

Altogether Care LLP

# Yeovil - Sherborne House Care Home

## 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?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Yeovil – Sherborne House Care Home is a care home and provides personal or nursing care for older people and those living with dementia. The home can accommodate a maximum of 38 people. Of the 38 bedrooms, 19 had a sink and a separate toilet, and there were three communal bathrooms spread over two floors. At the time of the inspection 35 people lived at the home. The home also had a separate pathway unit they called "The Wing." The wing accommodated nine out of the 35 people. This unit was for people who had been discharged from hospital to be assessed prior to them either going home or moving into alternative accommodation. The wing was staffed by two NHS staff members, one occupational therapist, and one physiotherapist. The NHS staff carried out the needs assessments when people came to the home and Altogether Care provided the accommodation and care staff to deliver the regulated activity.

Some people we met at Sherborne House were not able to communicate with us verbally. We therefore used our observations of care, and our discussions with staff, relatives, and professionals to help form our judgements.

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

The service had a home manager but there was no manager registered with the Care Quality Commission. The home manager did not understand their role fully. Quality monitoring systems included audits and regular checks of the environment to ensure people received good care. These were not effective; the service did not have an effective governance system in place

Medicine management was not robust, staff did not follow the providers medicine management policy and people did not receive their medicines safely.

The service did not have a homely feel. Soft furnishings such as curtains were hanging off the rails and people's rooms were sparse and looked clinical. One person's room had large chairs in the middle of the room and was not safe. People were all issued with plastic cups and the dining room door was locked to prevent people accessing it during the day.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported and knew them well. All the feedback we received from people, their relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood.

The provision of activities within the service was extensive and people could take part in multiple activities, but they did not always reflect personal hobbies and interests.

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](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was good (published 22 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the management of the service, and medicines management, at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not 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 well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Yeovil - Sherborne 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

The inspection was carried out by one inspector and one 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

Yeovil – Sherborne House Care 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager who had been in post for five months and told us they had submitted their application to CQC to become the registered manager. Throughout the inspection the manager was supported by the operational manager as the manager was not always able to respond to questions asked about the day to day running of the home. Following the inspection, the manager left the organisation. Since the inspection the provider has informed us that a new manager is in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 October and ended on 22 October 2019

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the operations manager, the manager, two deputy managers, and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and 10 medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The provider had not implemented safe systems and processes when administering people's medicines. This meant people did not always receive their medicines in line with best practice. The operational manager told us they were in the process of changing their electronic system and that they had temporarily reverted to a paper system until the changeover was complete.
- However, the temporary paper system had not been implemented safely and was not being monitored through the provider's quality assurance process.
- Staff did not always sign medicines administration records (MARs) to evidence medicines had been given. Out of 10 records we reviewed 28 signatures had been missed in a two-week period. This meant it was unclear if people had received their medicines or not.
- One person had not had their medicine administered for six days. We discussed this with the manager who was not aware this had occurred. Staff told us the medicine brand was out of stock and they were still waiting for it to come in. Staff had not considered the impact of this person not taking this medicine, which was increased agitation or referred to the person's GP for an alternative brand.
- Some people had been prescribed additional medicines on a PRN (as required) basis. We found not everyone had protocols in place to inform staff when these medicines were required and information about the safe administration of these medicines for the person concerned. Staff had not signed the MAR charts for administering PRN medicine correctly.
- Two people had been prescribed paraffin based emollient creams, but staff were not aware of the risks following the application of the paraffin based emollient creams. When we discussed this with the operational manager they assured us they would complete risk assessments and staff would receive additional training. Other people were prescribed creams that were kept in their rooms and applied by care staff. Although staff recorded this in the person's daily records, medicine trained staff had not recorded any of the cream applications on people's MAR charts. This was not in line with the provider's medicines management policy.
- The provider had a medicines policy which was accessible to staff. However, staff did not always follow this policy. For example, we observed one staff member not wearing their do not disturb tabard when administering people's medicines. We observed care staff asking questions of staff administering medicines and we found staff were dispensing medicines before checking with the person to see if they were ready to take them. That meant there was a risk that medicines would be disposed of unnecessarily.

We found no evidence that people had been harmed, however, systems were either not in place or effective enough to demonstrate medicines were 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 staff that were responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Support plans stated what prescribed medicines the person had, and the level of support people would need to take them.
- The operational manager told us, "The new electronic system will be in place in the next couple of weeks, it will prevent all of these errors because staff can't move forward on the system until they have checked all areas requested." Adding, "This has only occurred since reverting to the paper version during the change over."

Assessing risk, safety monitoring and management

- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. These were kept in paper form and electronically. The manager told us staff should print these off as they updated them and replace the ones in the folder. Staff had not consistently printed the updated electronic versions which meant there was a risk that people may not be evacuated according to their needs in the event of a fire. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- The provider employed a maintenance person for managing the day to day maintenance of the home. The maintenance person monitored environmental risks. For example, fire maintenance, gas, electrical safety, and safe use of water outlets.
- We reviewed the providers business continuity plan that ensured the service would continue if an emergency happened. The version the manager gave us was not up to date when we reviewed it. The manager made the necessary changes during the inspection and replaced the out of date version. The operational manager also told us there was an up to date version on their system and emailed it to the inspector.
- The provider employed external contractors to service equipment such as the hoists and the lift, to ensure equipment was safe to use.
- People's care plans had risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. For example, they included guidance on how to minimise risks to people who were at risk of having an epileptic seizure.

Staffing and recruitment

- During the inspection the main part of the home had enough competent staff on duty. There was always a member of staff in the lounge area and three people had one to one care provision.
- On the wing there did not appear to be enough staff. For example, at lunch time there were only two staff to cover lunch. Some people required two staff for moving and handling and some people were waiting to be served their lunch. At 13.30pm one person was still waiting for their lunch as the two members of staff were assisting another person in their bedroom. Food had been kept in the warming trolley for over an hour. We discussed this with the operational manager and the NHS staff. They told us there was enough staff, and the rota confirmed this. However, on this occasion, there had been confusion over which people should have been supported and which people were having their capabilities assessed.
- The provider had six staff vacancies, three of which had been filled. Staff told us, "If we have sickness its covered quickly." Adding, "It's been a big help since the company started their own agency." Another staff member told us, "We pull together, we all cover shifts." This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed.
- Recruitment systems were robust and made sure that the right staff were recruited to support people to

stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice.

#### Preventing and controlling infection

- Staff managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. Staff told us, "I think it's great, the home is always clean."
- The provider employed house keepers who understood their role and responsibilities for maintaining standards of cleanliness and hygiene in the home. Staff had access to personal protective equipment such as disposable gloves and aprons.
- The laundry had a system in place to ensure clean and dirty laundry were kept separate.

#### Systems and processes to safeguard people from the risk of abuse

- People living at Sherborne House told us they felt safe. One person said, "Everyone around me, smashing, it's like living at home." One relative told us, "The security is good at the main entrance."
- The manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "I would report to the nurse on duty in my role." Another staff member told us, "I would tell management and write a statement and pass it on."
- Records showed staff had received training in how to recognise and report abuse, and we saw examples of where concerns had been raised and investigated appropriately by the manager.

#### Learning lessons when things go wrong

- The provider reviewed accidents and incidents to look for trends or ways to prevent a recurrence. The time, place, and any contributing factor related to any accident or incident was considered to show patterns and check if changes to practice needed to be made. For example, staff told us about an incident that resulted in a person's arm being broken. The lessons learnt included a review of documentation and staff said, "We soon learnt how important it is to document everything as you go to prevent and misunderstandings."

# 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 now deteriorated. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We noticed during the inspection the dining room door was locked. This meant people could not access tea and coffee when they wanted. We asked staff why it was locked, staff told us, "It's to protect people". One staff member said, "[Persons name] was not safe to go in there on their own". This blanket restriction decision had not considered the principals of MCA.
- We discussed it with the operational manager who told us, "The dining room door should never be locked." Adding, "I set up a tea station for [person's name] so they didn't have to go in the kitchen where it is unsafe." The operational manager told staff to unlock the door immediately and not to lock it in the future.
- Some people at Yeovil Sherborne House Care Home were living with dementia, which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- People only received care with their consent. Records showed people who had capacity and / or their family members had signed consent forms when they began to use the service these remained valid at the time of the inspection. People told us staff always asked what they wanted them to do. One person said, "Yes they don't tell me what to do."
- At the time of the inspection 25 people had a DoLS application in place. Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required.

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

- The accommodation at the service was clean and had plenty of space, including an area that had a religious corner and looked out over the gardens. The provider had decorated some of the rooms and there were some decorative adaptations to support people living with sensory impairment or dementia to reminisce or navigate around the home such as coloured handrails and different coloured walls. However, one person's room had three very large chairs just placed in the middle of the room and a bed in the corner with nothing on the walls and the curtains hanging off the rails.
- Four other rooms we viewed had very little in the way of personal belongings to make the room special to them and we saw five sets of curtains in people's rooms and communal areas hanging off the rails. We mentioned this to the operational manager who asked staff to fix the curtains. They also told us some people don't have families to help people make their rooms look nice so it's up to staff and they would look at reviewing people's rooms with them.
- People had access to outside space. There were quiet areas where people could see their visitors,
- The home was laid out in a way that made it accessible and helped to promote independence.

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

- The provider recently reviewed the food at the service. People can now request cooked breakfasts and staff told us this had impacted positively on people's weight. The provider had also employed a new company to provide the meals. All meals supplied were calculated specifically to ensure they have the correct nutritional value.
- Pureed foods were set to look like their original form so that if people asked for a sandwich, the pureed food looked like a sandwich. Staff told us, "We have photos of every meal, we set the menu for the month and keep a diary of what people liked and what they didn't like, that's how we adjust the menus."
- People told us they enjoyed the food at the service. Comments from people included, "It's very nice."
- People had access to drinks throughout the day, people in their rooms had jugs of water and juice that was accessible to them.
- We carried out meal time observations. Lunch was a social experience and staff interacted with people, but everyone had plastic cups. We asked staff why everyone had these cups and was told by one staff member, "It's because they might drop the cup". We discussed this with the operational manager who told us there were china cups and plastic ones should not be used unless it's in someone's care plan.

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

- People's needs were assessed before they moved to the service. The operational manager told us, "For the wing we do a pre-assessment to see if we can meet the person's needs." Adding, "Recently we have had referrals where the needs have been too high, they can't come until we have done the assessment."
- Within the main residential part of the home families were able to view rooms before the assessment." A relative told us. "When [relatives name] first came here, they had one to one support, they were re-assessed, and they did things like lower the bed, supply a crash mat and it's worked well staff have been able to reduce the one to one support.
- Appropriate referrals to external services were made to ensure people's needs were met.
- Staff used nationally recognised tools in relation to identifying a risk of malnutrition or obesity.
- Information was available for staff to support people living with some specific health conditions such as epilepsy. This helped staff to provide appropriate care according to individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a full training programme which staff confirmed they attended. Specialist training was also provided, for example, staff told us, "Training is good, we do training like dementia. One staff member who had recently been promoted told us, "I have to do leadership training now I've been made a senior."

- Staff also confirmed the local hospital staff came in and delivered some training. Another staff member said, "The occupational therapist and physiotherapist on the wing also observe us in practice."
- All new staff completed a full induction process which included the Care Certificate if they had not been in a caring role before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Relatives told us they thought staff were well trained. One relative told us, "Training has improved this year, I have a chat with staff, so I know."
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development. One staff member told us, "We get supervision regularly."
- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

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

- People's changing needs were monitored and staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they needed. Comments from relatives included, "I am confident they would call a Doctor if needed." And, "[Relatives name] missed a glaucoma appointment, optician is coming here, they arranged that."
- People's care plans included information about the person, their family/important people, and their specific needs. This meant information could be clearly communicated if a hospital admission was required.

# 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 told us staff were kind and caring. Comments from people included, "Friendly. We get on quite well." And, "kind, got no complaints at all about staff." One relative told us, "I haven't met one yet who isn't caring, they have got to know [relatives name]."
- Staff spoke positively about their work and the people they supported. One staff member said, "It gets emotional because we get to know them so well." And, "I love just helping them."
- People's cultural and religious beliefs were considered. Staff told us, "A staff member is a pastor and they hold prayers for people." Adding, "Quite a few people enjoy that."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

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

- People's care records had information about their life history, interests, significant people and preferences and the staff were familiar with these details.
- We observed during the inspection how staff members were appropriately tactile, for example, giving small hugs, patting on the arm or arm round the shoulder comforting people. People were pleased to see staff and smiled when they did.
- Most people we spoke with said staff always consulted them about any care they gave. One person said, "Yes they ask me." A relative said, "We had a meeting to discuss [relatives name] progress last week." One relative did say they felt communication about care on the wing was not good. They told us, "Since [relatives name] has been here no one has told me anything." Adding, "I don't even know if I can make myself a cup of tea." We discussed this with the operational manager who told us they would create a welcome pack for people that clarified expectations people could have of the home.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. We observed staff knocking on people's doors before entering and staff using a privacy screen in communal areas when transferring people from their chair to a wheelchair. One relative told us, "They always tell me when they are going to give personal care and I automatically leave the room and say I will wait outside."
- Compliments from professionals, people and relatives had been received. One professional told us, "The staff are great they always follow what we say."
- Peoples independence was respected and promoted. Staff told us how one person loved to go in the

garden, Staff told us, "We walk behind them in case they fall but don't stop them." Another staff member told us, "One person had been assessed for eating and we were told to feed them." Adding, "This person hated us doing it, so we now sit with them to encourage slow eating making sure they don't choke but they have the independence of feeding themselves."

- People's confidentiality was respected; people's care records were kept securely, and we did not observe staff discussing people in communal areas.

- People were supported to maintain and develop relationships with those close to them. We observed relative letting themselves in using the codes throughout the day and people going out with relatives. Relatives told us, "We come when we want, never been an issue."

# 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

- People received care which was personalised to them because staff knew people well and respected their wishes where appropriate.
- Care plans were in place and had guidance on how to meet people's needs.
- People and family members felt involved in their care. One relative told us, "We had a plan of care initially." Adding, "Spoke to social worker 2 weeks ago." Another relative said, "[Relatives name] is going to be transferred to main home the wing has kept me informed."

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.

- Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. Care records had communication profiles that showed how staff should support people to communicate.
- Some people living at Sherborne House could not communicate well with staff. Staff told us, "People have individual communication plans we are guided by the care plans." Another staff member said, "We know people well and we tend to know what they are asking for or when they in pain, so we can respond well."

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 employed an activity co-ordinator who devised a varied activity schedule for people. On the day of the inspection the Activity Co-ordinator was very interactive with people both in the morning and afternoon.
- We observed singing, skittles, board games, accordion playing and general everyday conversations with people. We also observed the Activity Co-ordinator in bedrooms talking to people who didn't want to leave their rooms.
- The activity coordinator told us they planned to start a Friday coffee morning to encourage the community in. They said, "Children from the local school come in at Christmas to sing and staff told us they bring their own children in to see people."
- We didn't see any evidence that people were involved in creating their activities program based on their own hobbies and likes. The activity coordinator agreed and told us they would review peoples care plans and look at making the activities program more person centred.

- A relative told us, "The outside space was used in the summer by the residents," Adding, "Sunshades were erected to provide shade."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve them and the outcome.
- People and relatives told us they knew how to raise concerns and make complaint. One relative told us, "I mentioned to manager that staff were stubbing out their cigarettes in flowerpots. Dealt with straight away. Pleased with outcome."
- Complaints we reviewed were investigated appropriately and responded to in a timely manner.

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care at the service. Although staff told us they had provided end of life care in the past few weeks. One staff member said, "That was hard, you get really close to people." Staff got emotional talking about their experiences and told us although they had good support from senior staff, they had not received end of life training. Another staff member said, "It would be good to have palliative care training."
- The operational manager told us they wanted to work towards becoming accredited with the Gold Standards Framework (GSF), but this was a longer term goal. The GSF is a comprehensive quality assurance system which enables care providers, to provide quality care to people nearing the end of their lives.

# 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 now deteriorated. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There were systems in place to identify shortfalls in quality and risk. However, these had not been used effectively to sustain a good quality of service.
- Quality assurance processes in place, which included regular audits, were not robust. For example, medicines audits had failed to identify shortfalls in medicines records. There were no systems in place to check medicine stock levels. Audits were carried out monthly which meant any errors may not be identified for up to four weeks.
- The manager was unable to account for why shortfalls had occurred. The provider had also failed to identify the shortfalls through provider oversight checks.
- Staff told us they didn't feel included and empowered by the manager. One staff member told us, "We tend to go to the operational manager, the manager is nice but not a strong manager." Another staff member said, "If we want things done we go to [operational manager's name]".
- The provider had a development plan in place to improve the service, this had not been reviewed by the manager since they started working at the service. The manager was not able to explain the current plans for the service.
- We discussed this with the operational manager who told us they had plans to improve the environment. For example the home was being decorated and carpets were being replaced with hard flooring as part of the home's infection control management. There were plans to place a fish tank in the lounge for people to enjoy.
- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in some of the senior staff and the operational manager. One staff member told us, "[Deputy managers name] is brilliant without them things would be very different here".
- People told us they were happy living at the service, although not everyone knew who the manager was. We spoke with five relatives, two in the main part of the home knew the manager and found them friendly and helpful. Three relatives we spoke with on the wing did not know who the manager was. One relative said, "I've had no idea who the manager is here."
- The operational manager attended relevant meetings and forums as a way of accessing up-to-date information relevant to care provision and told us they shared that information with the team through staff meetings.

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

- The provider had implemented ways of involving people in developing the service. These included monthly resident meetings, relative meetings and satisfaction surveys.
- Most people we spoke with weren't aware of the resident meetings but there was evidence that the provider acted to improve the service based on requests from relatives. For example, relatives had asked for blinds to be put up in the lounge to prevent the public looking in as they passed by. One relative told us, "There were monthly meetings but not at the moment." Adding, "I can email them suggestions/questions before the meeting if I can't attend and there's a newsletter."

Working in partnership with others

- The provider was working in partnership with other agencies. For example, the contract for the wing was between the provider and the NHS. The service had clear links with the local commissioning teams, GPs and other health care professionals.
- One professional told us, "The staff are very good they always do what we ask of them." Staff told us how one person volunteered with their family member. The provider was also working with the local college to do a mural on back wall as well as bring in students to complete apprenticeships in 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

- The operational manager understood their duty to be open and honest when things went wrong. Staff said they were confident about raising concerns and felt they would be listened to.
- When incidents occurred, these were acted upon and the manager informed statutory authorities as required.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not operate effective systems and processes to make sure medicines were effectively managed.