AMS Care Limited

Gifford House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Gifford House provides accommodation with personal and nursing care for up to 65 older adults, some of whom may be living with dementia. Gifford House is built to accommodate people across four separate units, however currently only three units are operational. The fourth unit is expected to open early in 2020 dependent upon on the number of new admissions to the service. On the day of inspection 64 people were living at the service.

People's experience of using this service and what we found
People felt safe and well cared for and would recommend the service to others, though five out of seven people said they would like to see an improvement in the quality of the food.

The dining experience in one unit required improvement and the design and adaptations of the service were not being used to their full potential so did not always support inclusion, particularly for people with dementia.

We made recommendations about the environment.

The culture within the service was person-centred. People could spend their time the way they liked and had opportunities to engage in activities. The registered manager and staff involved people in decisions, listening and acting on people's feedback on how the service should be run.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service. However, we received mixed feedback about the receptiveness of management to concerns raised by people and staff.

We made a recommendation about communication and staff engagement.

Staff received an induction and training to equip them with the knowledge and skills to do their job. However, four out of five staff we spoke with about training felt this could be improved.

People told us staff were competent in their role and staff received daily support and guidance from the nursing staff. Staff listened to people and provided care and support the way people liked.

The service had been significantly extended which would increase capacity from 65 people to 102 people over time. Improved communication between staff and management was required to improve the admissions process

We made a recommendation about how new admissions were managed.

The quality of the service was monitored and assessed but auditing processes required strengthening as had not identified or taken action to address the failings we found during the inspection.

Staff were responsive to people's needs and told us they enjoyed their work and worked well as a team. However, not all staff felt supported or listened to by the management team.

We made a recommendation about staff engagement.

People, relatives and visiting professionals told us about a nice staff team who were friendly and caring and we observed staff engaged well with people. Staff were polite and respectful and knocked on doors before entering and had a cheery welcome for people.

Relatives told us there was a positive atmosphere at the service and people were encouraged to take part in stimulating and meaningful activities. People told us that staff understood their needs and preferences well, and they received effective care and support from staff.

Staff knew how to recognise and report any suspicions of abuse. Risks to people were assessed and staff knew how to keep people safe. Call buzzers were answered promptly. The registered manager had a robust recruitment process in place which ensured staff were recruited safely.

On the day we inspected there were enough staff available to meet people's assessed needs. Accidents and incidents were appropriately recorded and investigated. People's medicines were managed safely.

People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

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

Rating at last inspection: The last rating for this service was Good (June 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
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**

Gifford House Care 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 Care Act 2014.

Inspection team
This inspection was carried out by three inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gifford House Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 and was carried out on 21 October 2019.

What we did before the inspection
We reviewed information we held about the service including statutory notifications, which provide important information about 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 eight people who used the service and thirteen relatives about their experience of the care

provided. We spoke with fifteen members of staff including the registered manager, and deputy manager. We also spoke with four visiting health professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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 data.

Good

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● On the day of the inspection, there was enough staff on the shift to meet people's needs safely. A staff member told us, "At the minute we have enough staff, it has gone up we have six carers, a hostess and nurse so it is enough." A relative said, "There are more staff here now."

● The service responded positively to feedback that staff needed additional help and had introduced a 'hostess' role. This was a member of staff employed to support people with meals and drinks and other domestic chores to free up the care staff's time for caring for people. A staff member said, "I do tell the nurses we need more help around meal times. This was why they introduced the hostess role."

● Buzzers were within reach of people and we observed people being responded to quickly. One person said, "The staff are very nice and always come to me very quickly."

● Agency staff were used to cover when staff had called in sick though this sometimes impacted on the wellbeing of regular staff. A staff member told us, "To be honest we have a lot of agency staff and they don't really always know what they are doing so it's more stressful."

● There was an ongoing recruitment campaign in place across the service. The registered manager told us they aimed to be fully staffed by the end of November 2019 which would reduce the need for agency staff.

Systems and processes to safeguard people from the risk of abuse

● People told us they were safe with the staff that supported them. One relative said, "[Name] is very safe. They were previously in another home and the difference if remarkable." One person said, "I feel very safe here it's a nice home; I have to have some help to get out of bed, and they [staff] are always careful and gentle when they help me out."

● There were systems and processes in place to raise and investigate safeguarding alerts. Staff received training in safeguarding and knew the signs to look for that someone was being abused.

●The registered manager understood their safeguarding responsibilities including notifying the appropriate authorities, completing investigations and taking appropriate action where mistakes or poor staff practice was identified. This included re-training for staff and implementing staff disciplinary procedures where required.

Assessing risk, safety monitoring and management

● Risks were identified through the assessment process. They were evaluated monthly or sooner if people's needs had changed. They covered a wide range of areas such as, falls, skin integrity, choking, bed rails, manual handling, diet, and nutrition.

● Guidance was available for staff regarding the measures needed to keep people safe.

● Information on risks to people was shared with staff during handover which happened at every shift

change. Handover records contained a good level of detail and were updated in red ink when a person's needs changed to alert staff.
● Staff were aware of the risks to people including health needs and any allergies and knew what to do to keep people safe.
● There were robust systems and processes in place for managing people's laundry which meant people's personal items of clothing were kept safe. A relative told us, "The laundry service here is very good; everything is marked and put in the drawers; we have not lost anything."

Using medicines safely
● The provider had a safe system in place for managing people's medicines. Medicines were stored, administered, and recorded appropriately.
● People told us they received their medicines safely and as prescribed.
● Only staff who had been trained and assessed as competent administered medicines.
● The provider had recently invested in recruiting a specialist pharmacy advisor who was responsible for monitoring and improving standards of medicine management across the service. The pharmacy adviser worked with staff providing guidance and coaching to reinforce best practice.

Preventing and controlling infection
● On the day of the inspection, the service was clean and there were no unpleasant odours.
● Staff had access to protective equipment and used this appropriately to ensure people were protected from infection. For example, we observed staff washing their hands, and using aprons and gloves in the correct way to reduce the risk of infection.

Learning lessons when things go wrong
● Accidents, incidents and safeguarding concerns were recorded, investigated, and actions were taken to minimise future risk.
●Lessons had been learnt from past mistakes with regard to medicine management. A specialist pharmacy advisor had been employed to oversee safe medicine management. In addition, the service had introduced new monitoring systems including 'peer checks' where staff checked each other's work to improve safety.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager and deputy manager carried out an assessment of people's needs before they came to live at the service. People's protected characteristics under the equality act were recorded. Care assessments reflected people's strengths, abilities and interests to ensure the service could meet people's needs and preferences.
- Some staff told us that they felt under pressure with the amount of admissions that sometimes came into the service and were not always fully clear about people's needs prior to them arriving. One staff member said, "We do not get to hear about the new person before another one arrives."
- A large extension had been built to significantly increase the capacity of the service. The registered manager told us they intended to admit people slowly over an extended period time to manage the increase.

We recommend the provider review their systems and processes for new admissions to ensure the service and staff team have the necessary resources including information and time to support safe and effective admissions.

Staff support: induction, training, skills, and experience

- Staff were given an induction, which included completing training then shadowing other members of staff to get to know people and the job role. The Care Certificate was then completed. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. A new staff member told us, "I did my training over a week, mainly watched videos and then we were asked questions, then I did shadow shifts; I was nervous as this is my first care job but I was ready after the training."
- The training provided to staff covered a wide range of mandatory subjects however Four out of five staff spoken to about training felt it could be improved as was mainly video based. One staff said, "All we do is get shown a video, we are told to put it on ourselves and answer the questions. Only manual handling is done face to face." Another staff member said, "I have done manual handling training, but other than that it has been DVD training."
- The registered manager told us in addition to the mandatory training and refresher training staff completed, regular workshops were organised on a range of subjects to keep staff knowledge updated. Subjects included, whistle-blowing, mental capacity, safeguarding, diet and nutrition, hand hygiene, pressure care and social isolation.
- Nursing staff received specialist clinical training to meet the needs of people living at the service. The

registered manager told us, "The nurses have done training on thickening fluids, tube feeding and diabetes." Nursing staff confirmed they received clinical updates. A nurse told us, "We have recently done syringe driver training."

● Three out of six staff asked about the level of support they received in their role told us they did not feel supported by management. Care staff said they received support, supervision and guidance from the nursing staff who were in charge of each unit. A staff member told us, "Managers are not always supportive, they do not come on the unit, but the nurses are supportive and do support us; We have the nurse who does come and check what we are doing." A nurse told us, "The carers are very good and dedicated, they know what they are doing; I support the carers day to day."

● People told us staff were knowledgeable and they received effective support. Comments from people and relatives included; "The staff are excellent, they treat me well, and they appear well trained." And, "We all think the staff are good and I think they are looking after [person] well which is good for me to see; I feel happier, content, with [person] here now." And, "The staff seem on the ball and know what they are doing."

● Staff had received practical training in moving and positioning and we saw staff were competent when moving people using equipment such as hoists and slings. Feedback from people and relatives showed staff were gentle when moving people. A relative told us, "They are very careful when they hoist [family member]."

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

● We saw people were regularly offered food drinks and snacks throughout the day. Hot and cold drinks were regularly provided which were left within reach.

● We received mixed feedback about the quality of food with five out of seven people asked reporting a recent decline in food quality. One person said, "The food used to be terrific, but it's not as nice at the moment. I have had to send it back because it was cold." Another relative said, "The food has gone downhill recently." However, one relative said, "I am always invited to eat here and the food is very nice."

● People were offered a choice of a meal the day before, but some couldn't remember what they had chosen. A person told us, "I think the food could be better, but there's always a choice, and you get asked the day before what you would like, but of course, I forget."

● The issue of the quality of food was discussed at a recent resident and relatives meeting. A previous chef who people felt was very good had left. Agency staff had been covering this vacancy, however a new chef had recently been recruited.

● Detailed information was in place if people were at risk of poor nutrition or choking. People identified at risk of weight loss were regularly weighed. If required, referrals had been made to relevant health care professionals such as speech and language therapy or the dietician.

● Each unit had its own dining room and we observed the lunchtime experience on all three of the units. Two out of three provided pleasant sociable experiences where people sat at tables which were nicely presented, chatted with staff and each other and received any required support. However, one unit was very overcrowded and not everyone was able to have a seat at a table. Several people required the assistance of staff to eat, who were working in very cramped conditions. A staff member told us, "The dining room is very squashed, it has been since the new part [of the building] opened."

We shared our observations with the registered manager and asked them for a plan on what they would do to address this issue. After the inspection they wrote to us to tell us what action they had taken to improve the lunchtime experience on this unit.

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

● The premises had been purpose built and the décor was of a good standard. Significant investment had been made to build a dementia village in the garden which included installation of bus stops and some

large wooden buildings which had been decorated like a post office, a charity shop and coffee shop.
● One of the communal areas had been turned into a 'club lounge'. This room was warm and inviting with comfy chairs, a coffee machine and freshly baked cakes available throughout the day. We saw this room was a hive of activity and was fully utilised by people and their visiting relatives, including children.
● A new cinema room had been built in the basement. The provider advised us this had been signed off by the fire service in March 2019 as safe for use. However, at the time of inspection this room had not yet been used.
● A family room had also been built in the basement where a 'tovertafel' table had been installed. Otherwise known as a magic table, this is an innovative and fun interactive games console. The magic table enables people with dementia and their families and children to play games together. The magic table can have many therapeutic benefits including encouraging movement, mental stimulation and social interaction.
● Whilst the commitment the provider had shown in investing in resources for people with dementia was commendable, aside from the 'club lounge' we found the facilities were not currently being used to their full potential. Staff told us people and their relatives were not allowed to use the magic table without staff support which would significantly limit its usage. Furthermore, two sets of visitors to the service, who had brought children with them to visit their grandparents were not aware of the table's existence. In addition, the basement was in an isolated area of the service and not easily accessible for everyone. In addition, the family room, where the table was situated, had been carpeted in large different coloured squares. Staff told us this had caused anxiety for some people living with dementia who found the patterns visually disturbing and had refused to come back into the room.

We shared our findings with the registered manager who was not aware of the issue with the flooring.

We recommend the provider seek independent advice and refer to best practice guidance to ensure the design and adaptation of the service is 'dementia friendly' and meets the purpose for which it was intended.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their family members told us health professionals were quickly involved if this was needed, which had resulted in improved outcomes for people. One person said, "They have really got me up and running."
● The service kept people's relatives informed about any changes to people's health. A relative told us, "They always let us know what is happening related to [persons] health, we get a phone call straight away."
● The latest satisfaction survey in September 2019 showed that people were one hundred per cent satisfied with the nursing and medical care they received at Gifford House. A person told us, "It's very good. I tell them if I am worried and they get a GP involved straight away."
● Care plans provided guidance for staff on how to support people with their oral health care needs and staff ensured these needs were met.
● Staff worked with health and social care professionals to ensure people's changing needs continued to be met. A visiting health professional told us, "Sometimes we advise an amendment to the person's care plan, I do speak to staff and give them verbal instructions, and they always follow this up."

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.

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.

- People had given their consent to care and treatment and this information had been retained within their care plan.
- We looked at care records and found the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Where appropriate, mental capacity assessments had been completed and applications for DoLS had been made to ensure people were not deprived of their liberty unlawfully.
- Staff had received training in the MCA and understood how to support people with decision making.

Good

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. 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, relatives and visiting professionals told us staff were kind and caring. A person told us, "It's very calm here, the staff are all very nice and friendly; I have to have help getting into and out of my wheelchair, and they are always very careful and gentle helping me." A visiting health professional said, "The staff are very caring and do the best they can."
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention.
- We observed positive interactions between staff and people where staff showed warmth and kindness. For example, one person told staff they were hot; they laughed together over the fact the person was wearing a big scarf and together they undid the scarf and the staff member opened a nearby window to help the person cool down. A relative told us, "There are some really lovely carers here that really love [person]."
- Staff were friendly, had a cheery welcome for people, and used touch appropriately to show warmth and affection. A relative told us, "The staff are friendly, especially with [family member]."
- The service kept a list of people's birthdays and these were celebrated which helped people feel valued. A relative told us, "On [named person's] birthday I bought cakes in, but when we got here birthday banners were already up."

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

- People or their relatives if appropriate had signed to give consent to their care and support.
- Care reviews were held every six months, where people and relatives had the opportunity to express their views and suggest any changes.
- People had detailed communication care plans identifying who staff should involve to support the person with decisions about their care
- Communication care plans provided guidance for staff on people's communication methods, including gestures, body language and behaviour and what these non verbal signs might mean. For example, in one person's care plan, who was non-verbal, the care plan stated; "[named person] bangs jug to signal to staff they would like more blackcurrant squash."
- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes. Staff made good eye contact and listened to what people were saying.

Respecting and promoting people's privacy, dignity, and independence

- Staff understood the importance of respecting people's privacy. We observed staff knocking on people's doors before entering and asking people's permission before providing care and support.

● Peoples dignity was promoted. Staff called people by their preferred names and provided sensitive and discreet support.
● People told us how staff had helped them regain their independence. A person said, "The staff have encouraged me to get up; they have been excellent in helping me get moving again."
● The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Good

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● The service consulted with people and their relatives about the care to be provided and recorded the information in an individual care plan. Care plans were regularly reviewed with people and their families so they accurately reflected people's changing needs and wishes. A relative told us, "I am involved in the review, and every few months we have to sign the care plan which is about 20 pages."

●The service used 'resident of the day' as a method of promoting person-centred care. The resident of the day had the opportunity for a one to one chat with key staff such as activity, nursing and catering to talk about their needs and preferences. Family views were also captured if possible.

● People told us they received personalised care and their routines and preferences were known and respected. A person told us, "Staff deliver my morning paper, I have my breakfast here in bed, then I get some help to get up and I sometimes go along to the lounge if there's something interesting going on."

● Feedback from people showed they had choice about how they spent their time, sleep and waking routines and bathing preferences. A person told us, "I had a bath this morning, and it was lovely; you can also have a shower whenever you want."

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 were supported to maintain important relationships as friends and family could visit at any time and were made very welcome at the service. A person told us, "I see a lot of my family and friends; they come in at all sorts of different times to visit me." A visiting relative said, "I am made to feel welcome and carers pop their heads in and say hello."

● The provider employed three activities staff who between them provided activities over a seven day period including working some evenings until 7pm. People told us that the activity staff were highly committed to everything being enjoyable.

● There was a monthly activity plan displayed on notice boards around the service and also given to people in their rooms. This information was provided both in text and pictorially to support understanding. A person told us, "There are lots of things to do, if you want to join in; there is a plan each month, and the activities ladies are very good."

● People said that they took part in, and enjoyed, a wide range of activities in and out of the service. People were supported on days out to access their local community to prevent social isolation, for example, trips to the local market and weekly coffee mornings at the local church.

● Relatives and people we spoke with valued the activities provided, including one to one activities for people who stayed in their rooms. One relative said, "They [activities staff] do come around and do things in their room with them." Another said, "They bring things round for [named person] to do in bed."

● We observed staff relaxing and chatting to people and reminiscing about the past. This can promote self-esteem in older adults, particularly those living with dementia.
● 'Dementia friendly' items were available to give people living with dementia things to touch and explore for stimulation. One person's relative told us, "[named person] has a board with screws he tries to open it, they have also has been given a fiddle muff. They used to be at sea a lot and love boats, so the staff got them a boat book; the staff spend time talking about boats, [named person] loves this."
● As previously discussed in the 'effective' section, a cinema room and family room with magic table had also recently been installed but these were not yet being fully utilised. The activities staff told us they had collected a list of films people would like to see in preparation for upcoming movie screenings that were planned.

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 communication needs had been assessed including any sensory impairment to provide guidance to staff on how best to meet people's individual communication needs.
● Where advice had been sought by health professionals about people's communication needs, for example, by speech and language therapy, this information had been incorporated into people's care plans.
● We were advised information could be provided in a range of formats such as large print and pictorial if required to meet people's needs.
● A newsletter had been produced to keep people updated about the service. However, we noticed the font size was very small which could make it difficult to read and understand.

We recommend the provider seek independent advice and guidance to ensure information about the service is presented to people in ways they can easily access and understand.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure which was displayed around the home.
● The registered manager kept a record of concerns and complaints and used this information to develop the service.
● People told us they felt confident that if they raised a complaint this would be addressed. One person said, "I have never had to complain, but my son raised something, and they sorted it out."

End of life care and support
● At the time of our inspection there were several people receiving end of life care.
● People's choices and decisions regarding end of life care had been explored and documented.
● Where people had 'Do not attempt Resuscitation' (DNARs) in place. These were up to date and had been discussed with people and their relatives, if appropriate.
● Nursing staff had completed comprehensive training in end of life care, provided by the local hospice. Some care staff had been designated as end of life champions and had also accessed the training.
●The service had also organised a tour for some staff with the local undertaker to support staff knowledge and understanding around end of life.
● The service had developed strong links with the local hospice. A visiting health professional said "I am really impressed, lovely staff, very helpful, it's a lovely home. If someone has had a hospital stay or if their condition changes we work closely with the home to make sure everything is in place that needs to be."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to 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.

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

- Comments from people and relatives evidenced the culture was person-centred where the needs and wishes of people were met. This had a positive impact on people, all of whom were very happy with the care and support they received. One person told us, "I have been in here on respite, and to be honest, I think it's lovely here, so I hope to be able to come back. I'd certainly recommend it."
- All staff we spoke with shared the same vision and values, they told us, "Everything we do is for the residents, it's their home." Our observations and feedback from people confirmed these values were put into practice on a daily basis by staff.
- Staff enjoyed working at the service. A staff member told us, "It's a lovely place to work, I've been here for years, I love the residents and enjoy working here." However, three out of six staff asked said they did not feel supported by the registered manager and deputy. These staff told us management were not always visible and they did not always feel listened to. One staff member told us, "The managers are not always supportive; [named registered manager] does not come up here much." Another staff member said, "[named registered manager] is approachable but you feel like you are sometimes talking to the wall; I can't approach the deputy, they are not approachable at all." One staff member said, "I haven't had that many dealings with [registered manager], they seem friendly enough."
- We also received mixed feedback from people and relatives about the visibility and approachability of the management team. One person said, "I spend a lot of time here in bed, but I do see quite a bit of the manager, she comes in and says hello; if there were any problems at any time I feel able to speak up." However a relative told us, "We have had to go into the office but sometimes they're not too welcoming when we mention anything."

We shared our findings with the registered manager and deputy, who were not aware of the issues staff had raised. They told us a recent staff survey had been completed which had not identified the concerns we found.

We recommend the provider review their systems and processes for engaging with staff to ensure staff feel supported and listened to, and promote staff wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; 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

● Regular audits were completed by the management team including the nurses on all aspects of the service including care plans, medicines and infection control. However, the current auditing processes required strengthening as had not picked up on the failings we found during the inspection.

● The registered manager completed their own monthly managers audit of the service which was then shared with the owner of the service who checked it before signing it off to ensure oversight of the service at provider level.

● The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

● There was a clear management structure in place and staff understood their roles and responsibilities.

● The registered manager and provider understood their responsibility under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.

● Throughout the inspection, we found the registered manager to be open and transparent. Requests for information were responded to positively and the information was provided.

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

● Resident and relative meetings were held, and these sessions were used to discuss any changes to the service or suggestions for improvement. One relative said, "We have regular meetings. You can talk about anything like staffing or food."

● Annual satisfaction surveys were sent out to people and relatives. The results were shared with people in a face to face meeting with the registered manager and provider. The meeting was used to discuss action to be taken by the provider in response to feedback.

● Staff meetings were held to include staff in the running of the service and annual staff surveys were also sent out. However, as discussed above, these had not always captured staff views and improvements in staff engagement were required to improve the working relationship between staff and management.

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

● The provider demonstrated a commitment to improving care as had employed a pharmacy specialist advisor to support staff and improve the safety and quality of medicine management. This had a positive impact on staff. A nurse told us, "We go through medication with the new pharmacist which is a great help as they will pick up any queries or chase any medicines, that has been really helpful."

● The service worked in partnership with external agencies to achieve positive outcomes for people. For example, working with the local church to organise church services for people to meet their spiritual needs and tackle social isolation.

● Partnership working was also seen with the local hospice. This resulted in people receiving a multi-disciplinary approach which met their end of life care needs.