Valorum Care Limited

John Masefield House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
John Masefield House is a residential care home providing accommodation for persons who require nursing and personal care for up to 22 people in a single storey building. The service provides support to adults with a physical disability. At the time of our inspection there were 18 people living at the home.

People's experience of using this service and what we found
There had been improvements since the last inspection. However, we found further improvement was required in areas of the service including person centered care and records.

Information in people's care records on how people communicated needed more detail. The records did not always contain descriptions of how people may be communicating when they were not able to verbalise.

Where people wanted to participate in social activities or other interests, support was not always in place to enable people to engage in these activities or to go out and enjoy a full and meaningful life.

We mostly observed respectful interactions with staff and people throughout the inspection. However, we observed that some agency staff did not always interact appropriately with people when supporting them. People and relatives commented on the high use of agency staff having an impact on the quality of care. The management team were doing all they could to recruit permanent members of staff.

There were systems in place to monitor the safety and quality of the service. However, there were still shortfalls in ensuring all documentation was accurate and up to date across people's care records. Some people's records still contained conflicting information leading to uncertainty about what people's up to date care and support needs were. These risks were mitigated as staff had a good knowledge of the people they were supporting.

Improvements were required in the cleanliness of the home. At the time of the inspection there was a vacancy for a member of cleaning staff. The management were endeavouring to fill this role to reduce the burden on care staff having to undertake cleaning duties.

The manager had instigated systems and processes to keep an overview of incidents and accidents and take actions to minimise these happening again.

The manager and provider had taken action to reduce risks in relation to the premises, such as fire risks and maintenance of equipment and environment.

Staff supported people with their medicines and kept people safe from risk of harm.

We received consistent positive feedback about the manager from people and their relatives and how communication and relationships with the service had improved under the manager's leadership. Staff reported they felt very supported by the current manager and felt the culture of the service had improved.

People's access to health care support had improved. There was a visiting physiotherapist who reported that staff were responsive in carrying out the necessary exercises with people. The manager told us that a physiotherapy assistant had been recruited and was due to start at the service.

People and/or their legal representatives had been supported to discuss the risks and benefits of particular decisions, such as whether they would prefer to be resuscitated in the event of a cardiac event

The provider had developed a system of ensuring all complaints were dealt with in line with their policy and procedures. For example, outcomes were recorded in response to complaints received or any evaluation to evidence any actions required as a result.

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.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 3 March 2022) and there were breaches of regulation. We imposed conditions on the provider's registration to submit regular information to tell us what action they were taking to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of all of these regulations. The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 11 and 16 November 2021. Breaches of legal requirements were found. We imposed conditions on the provider's registration to regularly inform the CQC how they were progressing with improving the service in respect of Regulation 9 Person centred care; Regulation 12 Safe care and treatment; Regulation 16 Receiving and acting on complaints and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had made the required improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make continued improvements.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for John

Masefield House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to person centred care (regulation 9) and good governance (regulation 17).

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

John Masefield House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

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

Inspection team
This inspection was undertaken by two 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
John Masefield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. John Masefield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how

the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The manager had registered an application with CQC to become the registered manager.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people to seek their views and one visiting relative. We also spoke with the home manager, the interim operations manager, a nurse, four care staff (including one regular agency worker), the chef and the maintenance man. We viewed a range of records relating to people's care and the management of the service. This included four people's medicines support and care records and three staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures.

After the inspection
We phoned four relatives of people living at the home to seek their feedback. We continued to seek clarification from the provider to validate evidence found. We also requested more evidence about the management of the service and how the service was monitored. We sought feedback from health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks to service users to ensure they were safe at all times. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- A health care professional said, "Management is always very responsive to our advice and recommendations particularly when it involves safety. For example, a shower chair was no longer appropriate as it didn't offer enough support (which was flagged up by the care staff) and management were able to order a more supportive one in a timely manner".
- We reviewed whether safety of the premises was monitored. We saw that actions from the latest fire risk assessment had been completed and suitable checks of the environment and equipment were in place.
- Information about risks was not consistent in all records. One person who had been prescribed a thickening agent for their drinks had conflicting information in two records, the care plan, and information in their room for staff to consult. Immediate action was taken to rectify this information. Staff were able to tell us the correct amount of thickening agent this person required.
- There was conflicting information in a person's records about frequency of repositioning. We queried this with the manager who looked into it and said there had been a recent change and the records would be updated in line with this information. We saw the person had been repositioned in line with guidance.

Records were not always accurate, complete and contemporaneous in respect of each person. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service did not always have the ancillary staff such as a housekeeper, kitchen assistant and administrator to assist the running of the service. Staff told us this impacted upon their time as they often had to carry out tasks such as cleaning. One commented, "Staffing levels are okay at the moment, but if we get more residents, we would need more staff. We need more permanent staff and staff to do cleaning and

help in the kitchen". The manager was aware of the need to fill these roles and was actively recruiting and interviewing to find suitable candidates to take on these responsibilities.
● The manager arranged adequate staff to meet people's care needs safely including deploying agency care staff. Relatives gave feedback about the frequent use of agency staff and comments included, "Yes, (name), I think she is safe. The only problem is that they continue to have a lot of agency staff. I do think if there was less reliance on agency workers it would be safer. They don't know the people living there so well, so I feel that that makes it riskier" and "I think the big problem is the high number of agency staff. They are not so good. They don't know the residents so well and they tend to be all the same in that."
● We spoke with a member of agency staff who clearly understood people's care needs. The manager block booked agency staff for consistency and continuity of care. Agency staff profiles were provided to the home and agency staff had an induction when they started at the service and shadowed experienced staff. A member of agency staff we spoke with confirmed this.

● The manager determined sufficient numbers of staff to meet people's needs by using a staffing dependency tool.
● The provider had safe recruitment processes in place, including all necessary pre-employment checks, to ensure they only employed suitable staff

Preventing and controlling infection
● The provider did not always promote safety by ensuring the premises were clean. It was noted on the day of the inspection that some areas of the home required cleaning, including some surfaces and floors. One person said, "We are more than aware of the issue with the cleaning and the cleaner. There are always problems with the cleaning now".
● We were not assured that visitors were supported by current visiting guidance issued by the government. For example, family visitors were being required to wear personal protective equipment that was no longer in line with guidance. We discussed this with the manager and signposted them to resources to develop their approach.
● We were assured that staff had access to personal protective equipment, and we saw this was used as per guidance.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely
● People were supported to receive their medicines as prescribed. There were suitable systems for ordering, handling, storing prescribed medicines and controlled drugs.
● Medicines were administered by staff who were trained and deemed competent to provide this safely.
● Regular medicines audits took place to ensure they were managed safely.

Visiting in care homes
One visitor said following two staff contracting Covid recently, relatives received an email announcing all visits would be banned for fourteen days. We signposted the manager to guidance to ensure visiting was taking place, even during outbreaks in line with Government guidance. We discussed the current visiting guidelines with the manager and signposted them to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse
● There were safeguarding adults' policies and systems in place to protect people from abuse. The manager

had reported safeguarding concerns to the local authority when appropriate.
● Staff received training in safeguarding adults and the staff we spoke with knew how to report concerns. They felt the manager would listen to their concerns.

Learning lessons when things go wrong
● There was a process for recording and reviewing incidents and accidents and these were monitored on a monthly basis to identify trends or improvement requirements.
● Incidents were discussed at daily meetings and documented on basic shift handover records, so staff were made aware.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to Good. This meant the effectiveness of people's health, care and treatment achieved good outcomes.

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

At our last inspection the provider had not designed treatment to ensure people's care and treatment were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider was no longer in breach of this part of regulation 9.

- A physiotherapy assistant had been recruited and was due to start working in the service. In the interim, visiting physiotherapists were visiting people in the service regularly. They provided feedback stating, "Care staff are always willing to help and do the best for the residents. For example, we have a resident with [description of condition] which is a challenging case to manage but care staff have been doing an amazing job at looking after them following positioning advice and helping with passive stretches to ensure the resident gets stretches daily."
- People had a regular GP who made visits to the home when required to oversee people's health.
- We saw people had been referred to external services such as speech and language therapists (SALT) in respect of swallowing issues. We saw other people had accessed services to review their epilepsy.
- People had oral health care assessments and equipment in place to maintain oral hygiene.

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.

At the last inspection, the registered provider had not enabled and supported people to discuss the risks and benefits of a particular course of treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider was no longer in breach of this part of regulation 9.

● At the last inspection, we noted some people had a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision in place. These records did not always evidence a discussion with the person or relevant others to evidence a clear decision in line with people's wishes. At this inspection, we found these had been reviewed and decision making evidenced. Although this was evidenced, we did have some feedback that one person was uncertain of what DNACPR stood for which were on their records. We asked that the manager have a discussion with the person to ensure they understood what it related to.
● Staff understood the principles of the Act and involved people in decisions about their care so that their human and legal rights were upheld. Information was gathered about consent-related activity in the service to monitor appropriate use in line with national guidance.
● Staff had completed training in MCA and understood how to support people in line with the principles of the Act. Staff judged whether people had capacity to make particular decisions whenever necessary.
● DoLS applications were being monitored and regularly followed up to ensure any deprivations were being monitored until they were legally authorised.

Staff support: induction, training, skills and experience
● Staff supervision and support had improved, and staff were having planned meetings to review their practice and professional development. Staff told us they felt supported by the current manager and had opportunities to discuss their roles.
● Staff had completed a range of training that gave them the skills and knowledge to meet people's needs. Training was monitored to ensure staff were kept updated with essential skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed and regularly reviewed. Since the last inspection, people and, where appropriate, their relatives, had been involved in reviewing these. One relative commented, "There has been a big catch up on care plans when [manager] came. I was fully involved with that too. There were several big changes in the plan, but we were fully involved."
● Care plans reflected current guidance.

Supporting people to eat and drink enough to maintain a balanced diet
● Since the last inspection, the home had recruited a permanent chef. People exercised choice and had access to sufficient food and drink throughout the day.
● Where people had enteral feeding needs (a method of supplying food, fluids and medicine directly into the digestive system), we saw this was managed effectively by trained staff.
● People's comments about food was mostly positive and comments included, "The food and drink is alright here. I have bacon and egg sometimes. There is usually a choice of meals, sometimes not, it often depends what is left in the fridge." A relative commented, "[Person] likes the food and gets plenty to drink too. She has no special dietary requirements."
● We saw people's religious needs were considered where appropriate.
● Records of food and fluid intake were in place.

Adapting service, design, decoration to meet people's needs
● The home had undergone refurbishment since the last inspection. People had been involved in decisions

about how the premises were decorated. There was an area for activities, but people could also use their own rooms to have privacy and see their visitors privately.

● People's bedrooms reflected their preferences and were personalised. A relative commented, "[Person's] room has been decorated recently. It was all nicely done, and she was involved with the plans too."

● People had access to outside space from their bedrooms with views of the garden.

● Some people had specialist or adaptive equipment to aid mobility which helped to promote independence. People could move about freely in the premises which had the space for manoeuvring wheelchairs and motorised scooters.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met through the way services were organised and delivered.

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; Meeting people's communication needs

At our last inspection the provider had not always planned and delivered care and support in a way to reflect people's individual needs and preferences. Care had not always been designed to ensure people's communication needs were detailed and recorded to improve their communication. These issues were a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A condition was imposed on the provider's registration to produce an action plan of how they would meet each person's needs and preferences to include activities, communication needs and submit this to the Care Quality Commission. An action plan had been submitted monthly with the action to 'Improve the activity programme for residents both individually and as groups to ensure all resident have access to things they enjoy on a daily basis'. This was marked 'Action completed and verified 13/4/2022. It stated a weekly activity schedule was in place and displayed. However at this inspection, each person's individual needs and preferences were still not always being met.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

● Arrangements for social activities, and where appropriate, education and work, were not always identified and made available so people could live as full a life as possible. This was important due to the wide age range of people living in the service and the location being quite rurally isolated which could increase social isolation and loneliness.
● Due to the location of the home, reasonable adjustments were needed to remove barriers for people who found it hard to access services such as social activities relevant to their interests outside of the home, gain employment or work opportunities. People, their relatives and external professionals told us that improvements were required to ensure people's individual preferences were delivered. A member of staff commented, "Activities could be better. We have a volunteer who visits to do baking. Lots of people are quite bored just watching TV."
● We received feedback from a professional who a person had been referred to in order to improve their emotional wellbeing. They said that the management team were keen to contribute to the person achieving their expressed interests. However, it was a challenge for the person to receive the support they required to

go and take part in activities outside of the home due to staffing and transport issues.
● Another professional commented, "There is currently no activities co-ordinator so residents are not as stimulated as they should be. The staff do their best to arrange activities and outings but day to day the residents would benefit from more relevant activities to match their interests."
● Some people expressed boredom and a desire to be out and about more. We had comments from people, relatives and staff. These included, "My [relative's] ideal vision of heaven is a visit to [department store] but it takes out one staff to take her there and [service] has no one able to drive the big blue van," "[Person] is institutionalised to a great degree. Overall, I think that she is happy, but they do desperately need to get people to drive their vans. We lost two volunteer drivers. We have been asking the provider to restart this and get insurance in place", "Activities, or the lack of them, is a problem. They (home) have lots of problems trying to find someone to run activities" and "It is a pity they have far too few things to do; they haven't been able to find an activities [person] and [relative] just sits in their room a lot of the time."
● Vehicles were maintained but there was a lack of staff that could drive to provide regular transport required to access outside interests.
● The provider's action plan stated they would. 'Use a bank activity assistant to meet with all residents to identify likes and dislikes to support a programme, access free resources and ideas from various websites. However, we did not see any significant improvement of people's individual preferences being met and this was reflected in the feedback we received.

Care and treatment did not always reflect people's individual needs and preferences. This was a continued breach of Regulation 9 (1) (C) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We did see some improvements had taken place. One person told us they had become healthier and were doing some studying.
● The service had taken some steps in building links with the community such as a visiting library and a volunteer who visited the home twice a week to do baking with people.

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

● We found people's communication information still required more detail, particularly for those people who could not communicate verbally. One person commented, "The carers often say they don't understand what [people] want but eventually they persevere (referring to people and care staff) and some effective responses take place."
● We discussed this with the manager who agreed to review communication records to evaluate where more detail could be added to aid communication effectiveness.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Not all staff understood or recognised people's needs. Observations and comments about temporary care staff from agencies identified people were not always being meaningfully engaged during support. We observed breakfast being served and a member of agency care staff mostly just stood silently between delivering a meal to someone and did not interact or aid the ordering process. One person told us they didn't like the agency staff. They reported that sometimes they spoke in their own language when delivering

care. They said they had reported this to care staff and the manager and, on most occasions, they took action to not use the agency staff member again. We discussed with the manager and interim regional operations manager who told us they observed agency staff to monitor the quality of care and support and to take action if required.

● People said they had been consulted about their care plans and families also said they had been asked to input into these.

● Care records contained assessments and care plans relating to mobility, communication, diet, personal care, oral care, continence, activities, mental capacity and cognition, and emotional support. This provided information to nursing and care staff about all areas of the person's life and care needs.

Improving care quality in response to complaints or concerns

At our last inspection the provider had not evidenced that necessary and proportionate action had been taken in response in relation to complaints received. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 16.

● The provider had developed a log to ensure they maintained an overview of any complaints and whether they had been responded to in line with their policy and procedures.

● People in the service and their families felt confident that if they complained, their complaint or concern would be explored and responded to.

End of life care and support

● People were supported to make decisions about their preferences for end of life care.

● People had end of life care plans or advanced care plans which are used to record people's treatment and care wishes as they approached end of life.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management still had areas that were not consistently good such as accurate records and individual and person centred care.

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

At our last inspection the provider had not always ensured that systems and processes were in place or robust enough to demonstrate that there was adequate oversight of the home. Records were not always accurate, complete and contemporaneous in respect of each person. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Management systems had improved in identifying and managing risks to the quality of the service, but some improvements were still required and needed embedding in respect of accuracy and consistency of records.
● Following our last inspection, a condition was imposed on the provider's registration to produce an action plan of how they would monitor and improve the quality of the service including records being accurate, complete and contemporaneous in respect of each person. The latest action plan received from the provider stated, 'Quality assurance/auditing was not always picking up inconsistencies and errors in documentation. This presented inconsistency'. The action plan stated an action to improve this was to have notes from care staff and nurses on one document. However, this action had not ensured that all records were simultaneously updated to ensure accuracy. We asked the manager and interim operations manager what had been considered to improve this, such as systems to reliably update information consistently. We were informed there were no plans to introduce any alternative systems currently. The system to ensure people's care records were accurate and up to date was ineffective.

Records were not always accurate, complete and contemporaneous in respect of each person. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during the inspection to rectify information in people's care records which was incorrect.

● We saw audits were taking place in areas such as medicines, accidents and incidents, complaints, and

health and safety.
● The manager had submitted their application to become registered with the CQC to manage the service.
● Legal requirements, including about conditions of registration and managers, were understood and met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Improvements were noted since the last inspection. People and their families said the service was well-led and consistent positive feedback was received about the current manager of the home. Comments included, "[Manager] is quite good. He is dynamic and has made changes for the better. He has lots of energy, he is endlessly patient, particularly with the queries of the families committee. The Friends and Family Group has grown but [manager] has kept us all in touch. He sends emails to let us know about matters. He is much more organised, and it is better managed. There are still problems, such as there hasn't been anyone on reception, but it has not been an easy situation for him to deal with" and "[Manager] is positive and I hope that he stays. The Family and Relatives Group do speak to each other and we are so pleased we have got [manager]. He is doing well and in difficult circumstances."
● The manager had improved the culture by engaging with people who use the service, their families and staff in a meaningful way. All relatives felt communication had improved and they had faith in the management of the service. Comments included, "There is a monthly family and friends meeting. This was formed because there were so many changes of managers. Now [manager] is here he is much better at updating us about things" and "We have been through a lot of ups and downs here. There were lots of changes of manager and many were inappropriate. Since [manager] has been here things have been better. He manages to speak to families and relatives."
● Following the last inspection, the manager and provider had clearly made many improved changes. The manager was visible, consistent, and led by example.
● Staff reported feeling supported and valued by the current manager of the home and that their views were acknowledged and acted upon. They said the manager engaged with them and listened to their views and concerns. Comments included, "Brilliant! Best manager we've ever had. Works very hard. We support him and he supports us. [Deputy] is also good" and "I love it here. The staff, the manager and the residents. They are all amazing."

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
● Incidents had been responded to in line with the Duty of Candour regulation. This requires providers be open and honest with people when something goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.
● The manager understood their responsibilities to report in line with the Duty of Candour regulation.

Working in partnership with others
● The manager and staff worked in partnership with other professionals and agencies, such as the GP and other health care professionals.
● The provider had worked in partnership with the local authority after the last inspection to ensure the service made progress with improvements needed.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of people did not always reflect people's individual needs and preferences. This was a continued breach of Regulation 9 (1) (C) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate, complete and contemporaneous in respect of each person. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.