

Runwood Homes Limited

Chelmunds Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Chelmunds Court is a care home providing personal and nursing care to a maximum of 73 people aged 65 and over. Some of those people lived with dementia. The home is purpose built and has two floors. During our visit 48 people lived at the home and one person was in hospital.

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

The management of people's medicine was not consistently safe because people did not always receive their medicines as prescribed. Medicines were ordered, received, stored and disposed of safely. Risk management continued to require improvement because the provider could not demonstrate all risks were being well managed. This placed people at risk of potential harm.

People did not always receive personalised and responsive care. People's care records continued to lack up to date and correct information to help staff provide individualised care.

Management and leadership at the home was not consistent. Management changes had occurred since our last inspection and further changes took place immediately after our visit. Staff provided mixed feedback when we asked them if they felt valued and listened to by their managers.

The management team welcomed our feedback and responded immediately when we shared the concerns we had identified and begun to take reactive action to make improvements. Some areas requiring improvement had been identified prior to our visit but remedial action had not been taken in line with set timescales. Some previously demonstrated standards had not been maintained to ensure compliance with regulations. This showed lessons had not been learnt.

Quality assurance systems continued to be ineffective because the management team did not have sufficient oversight of the service provided. Relatives felt the management team were approachable, but some lacked confidence in their ability to make changes to improve outcomes for people. Overall, people and relatives had confidence in the ability of staff to provide effective care and we observed staff helped people to move safely during our visit.

Staff were recruited safely. They received an induction when they started work and completed ongoing training to help them to be effective in the roles. Enough staff were on duty during our visit to respond to people's needs in a timely way. However, we received mixed responses when we asked people, their relatives and staff about staffing levels. The nominated individual had begun to explore the feedback we shared with them.

Whilst the mealtime experience in dining rooms was positive for people the provider was unable to demonstrate people had consumed sufficient amounts of food and fluids to maintain their health. Staff knew what people liked to eat and drink and people's dietary preferences were known and catered for.

People felt safe and told us they liked living at the home. Safeguarding procedures were in place to protect people and staff received training to help them understand the different types of abuse people might experience.

People said staff had a caring attitude and they felt involved in planning their care. However, some relatives did not share this view point. Staff enjoyed their jobs and spoke fondly about people. People engaged in meaningful activities and continued to be supported to maintain relationships with those that mattered to them. People had opportunities practice their chosen religions and some people's suggestions to improve the service had been acted upon.

People were supported to be independent. Whilst staff understood the importance of maintaining people's dignity, it was not consistently upheld. Some relatives felt people's personal belongings were not treated with respect.

The process used to assess people's mental capacity and to ensure their rights were upheld required improvement. However, people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to healthcare professionals when needed and the management team had continued to develop relationships and improve communication with health and social care professionals to benefit people.

The environment continued to meet people's needs and people and relatives remained happy with the cleanliness of the home. The provider's infection prevention and control measures were effective.

People and their relatives knew how to raise a complaint. However, complaints were not always resolved in a timely way which meant opportunities to learn from complaints could have been missed.

Following our inspection, we notified commissioners about the areas of concern we identified.

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 Requires Improvement. (Published 4 March 2019)

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment

Regulation 17 Regulated Activities Regulations 2014 - Good governance

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider and request an action plan from them 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 not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our caring findings below.

Requires Improvement ●

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 ●

Chelmunds Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, one assistant inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting people living with dementia.

Service and service type

Chelmunds Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection visit took place on 23 January 2020 and 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 also reviewed a recent Health Watch report about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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 six people who used the service and seven people's relatives about their experiences of the care provided. Due to their needs some people could not tell us about the care they received, or quality of service provided. 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 spoke with 15 members of staff including the manager, the regional quality manager, the deputy manager, three nurses, two care team leaders, five care workers, the administrator and the housekeeper. We spoke with the Chief Operating Officer who is the nominated individual responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting professional.

We reviewed a range of records. These included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and we viewed variety of records relating to the management of the service including quality audits and staff rotas.

After the inspection

We spoke with one more person's relative about their experiences of the care provided. We requested and received further information from the nominated individual in response to our inspection findings.



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 Requires Improvement. At this inspection this key question has remained the same.

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

- The management of people's medicine was not consistently safe. Some previously demonstrated standards had not been maintained.
- People did not always receive their medicines as prescribed and staff did not always work in line with the provider's medication policy. One person's medicine was being crushed by staff despite clear prescribing instructions stating it was unsafe to do so. This posed a risk the person's medical condition would not be well managed and could therefore, impact negatively on the person's health.
- Staff applied creams to some people's skin. However, prescribing instructions were not always recorded to inform staff where or how much cream to apply. This issue been identified by the regional operations director in December 2019, but timely remedial action to resolve this had not been taken.
- Two people's eye drops did not have an open date recorded. This is important to ensure the medicines were being used within the recommended timescales and remained effective.
- One person was prescribed 'as required' medicine to control symptoms of anxiety. They had lived at the home since 05 December 2019, but guidance was not available until the day of our visit to inform staff when or how much of this medicine they should administer. This meant nationally recognised guidance for the management of 'as required' medicines was not followed.

We found no evidence that people had been harmed however, systems were not sufficient to ensure safe use of medicines. 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.

The management team responded immediately during and after the inspection visit. They informed us action had been taken to make the necessary improvements.

- Medicines were ordered, received, stored and disposed of safely.

Assessing risk, safety monitoring and management

- Risk management continued to require improvement. Known risks associated with people's care were not always assessed. One person's health condition caused them to have seizures. A risk assessment had not been completed prior to our visit to help staff to manage this risk.
- Some people were at risk of developing sore skin and they needed staff to help them change their position when they were in bed to reduce this risk. However, multiple repositioning charts had not been completed correctly. That meant the provider could not demonstrate risks were well managed in line with people's skin

integrity risk assessments. The management team and staff assured us this was a recording issue and people had received the care they needed.

- Emergency plans were in place to ensure the building could be evacuated safely during an emergency such as, a fire. However, the information the staff and the emergency services needed to evacuate people safely was incorrect because two people listed no longer lived at the home. This was of concern to us as we had identified this issue at our last inspection.

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate risk associated with people's care safely and 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.

The management team responded immediately during and after the inspection visit. They informed us action had been taken to make the necessary improvements.

- Other risks including the management of falls were managed well. A relative said, "When (Name) first came in here they fell and broke their hip and had a fall out of bed. There is a sensor mat now so I'm happy they are safer when they are in bed."
- Effective checks of the equipment in use took place. For example, checks of hoists and slings used by staff to move people were completed in line with safety guidance.

Learning lessons when things go wrong

- Some aspects of the service continued to require improvement to ensure people received safe, quality care. Some previously demonstrated standards such as, the quality of care people received had not been maintained to ensure compliance with regulations. This showed lessons had not been learnt.

Staffing and recruitment

- Enough staff were on duty during our visit to respond to people's needs in a timely way. For example, staff responded promptly when people requested assistance by using their call bells.
- However, people provided mixed feedback when we asked them if enough staff were always on duty to care for them. One person said, "I certainly don't think there are enough staff here especially in the mornings that's when you can wait." Another felt staff were available when they needed them.
- Relatives shared mixed views about staffing levels. One said, "As far as I can see there seems to be enough staff." Another told us, "Staffing can be a problem especially at weekends. They can be short which isn't good for people and the staff are run ragged."
- Staff felt on occasions staffing levels were too low. Comments included, "It is really busy in the mornings. Lots of the residents need two staff to help them. When we are in the bedrooms, and someone is doing breakfast there is no one free to cover the floor.," and, "Occasionally we are short staffed when someone phones in sick and we can't get cover, that did happen a couple of weekends ago."
- We shared the feedback we had gathered with management team during our inspection visit. The nominated individual explained staffing levels were determined by people's assessed needs and they shared the calculation tool they used to determine required staffing levels with us. The tool showed staffing levels were higher than the provider felt were required. The nominated individual assured us they had begun to explore the feedback we had gathered.
- Staff were recruited safely. The provider had completed checks to ensure staff working at the home were of suitable character.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person explained this was because they had a removable gate across their bedroom doorway which stopped other people from entering without their permission. They said, "Because I am in bed I felt vulnerable but it's a lot better now."
- Safeguarding procedures were in place to protect people and staff had received training to help them understand the different types of abuse people might experience.
- Staff knew to report any suspected or witnessed abuse to their managers. One staff member said, "Abuse could be hitting, shouting or taking money. You learn all about it in training. If I saw anything at all I would tell the senior straightaway. If the senior didn't sort it out I would ring social services myself."

Preventing and controlling infection

- People and relatives remained happy with the cleanliness of the home. One person said, "The cleaner comes in every day and my bed is changed regularly."
- Staff completed infection control training and understood their responsibilities in relation to this which protected people from the risk of infection.
- The provider's infection prevention and control measures were effective. Staff had access to and wore personal protective equipment, such as gloves and aprons, when necessary in line with good infection prevention and control practice.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A relative did not feel their family member always had enough to drink because whatever time of day they visited the jug in their bedroom was always full. They said, "They [person] are dependent on staff to give them a drink, but they don't record what they have drunk so it's a worry for me." Another told us, "Whenever I visit mum she is ever so thirsty and will drink a couple of beakers of pop. So, no, I don't think she gets enough to drink."
- The provider was unable to demonstrate people had consumed sufficient amounts of food and fluids to maintain their health. A chart system was used to monitor the nutritional intake of people who were at risk of malnutrition or dehydration. However, the system was ineffective because staff continued to complete charts incorrectly which showed improvements had not been made since our last inspection. For example, charts contained gaps and the fluids people consumed were not totalled each day. This was important because lots of people were reliant on staff to help them drink and staff were unable to identify when people required support or prompting to drink more. Action was being taken to address this.
- The mealtime experience in dining rooms during our visit was positive for people. People were shown visual food choices which was supportive of people living with dementia.
- Staff knew what people liked to eat and drink and people's dietary preferences were known and catered for. For example, where people required a soft or pureed diet these were provided.
- The provider's regional chef was supporting the catering staff to further improve mealtime experiences and enhance the appearance of some foods in attempt to encourage people to eat.

Staff support: induction, training, skills and experience

- Overall, people and relatives had confidence in the ability of staff to provide effective care.
- We observed staff helped people to move safely and they explained what they were doing which provided people with reassurance.
- Staff received an induction in line with nationally recognised standards when they started work which included working alongside experienced staff to help them understand what was expected of them and to get to know people.
- Staff completed ongoing training to help them to be effective in the roles. The management team demonstrated commitment to supporting staff to develop their knowledge and skills. A range of new staff training courses were planned for 2020.
- Staff had 1-1 meetings with their managers which gave them opportunities to discuss and reflect on their practice.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The process used to assess people's mental capacity and to ensure their rights were upheld required improvement. Mental capacity assessments were not always fully completed in line with the provider's expectations and care plans did not always document whether or not people had capacity to make specific decisions about their care. This indicated the service was not consistently working in line with the requirements of the Act.
- Staff had completed training to help them understand the MCA and people confirmed staff sought their consent before they provided them with support.
- The management team had submitted DoLS applications where people needed restrictions placed on their care to keep them safe. A system helped the management team to track expiry dates, so they could reapply for authorisations if needed.

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

- Assessments of people's needs had been completed prior to them living at the home to make sure it was a suitable place for them to live. However, information gathered during assessments was not always used to develop care plans. For example, neither a behaviour care plan or medicine protocol had been put into place for one person following their admission in December 2019.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.

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

- Improvements had been made since our last inspection because people confirmed they had access to healthcare professionals when needed.
- The management team had continued to develop relationships and improve communication with health and social care professionals to benefit people. The manager said, "We get fabulous support from the care at home team. They have helped us with training including pain management and wound care." The care at home team confirmed they did provide training and support to staff.
- A local authority social worker spent time at the home each week. We saw they provided people's relatives with timely advice and support during our visit.

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

- Chelmunds Court is a purpose-built care home and the environment continued to meet people's needs. For example, signage assisted people to find their way around and a passenger lift meant people with mobility difficulties could easily access different floors of their home.

- People had personalised their bedrooms and there was a choice of communal areas such as, lounges and dining rooms which offered people a choice of where to spend their time. There was also a courtyard garden for people to enjoy.

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 now deteriorated to Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider's vision of 'dignity for everyone, everyday' had not been achieved. One person told us, their dignity was compromised because their continence products were too small. A nurse was aware of this issue but had not taken any remedial action. The manager sourced appropriate continence products when we brought this to their attention.
- Despite this staff understood the importance of maintaining people's dignity and respecting their privacy. One staff member said, "We help the residents with their care in their bedrooms, so it's private." We saw most staff knocked on people's bedroom doors and waited for permission before they entered.
- Some relatives felt people's personal belongings were not treated with respect. One said, "I often come to find (Name) wearing someone else's clothes. There are slippers and shoes in the room as well that don't belong to her." Another relative explained items of clothing had gone missing and when they had raised this with staff they had been told to go and search for the missing items themselves in the lost property.
- People were supported to be independent. Staff encouraged people to use their walking aids during our visit and staff offered to cut up people's meals for them at lunchtime, so they were able to eat independently.
- The provider followed data protection law. Information about people was kept securely.

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

- People felt staff had a caring attitude. One person said, "They (staff) are kind and caring but are just busy. I have a laugh with some of them." A relative commented, "Staff are kind and most do a good job."
- Staff enjoyed their jobs and spoke fondly about the people they cared for. Comments included, "I love my job. I left and came back. It's the residents I love." and "We are a big community. We really care about our residents."
- Whilst we saw individual staff demonstrated a kind and caring approach some of the provider's systems and processes demonstrated people did not always receive the care they needed.
- Staff completed training to help them understand the Equality Act and they provided examples of how they provided care in line with people's cultural preferences. For example, one person's personal care was provided by female staff only. The person confirmed this happened.
- Work was ongoing to continually develop and upskill staff to ensure the needs of people in receipt of care from the gay, lesbian and transgender community were understood and met.

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

- Where possible people felt involved in discussions and making decisions about their care.

However, some relatives did not share this view point. One said, "I asked if I could have [Names] plan and the nurse told me, No." Another told us, "I'm not really involved. I do keep telling them different things, but I can't be sure it goes in the plan."

- We saw staff encouraged people to make daily decisions such as, where to spend their time and what they wanted to watch on television.

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 deteriorated to 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

- A relative felt staff tried to provide personalised care but they often had to remind them what was important to their family member. They said, "Staff try their best, but the care seems a bit diluted, it's not as good as it used to be. (Name) feels the cold and likes wearing scarves but they often forget that." In contrast another relative described their family members care as, "Very good." They commented, "They know her well, so we are happy."
- Improvement had not been made to ensure people's care records contained enough up to date information to help staff provide person centred care. This was important as some agency staff worked at the home. For example, one person could be resistant to care, but their care records did not provide staff with guidance to help them maintain the person's hygiene.
- Another person's care plan advised staff to provide their drinks through a straw. This contradicted the specialist advice provided by a health professional shortly before our visit. The manager said, "We know care plans could be better." The need for improvement had already been identified and action was being taken to address this.
- Staff told us they did not always have enough time to read people's care plans. One staff member said, "I read some when I started but not now, there is no time." Another commented, "There is no point reading them the information isn't always up to date. I talk to people and their families to learn about what people need."
- Our observations confirmed staff knew the people well. On one occasion we saw one person was upset and a staff member used effective techniques to engage with the person with positive effect.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible. People and their relatives knew how to raise a complaint. One person said, "I know who to tell. I made a complaint before, it was sorted out."
- Shortly after our visit we became aware that one relative was unhappy with the length of time it had taken for their complaint to be responded to which made them feel they had not been listened to. This meant opportunities to learn from complaints and improve outcomes for people could have been missed. We shared this with the nominated individual who took action to address this.

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

- The provider's 'well-being' strategy ensured people had opportunities to engage in meaningful activities. During our visit a range of activities were available to people to occupy their time. Some people participated in a 'sing a long session' and other people chose to compete art and crafts and play games.

- Further work was required to ensure the 'forget me not' initiative which aimed to reduce people's social isolation was embedded into everyday practice.
- People continued to be supported to maintain relationships with those that mattered to them. One person used the internet to keep in touch with their family members and people's friends and family were welcome to visit at any time.
- People continued to be supported practice their religions and representatives from faith groups visited the home.

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 and staff communicated with people well. For example, they used picture cards to support one person to make daily decisions. However, some assessments lacked detail to ensure staff knew how people communicated their wants and needs.
- People were provided with information about their home in a format they could understand such as, picture format. This was important as some people lived with dementia.

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life wishes were documented if they had chosen to share this information.

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 Requires improvement. At this inspection this key question has remained the same. 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.

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

- Since registering with us in November 2017 the provider has failed to achieve a rating of Good in this domain and the quality of care people received has deteriorated since our last inspection. This demonstrated a failure to make and sustain improvements to benefit people.
- Quality assurance systems continued to be ineffective. Lessons had not been learnt and known risks associated with people's care had not always been assessed. Therefore, the management team did not have effective oversight of the service provided.
- Some areas requiring improvement had been identified prior to our visit but remedial action had not been taken in line with set timescales. For example, a compliance visit undertaken by the Regional Operations Director during December 2019 identified some areas required immediate attention by the management team such as, nutritional intake charts needed to be reviewed daily to ensure they had been completed correctly. This had not happened which meant accurate records of the care provided to people were not maintained. People's care records continued to lack information to help staff provide person centred care.
- The provider's system to ensure they notified us of significant events that happened was not robust. Following our visit, we were made aware by an external partner that a person who lived at the home had fallen on 10 January 2020 and the injuries they had sustained required emergency medical treatment. We had not been notified of this incident. This demonstrated previously learnt lessons had not been sustained because the provider's failure to notify us had been identified during our inspection in June 2018.

We found no evidence that people had been harmed. However, the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a lack of consistent management and leadership at the service since it registered with us in November 2017. Management changes had occurred since our last inspection and further changes took place immediately after our visit.
- A registered manager was not in post as required by the regulations. The previous registered manager had left the service and deregistered with us in August 2019. The deputy manager had then stepped up into an 'acting manager' role. They had applied to register with us and they were the home manager during our visit. The manager was supported by a deputy manager and the regional quality manager. The day after our

visit further management changes took place. The home manager reverted back to their substantive post as the deputy and an employee new to the organisation was scheduled to take on the role of home manager the week after our visit. However, further changes have since taken place as the deputy manager left their employment.

- The management team took immediate responsive action during and following out inspection visit in response to our inspection findings. However, some of the concerns we found had been identified previously and this meant action had not been taken to improve outcomes for people.
- A service improvement plan was under constant review to drive forward improvement and further improvements were planned to take place. An external management consultant had also been sourced by the provider to drive forward improvement and embed changes.

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 required in promoting person-centred care and ensuring people's dignity was maintained to demonstrate positive outcomes were consistently achieved.
- People liked living at Chelmunds Court and told us the managers were 'friendly' and 'nice'.
- Relatives felt the management team were approachable, but three relatives lacked confidence in the ability of the managers. Comments included, "They promise to do things, but they don't always happen, and the managers change frequently so things get forgotten." "We do have meetings, but they are tokenistic, so I don't bother going anymore" and, "Communication is poor. When things are agreed the information is not passed on. So, nothing changes."
- Staff provided mixed feedback when we asked them if they felt valued and listened to by their managers. Comments included, "You can speak out. But I don't feel we are listened to because nothing changes." "They do listen they want to hear what we have to say," and, "We do have some meetings. Lots of things are said but things carry on, like working without enough staff. They tell us we have enough, but we don't."
- People had opportunities to put forward their ideas and suggestions to improve the service they received. A vintage themed tea room had been created in response to people's feedback and a tea party was planned to celebrate the opening of the tea room the day after our visit.
- The home had been rated highly on an independent care comparison website. We looked at a selection of these reviews submitted from people's relatives during 2019 which included, 'The staff are extremely kind and helpful, nothing is too much trouble for them', and 'The care, kindness and compassion we witnessed was superb.' A variety of thank you letters that had been received since our last inspection were on display in communal areas of the home.

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; Working in partnership with others

- The management team understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took some immediate responsive action in response to the shortfalls we found.
- The provider worked with other organisations including the local authority to support care provision and service development.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way. The management of peoples medicines was not always safe.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not established and operated effectively to ensure compliance. Effective systems were not in place to assess, check, monitor and improve the quality and safety of the service provided. Accurate, contemporaneous and complete records in respect of each service user were not maintained.

The enforcement action we took:

warning notice