

Your Choice (Barnet) Limited

Apthorp Care Centre

Inspection report

Nurserymans Road
London
N11 1EQ

Date of inspection visit:
15 October 2019
16 October 2019

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28 November 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Apthorp Care Centre is a residential care home providing personal and nursing care to 56 people, many of whom were living with dementia at the time of the inspection. The care home accommodates up to 82 people across eight separate flats, each of which has separate adapted facilities.

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

People were at risk because medicines were not always managed safely and in accordance with best practice guidelines.

Aspects of the building were unsafe and extensive work was required to update the heating and water systems to reduce the risks associated with legionella.

Inconsistencies were found with the quality of record keeping which included care plans and risk assessments.

We observed there to be enough staff deployed to ensure people's care needs were met. However, we found instances where occupied communal areas were left unattended.

People told us they felt comfortable and safe living in the home. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse.

People and staff spoke highly of the manager and that the manager was compassionate about ensuring people received high quality care. Staff spoke positively of the home management team, however, there were concerns with staff working relations and conduct which affected staff morale.

We have made a recommendation around ensuring the provider has oversight of whether people have access to activities.

People and relatives told us staff were caring and compassionate and had built good relationships with people and their families.

Staff felt supported and had access to a range of training. People had ongoing access to healthcare professionals.

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.

The provider followed an appropriate recruitment procedure to ensure prospective staff were suitable to work for the service.

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 inadequate (report published 21 January 2019). The service was placed into special measures. We issued an enforcement notice against the then provider (The Fremantle Trust) which removed this location from their portfolio of CQC registered services.

In July 2019, the current provider (Your Choice Barnet) took over the running of the service. This is the first inspection of the service since the service registered under the current provider.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

This was a planned inspection based on the previous rating. Where a service is rated inadequate and placed into special measures, we usually inspect within six months of the report publication date.

In this instance, as a new provider took over the service in July 2019, we made the decision to delay the inspection to allow the incoming provider time to implement improvements. The local authority was closely monitoring the service during this period.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and premises and equipment at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 well-led findings below.

Requires Improvement ●

Apthorp Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, a pharmacist inspector, a nurse advisor and four Experts by Experience who spoke to people and relatives and carried out observations. 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

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

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

Notice of inspection

This inspection was unannounced.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 25 people who used the service and three relatives about their experience of the care provided. We spoke with 16 members of staff including the nominated individual, head of care and support, registered manager, floor managers, team leaders, care workers, domestic, activities and kitchen staff. We spoke with one visiting health professional. 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 reviewed a range of records. This included 11 people's care records and 19 medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from an additional three relatives and three health professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were systems for ordering, administering and monitoring medicines. However, medicines were not safely stored in the fridge and we found that PRN protocols were not adequately filled in or reviewed as appropriate.
- The process for storing medicines that required refrigeration was not appropriate as records on the day of inspection indicated readings were outside the range of 2°C and 8°C without evidence of action having been taken to address this. This meant that there was a risk that these medicines were not safe for use.
- Whilst we observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them, we found that not all PRN protocol forms had been adequately filled in or had been appropriately reviewed. For example, we found several forms with no review dates, whilst for other people they had not taken a PRN medicine for some time, but we didn't find any evidence that this had been reviewed recently.
- We found that although there were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), these were not always filled in appropriately. For example, we found that the site of application for a patch medicine was not recorded for one person.
- Not all staff administering medicines had their competency to do so assessed. 10 out of 39 staff had not had a competency assessment by the date of inspection. The registered manager told us that all staff would have a competency assessment following the roll out of a new electronic medicines administration system.
- The medicines policy in use at the time of the inspection was not adequate for the level of care provision at the service. For example, the policy did not refer to the specific fridge temperature recording and appropriate temperature levels.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All prescribed medicines were available at the service and this assured us that medicines were available at the point of need. Medicines were stored securely in locked medicines cupboards or trolleys,
- People received their medicines as prescribed. We looked at 19 MAR charts and found no unexplained omitted doses in the recording of medicines administered, which provided assurance that people were receiving their medicines safely, consistently and as prescribed.
- The provider had recently introduced a new system to monitor and audit people's medicines on a regular

basis, but as this had been recently implemented we could not determine if these had been firmly embedded into practice.

Assessing risk, safety monitoring and management

- Aspects of the building were unsafe. The building was owned by the local authority which was leased to the provider.
- The windows in the home were assessed by an external contractor and required replacement. Where windows were assessed as unsafe, they were marked as such and screwed shut. Members of the inspection team observed other windows hanging from frames at angles.
- The nominated individual told us that they were actively monitoring the situation with the windows and carrying out remedial work where necessary as an interim measure until plans had been finalised to replace the windows.
- There have been ongoing concerns with the presence of legionella bacteria in the water systems at the home since August 2018 when the home was under different management. Interim risk management plans were in place such as regular flushing and water testing. Showers had been taken out of use throughout the home and people were supported to wash by alternative means.
- Extensive remedial work was required to install a temperature-controlled water system which would manage the risk of legionella which we were advised would be completed once the main boilers are replaced.
- The nominated individual told us they were in consultation with the local authority around prioritising some of the required building remedial works and establishing timescales for completion.

The above concerns related to the fabric of the building placed people at risk of harm. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of inspection, the boilers also required extensive work as two of the four boilers for the home were not in operation. The registered manager confirmed that following the inspection, work commenced to replace the boilers.
- There was information recorded in care plans with regards to management of risk. However, the level of detail varied in some care records viewed. Most care files contained detailed risk assessments which were reviewed regularly and updated as needed. We saw guidance from professionals had been incorporated into risk management plans.
- Some care files lacked guidance for staff to manage the risks associated with specific health conditions. The management team told us that care records were in the process of being updated onto a new template and all care records would be reviewed.
- Environmental risk assessments highlighted potential hazards and ways to minimise risks around the home. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the home. Feedback received included, "Yes, I feel safe, they are very nice and kind", "The care makes it safe, they are always around" and "I feel very safe, I have a nice room and can do things for myself." Relatives told us, "Yes, I feel that my mother is safe" and "Yes, she has got her own room, she is very safe here."
- The registered manager was aware of their responsibilities to report any safeguarding concerns to the local safeguarding authority and CQC. The registered manager kept an overview of any safeguarding concerns reported which included outcomes and actions.

- Staff were aware of their responsibility to report any concerns and had received training in safeguarding.
- Accidents and incidents were documented and reviewed monthly by the registered manager and any actions taken were documented.
- Learning from any recent safeguarding concerns, accidents and incidents were discussed with staff in team meetings.

Staffing and recruitment

- Most people, relatives and staff told us there were enough staff at the service to ensure people's needs were met.
- Feedback from people included, "Yes, yes there are plenty of staff, they are very nice and very helpful" and "There are enough staff. They are quite good. They are helpful and will do anything requested." A relative told us, "We visit at different times. At the weekend the staffing seems sparse."
- Rotas indicated that there were enough staff on duty, however, throughout the inspection we observed that communal areas in individual flats were at times left unsupervised whilst staff were assisting people in their bedrooms. Rotas indicated that there were at least two staff on duty in each flat during the day and one at night.
- There were safe systems for staff recruitment in place. Staff files contained the necessary checks and documents to ensure fit and proper people were employed.

Preventing and controlling infection

- The home was overall clean on the days we visited and without significant odour. However, there were times when lingering odours were noted by the inspection team. The registered manager told us they were replacing carpets in some areas due to lingering odours despite regular deep carpet cleaning.
- Staff had access to Personal Protective Equipment (PPE) such as anti-bacterial hand gel, gloves and aprons.
- The laundry room was clean and well organised. Staff there told us they were provided with adequate supplies and equipment to maintain infection control during the laundry process.
- Staff had received training in infection prevention and control.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- No new people had started using the service since the last inspection and as such no pre-admission assessments had been carried out.
- At the time of the inspection, the management team were in the process of transferring people's care plans to a new template. Care plans were subject to review as a part of this process also. This will be reviewed as part of a future inspection.

Staff support: induction, training, skills and experience

- Our conversations with staff and observations of care evidenced that staff had the skills and knowledge to complete their role effectively. One person told us, "I do think they are trained; they know what they are doing."
- Staff told us, and records confirmed that staff training was overall up to date. The provider and registered manager had oversight of when staff were due refresher training. Staff told us, "I get my training regular" and "I attend training. I've done all the fire safety. All the standard [trainings]. I've done the outside one - end of life training. Done by UCH."
- At the time of inspection, the medicines management system was due to be changed to electronic records. Some staff expressed apprehension about using computers and would require training. The registered manager told us that computer training had been booked for staff who requested.
- Staff told us they felt supported by the registered manager and had regular supervisions. However, there was no oversight at management level of when supervisions were due and whether they had been completed. The registered manager accepted this and advised they would implement a system for oversight of supervisions.
- No annual appraisals had been done since the provider took over in July 2019. We will review this at a future inspection.

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

- Most people told us they enjoyed the food on offer. Feedback included, "The food is unbelievable, I love it", "The food is not too bad here; my favourite is sausages and mixed veg" and "Food is okay. I tell them if I don't like it and they get me another dinner."
- We observed and partook in lunch. We found it was a calm and a social event. The food was appetising and presented nicely. For people who required support with eating and drinking, staff did this in a respectful way, and prompted people in a kind and patient manner when they were reluctant to eat.
- We observed that people were not offered a choice of meal options before and during mealtimes. We were

advised that people made their choices the day before and the kitchen was informed of these choices.

- The registered manager told us that they were looking at improving menu visibility and how people living with dementia were offered choice. Following the inspection, they sent an action plan which included sample visual menus.

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

- The local authority had significant input with the service following the last inspection and were visiting weekly to support the management team implement changes. In addition, the service was working with the pharmacy team from the CCG to improve how medicines were managed at the service.
- Feedback from involved professionals was that the service was working at implementing improvements but there was further work to do. One professional told us, "There has been a number of very positive changes, but still a way to go."
- People and their relatives told us staff helped people to seek professional medical advice if they were unwell, to attend routine health appointments and check-ups. A relative told us, "GP comes every Friday. She is good. Mum lost her teeth, they aggravate her, so she takes them out. An optician came to look at her eyes and she got new glasses!"

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

- Some bedrooms were personalised, and people had their personal items around them.
- The building was set out across a series of 'flats' each with a communal lounge and dining area. In addition, there was a larger communal lounge for activities to take place in.
- Work had started to make the environment more dementia friendly. Sensory objects and pictures to prompt reminiscence had been placed throughout the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Feedback from people indicated that staff obtained consent and explained why they were providing support. One person told us, "Everyone always asks permission."
- Most care plans detailed mental capacity assessments, however, these had not been reviewed recently, with some last reviewed in late 2017.
- Staff received training relating to the MCA and were knowledgeable around how the legislation impacted

on how they cared for people. A staff member told us, "A person who has mental capacity or lacks capacity, but we must assume they have capacity even though their decision may be off key. Best interests' decisions made with the involvement of family, social workers, advocates."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives provided consistently positive feedback about the caring nature of staff.
- Feedback from people included, "Very good. The ladies [staff] are nice" and "She [staff] is wonderful!" Relatives told us, "Yes I have seen for myself how caring they can be", "Yes, the staff working regularly in mum's flat are definitely caring" and "They usually treat mum with respect. She has to use a hoist and when using it they explain what they are doing!" A health professional told us, "The majority of staff I have seen are caring."
- Staff spoke positively and with affection about the people. Staff knew people's care needs well. Staff told us, "Yes we are caring, when I am working here it's like I'm looking after my own parents and grandparents. You got to want to do the job. It's not about the money" and "I would put my mum here. I have seen a good standard of care, staff go above and beyond. Staff take people's clothes home to stitch and repair."
- We observed positive interactions between people and staff. We observed staff engaging people in jovial and animated conversations. Where people became upset or agitated, staff approached them in a compassionate way to provide support.
- Staff showed us they were aware of people's needs, including those related to protecting equality characteristics such as age, disability, race and gender. Where a person observed a religious diet, staff were aware of this. People were supported to attend religious services, if they chose to do so.

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

- People's life histories, religion or cultural beliefs, hobbies and interests were recorded in people's care plans. Staff were familiar with these and knew people well.
- Most people told us they had choice in their daily lives. One person told us, "I am always ready to get up. I get my own clothes, choose what I want to wear. I wait for them to put me to bed but if I'm tired they would put me in bed earlier."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to maintain their mobility.
- People told us that that staff provided support when needed and they were encouraged to do what they could for themselves. Feedback included, "I can wash myself and go out with an escort", "I can shower myself, so I don't need any help there" and "I can do most things for myself, they will always ask before they do anything. They don't have to give personal care."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Most people and relatives were overall positive around the care they received. Feedback was particularly positive around how well staff knew people's needs and their responsiveness when people's care needs changed. People told us, "They look after me. It's very good. The carers are good. Can't fault them", "Having clean clothes, being able to wash every day. I wasn't looking after myself before I came here" and "[Staff name] will organise anything I want." A relative told us, "They were concerned as she had deteriorated."
- A health professional told us, "Staff engaged well with improving and maintaining resident's mobility after a hip fracture."
- At the time of the inspection, care plans were undergoing review and update as part of a transfer to the provider's system of care recording. We found some inconsistencies with the care plans in use at the time of inspection, with some detailed and person centred to people's daily care needs and some were lacking detail. The management team acknowledged that there were inconsistencies and resource was being made available to update care plans as a priority.
- Some people and relatives told us they were involved in regular care reviews and were kept informed of any changes to their loved one's care needs. A relative told us, "I do have regular meetings with staff in the flat - mostly [two named staff]. I would say we talk about her planning care every six months."

Meeting people's communication needs

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

- People's information and communication needs, and preferences had been identified as part of the support planning processes. We saw staff members openly engaging with people during the inspection, which enabled conversation and helped to avoid isolation.
- We observed some staff, who were multi-lingual speak with people in their first language. We saw one staff member converse with a person to encourage them to eat their meal. The person had reverted to speaking their first language. Once the staff member started to speak with the person, they started to eat their meal.
- We saw signage for bathrooms in an alternative language which assisted people to navigate around the home.

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

- People and relatives spoke positively of the activities on offer at the service. There was a dedicated

activities team who followed a timetable of organised group activities.

- People told us, "There's lots to do. Play ball and exercises, quizzes and I read the papers. People bring in the Metro. I like the garden, but the seats are hard. I have made a few friends here", "I don't join in activities. I read the papers, I get The Times. The Library comes here, and I get books" and "Generally, the staff are good. The entertainment groups that come are good. Activities are good – I like the quizzes."
- We were advised that there was provision for one to one activity where people were unable to engage in group activities. However, some people told us they did not engage in activities and felt isolated. One person told us, "The TV is my friend. I used to go to activities but now my knees are too bad. I go to the Wednesday service, there is nothing on a Sunday. I don't go in the garden as its downstairs" and "I'm normally a very active person. I don't do the activities here, but I would like to get more involved."
- Some people did access the community and attend social events. One person told us, "We have outings, we once went to a dinner at Brent Cross."

We recommend that the provider develops a process and oversight for ensuring that all people are regularly consulted about taking part in activities of their preference.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they would not hesitate in raising concerns and felt confident that these would be acted upon. People told us, "If I had a complaint I would go to the manager" and "No, I have never made a complaint, I don't complain because there is nothing to complain about and they do listen to what I say." Relatives told us, "I have used the fault log book to highlight specific issues to good effect" and "I have had to complain on two occasions. Both occasions were dealt with swiftly and to my satisfaction."
- Records showed that the registered manager investigated and responded to complaints. Any lessons learnt were fed back to staff in supervision and team meetings. The complaints procedure was on display.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. When a person's health declined, staff worked with local GP's, hospice and community nurses to ensure they had all the support and equipment they needed to keep the person comfortable and pain free. However, the training matrix indicated that staff had not received training in end of life care. We asked the registered manager about this who advised that some staff had training in this area and more training was planned.
- A health professional told us, "In the last few months I have been very impressed by a few members of staff who have gone to great lengths to ensure they supported a patient who was approaching the end of their life. They ensured there was good communication with the relatives and received positive feedback from the family members involved." Feedback from a relative in September 2019 seen on inspection stated, 'You treated my mum with respect, loved her like one of your own and cared for her. Your professionalism in handling the delicate situation towards the end of mum's life was reassuring and a great support to me and the family.'
- There were inconsistencies in how people's wishes to be cared for at the end of their life was documented. Some care plans contained detailed information, and some did not. As stated above, the provider was commencing a process to review and update all care plans. New care plans had provision for documenting people's wishes in this regard.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- This inspection was the first under Your Choice (Barnet) who took over running the home in July 2019 and at the time of inspection had been in place for just over three months. Most of the staff and the registered manager had been employed at the home prior to the takeover.
- At the time of the takeover, the home was rated inadequate and in special measures following an inspection in December 2018. Enforcement action was taken against the previous provider which resulted in the change of provider. This was overseen by Barnet Council who own the building.
- There were a range of quality checks in place at the time of the inspection which were completed by the management team. These included daily walkarounds, medicines, health and safety checks and monitoring of complaints, accidents and incidents.
- Due to the concerns identified at the December 2018 inspection, staff and the management team were working to make significant improvements to many aspects of care delivery. Therefore, the areas of concern identified on this inspection were known to the management team and were part of the overall service improvement plan.
- At the time of the inspection, management posts were being recruited for, which included a deputy manager and additional floor managers. The provider was providing a level of support to the registered manager; however, this was at times insufficient to support the registered manager to make significant improvements in addition to running the service on a day to day basis and deal with staffing issues.
- The nominated individual told us that they were increasing senior management presence in the home and allocating additional resource to the registered manager.
- Staff spoke positively of the registered manager and the improvements made to the service despite some initial teething problems around access to IT and payroll information. Feedback from staff included, "With any new company that takes over it will take a little while to transfer. I have noticed training has improved, we get external people coming and so we get a wider knowledge of things" and "We have not met the head of YCB. Communication is getting there, I can see little differences, more activities, I see a lot of improvements."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- It was evident that there were concerns with some staff conduct and poor working relations. We received feedback from people, relatives and staff who had concerns around staff working relationships and conduct. People told us, "[Staff] are only interested in payday. They are alright" and "I heard them argue with one

another this morning." A relative told us, "Staff have attitude. For example, they can be defiant, I have heard them argue with the manager." We observed one staff member shouting at their colleague. This was reported to the registered manager.

- Some staff raised concerns of this nature to the inspection team, that some staff had poor attitude, work ethic and did not follow direction from the home management team. Staff told us, "Some staff don't like being moved [to different flats]. You must explain that we are working as a team", "Maybe anger and attitude for some staff. I think we work as a team, staff seem to get upset if they get moved from one flat to another, but it shouldn't be like that you should be able to work anywhere" and "The current management are nice and approachable, however, I feel we need a dragon to manage and to get rid of the carers who are lazy."
- We discussed this with the provider who advised that they were working to provide additional HR management support to assist the registered manager to address the staff conduct issues.
- People were consulted and involved in day to day decisions about the running of the home through regular meetings. People told us, "We have residents' meetings, and talk about lots of things. I think I have completed a survey, but I am not sure" and "I have been to residents' meetings and made suggestions. They make sure I get The Times every day."
- The service had developed links with the local community, which included a friend in need group which help people living in the community who may be lonely; the National Citizens Service involved students visiting the home and a local children's nursery who came once a month to do music and art.
- The registered manager and staff worked with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding and social work teams.
- The service assisted with initiatives and pilot projects. An involved professional told us that their involvement in a project, "enabled residents to return home quickly and safely following admission to hospital, and I cannot thank [registered manager enough for her being so welcoming and supportive of the project."

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

- Most people and relatives told us they were overall satisfied with the quality of care. Feedback from relatives included, "I feel the staff are marvellous and seem to stay many years, but the admin side (writing reports, keeping records up to date) let them down slightly, which in fact I have seen an improvement", "I think the home tries very hard to maintain a consistency of staff, which ensures a consistency of care for my mum which has a positive impact on her wellbeing" and "[Registered manager] is responsive. She is trying hard. It's better than before. I don't think she gets the backing she needs."
- People told us, "It's fairly well managed. There is a new company, not made a difference although activities and food are better. Most important is that the people here are helpful to residents", "The new manager is a nice lady. She is strong and flexible. I speak to her whenever I need to" and "The place is lovely and there are very good staff, I would give it a 10. There is nothing they can do better really."
- The registered manager and staff were focussed and committed to delivering a person-centred service which achieved positive outcomes for people. They knew people well and were knowledgeable about their needs and preferences.
- We observed a positive and welcoming culture within the home. Staff told us they felt people were well supported. A relative told us, "It is a joy to come and visit mum, you are always welcome here."
- Most staff spoke positively the improvements made to the service and felt supported by the registered manager. Feedback from staff included, "With any new company that takes over it will take a little while to transfer. I have noticed training has improved, we get external people coming and so we get a wider knowledge of things" and "We have not met the head of YCB. Communication is getting there, I can see little differences, more activities, I see a lot of improvements."

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; Continuous learning and improving care

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff, people and their family members.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.
- Learning was shared within staff and management meetings.
- Throughout the inspection we gave feedback to the registered manager and the management team, which was received positively, and clarification was sought where necessary. The service demonstrated a willingness to learn and reflect to improve the service people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at increased risk because medicines were not always managed safely and in accordance with best practice guidelines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment was not always suitably maintained and fit for use.