keep them informed of the person's needs, risks, wellbeing and any other issues. In their experience the service had been responsive and the care staff approachable and friendly.
●Senior staff had submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

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 9 HSCA RA Regulations 2014 Person-centred care Staff had not been deployed to ensure service users received a responsive service to meet their care and support needs.