

Eastgate Care Ltd

Belle Vue Lodge

Inspection report

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Nottinghamshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Belle Vue Lodge is a nursing home and accommodates up to 59 people in one building. There are six individual living areas over three floors with an atrium on the ground floor available to all. People living at the service were older people, some of whom were living with dementia. At the time of our inspection, 35 people were living at the service.

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

People did not receive consistent care from staff who showed dignity and respect. Whilst some shortfalls were identified, positive feedback from people who used the service and visiting relatives were received about the caring approach of staff. This was confirmed by some positive staff engagement with people. People were involved as fully as possible in day to day decisions about their care. The registered manager was introducing formal procedures for people and their relative or representative, to participate in review meetings about the care and treatment provided. Advocacy information was available, and people were supported to access advocacy services when required.

People's diverse needs, preferences and routines had been assessed and planned for. Improvements were required to the approach and opportunities of social inclusion, activities, stimulation and occupation. Action was being taken to make these improvements. There was an accessible complaints procedure available for people. Complaints were responded to in accordance with the provider's policy and procedure. End of life care was planned with the person and others, to ensure care reflected people's wishes that they were kept comfortable and received dignified care.

Recent improvements had been made to the leadership of the service. A new management team had been developed. They were taking action to identify the areas of improvement required and had an action plan, and the support from the operations manager to drive forward improvements. The registered manager had introduced management surgeries, as a method to improve communication and engagement with people and relatives. Systems and processes were in place that monitored the quality and safety of the service. Staff did not consistently feel positive about working at the service, improvements were required to address the staff culture and understanding roles, responsibilities and accountability.

People received safe care. Staff were aware of their role and responsibilities to protect people from risks and avoidable harm. Risks associated with people's care needs had been assessed and were regularly reviewed and staff had guidance of how to mitigate and manage known risks. There were sufficient staff employed. Recruitment procedures supported the provider to make informed decisions about the suitability of staff employed. People received their prescribed medicines safely and national best practice guidance was followed in the management and storage of medicines. Infection prevention and control measures were used. Incidents were reviewed and lessons were learnt, and action taken to reduce reoccurrence.

People received effective care. The registered manager had recently introduced, and had pledged to use,

new recognised assessment tools that reflected national best practice. Improvements to staff training in understanding care needs associated with dementia had been introduced. Additional action was planned, to further upskill staff's awareness and competency. Staff supervision and appraisals had not been at the frequency the provider expected, but this had been addressed and action taken to make improvements. People received enough to eat and drink, and their health needs were assessed and monitored. Staff shared information and worked with external health care professionals to meet people's ongoing health care needs. Improvements to decoration and furnishings were being made. 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.

We have made a recommendation about motivating staff and team building.

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 8 January 2019) and there were two breaches in regulation. The provider completed an action plan after the last inspection, to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

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 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?

Good ●

The service was 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 caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring 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.

Belle Vue Lodge

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 team consisted of one inspector, one assistant inspector, a specialist advisor in dementia care 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

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

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had 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 also asked commissioners for their feedback about the service. Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR after the second day of the inspection, however,

we reviewed this information and as part of the inspection process.

During the inspection

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people.

We spoke with eight people who used the service, six visiting relatives and a relative on the telephone. We also spoke with five visiting health and social care professionals and a representative from Age UK who was a befriender.

We spoke with the registered manager, operations manager, deputy manager who was also the clinical lead, the safeguarding and dementia lead, the Human Resources manager, three nurses, the cook, a housekeeper, a senior care worker and five care workers.

We reviewed a range of records. This included 11 people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, numerous medicine records, policies, audits, staff training and checks on health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to resident and staff meetings, social inclusion and the current action plan. This information was included in the inspection.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and treatment and were protected from avoidable harm. People told us, and relatives confirmed they believed staff were attentive to their safety. A relative said, "[Relation] has been in several homes over the last few years, but as their dementia has got worse, we were finding it harder and harder to get somewhere who would take them because of their challenging behaviour. They seem to have settled here thank goodness and they [staff] know how to deal with them."
- Staff had received safeguarding training and had access to the provider's safeguarding policy and procedure. Information about safeguarding was also available for people and visitors. Staff showed good understanding of their role and responsibilities to keep people safe. The management team followed the local multi-agency safeguarding procedures and reported incidents and allegations to the local authority and CQC.

Assessing risk, safety monitoring and management

- Improvements had been made to how risks were assessed and managed. Risks associated with people's care needs had been assessed and planned for. Staff had guidance of the support required to keep people safe. We noted staff did not have easy access to people's care records. They relied on mini care plans and risk assessments that had reduced information compared to the full documents. We raised this with the management team who took immediate action to get the full care records stored in each of the living areas.
- A wound care folder confirmed people being treated with any skin damage was having their needs regularly assessed and monitored in line with best practice guidance.
- Sensor mats were used to alert staff to people identified as being at risk of falls. We had a discussion with the management team about how sensor mats were used and monitored to support people's safety. Clinical equipment to monitor people's health conditions or used in response to safety was regularly checked and serviced. We found this equipment clean, in good working order and readily available.
- Some people living with dementia could display periods of high anxiety that affected their mood and behaviour. Staff had received training in dementia awareness and new training in positive behavioural support, was being delivered to all staff. External dementia specialists told us they felt staff awareness and understanding in dementia care needed to be improved upon. We spoke with the dementia lead nurse who we found to be experienced and knowledgeable about staff support. They advised the management team had identified staff required further training and workshops to further upskill the staff were being developed. Management meeting records confirmed what we were told.
- Staff told us how they used diversional techniques to support people in the management of any behaviours. We saw examples of how staff used distraction successfully to reduce people's anxiety.
- Risks associated with fire and legionella were assessed and monitored to ensure health and safety standards were being maintained and people were safe from harm. Personal emergency evacuation plans

provided staff with details of people's support needs, should they need support to evacuate the building.

Staffing and recruitment

- Improvements had been made with the appointment of permanent staff and further recruitment was ongoing. There were sufficient numbers of staff employed. The management team told us they considered staff deployment such as staff experience and competency.
- Feedback from external dementia specialists told us people living with dementia, would benefit from having regular staff to support them as this would provide consistency and continuity in care. The management team told us they were hoping to develop staff teams, once they were fully staffed. They were aware of the advantages of people receiving care from a consistent staff team.
- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

Using medicines safely

- Improvements had been made to the management of medicines. People received their prescribed medicines safely and medicines were ordered, stored and managed in accordance with national best practice guidance.
- People confirmed they received their medicines when they needed them. One person told us about their specific health condition whereby they required their medicines exactly on time. They confirmed they received their medicines without delay. Another person also told us they received a particular medicine. This person said, "I just have to ask if I need it. The other stuff (medicines) come in a pot and they [staff] remind me what they are for because I will never remember."
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff had completed training in medicines management and administration.
- The last local clinical commissioning group (CCG) medicine audit completed in August 2019 found the service was 95 percent compliant. Internal checks were completed regularly to ensure medicines were managed safely and these were found to be up to date.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. Staff had completed infection control and food safety training and followed good infection control practices. The service was found to be clean and free of malodour.

Learning lessons when things go wrong

- Action was taken to learn from incidents. Incidents were recorded and monitored by the registered manager and analysed monthly for any themes and patterns. Action was taken to reduce reoccurrence including referrals to external health care professionals, such as the community falls team and dementia outreach.
- There was a transparent and open approach and risks were discussed with staff in handover meetings, staff meetings and via supervisions.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relative or representative were involved as fully as possible in the assessment process. People's physical, mental health and well-being needs were assessed before they transferred to the service to ensure their care needs were known and understood. This included people's diverse needs and included any protected characteristics under the Equality Act 2010. This was important to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used in monitoring people's health care needs. The registered manager showed a commitment and drive to ensure the service used latest best practice guidance. An example of this was how the service was participating in the East Midlands Patient Safety collaborative. A new audit tool approach to improve the quality of care provided in care homes. In addition, a new tool to assess and monitor people's hydration more effectively had been introduced.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training to keep their skills and awareness up to date. Staff confirmed they had received regular training, and this was helpful and supportive. The staff training plan showed the compliance rate of training the provider expected staff to complete was 90 percent. The registered manager told us, and records confirmed, gaps in training had been identified and planned for.
- Staff had not received staff supervision and appraisal meetings at the frequency expected by the provider. However, there was a new management team in place and supervisions had started to be provided. The registered manager had a plan going forward of when staff would receive opportunities to discuss their work, training and development needs.

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

- Improvements had been made to the serving of meals. People received enough to eat and drink. People were positive about the choice and availability of food. A person said, "Food's alright. I am enjoying this bacon butty. They know I like my butty's for breakfast."
- Within each living area a choice of cold drinks and snacks were available. In addition, people had a choice of hot drinks and snacks provided throughout the day and evening. People received a daily choice of meals and any requests for alternative meals were provided.
- The cook told us a new kitchen assistant and second cook had recently been recruited and they were positive this would bring continuity and improvement. Food stocks and storage were good and followed best practice guidance.
- People's nutritional needs had been assessed and staff had guidance of the support people required, and

we found staff were knowledgeable about people's support needs. People's weight was monitored, and any changes were reported to the GP. Where concerns had been identified with swallowing, referrals had been made to the speech and language therapy team. Guidance and recommendations made in the support people required was documented and followed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of external professionals in meeting people's ongoing care needs. This included psychiatry services and community dementia specialist teams. The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs.

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

- At the time of the inspection, the service was having some redecoration work completed. We saw maintenance and repairs were also being completed, including some new furnishings being delivered.
- Signage supported people to orientate around the living areas. Corridors were bright and spacious and enabled people to walk independently.
- Some living areas did not have curtains, but window glass had a half privacy panel. However, the sun could shine through impacting on people. We discussed this with the management team and curtains were ordered.

Supporting people to live healthier lives, access healthcare services and support

- People had their health conditions assessed and monitored, and they received support to access health services. People confirmed their health care needs were managed well. A person said, "If I don't feel well, they [staff] call the GP for me. There is a lady who does my feet too."
- Additional care records were completed by staff to confirm care had been provided, in line with people's individual assessed care needs. From viewing these, we found in the main people received the care that they needed, when they needed it.
- People had received an oral assessment and further work was planned to develop staff awareness and competency in oral healthcare. The registered manager was aware of recent new best practice guidance. From viewing people's care plans in relation to oral care and support, we identified guidance for staff needed to be more detailed. We shared this with the registered manager who agreed to make improvements.

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.

- Improvements had been made to the guidance provided for staff. Where people had an authorisation in

place that restricted them of their freedom and liberty with any attached conditions, this was clearly documented for staff to follow.

- The registered manager told us they had identified some people's authorisations had not been renewed when they should have. However, this had not caused a negative impact on any person and the registered manager had taken immediate action to address this issue.
- Where people lacked mental capacity to consent to their care and treatment, MCA assessments and best interest decisions had been made in line with the requirement of this legislation. We identified a person who we considered needed their mental capacity to consent to a specific decision about their care re assessed. We discussed this with the management team and immediate action was taken.
- We observed staff encouraged and supported people to make day to day decisions about their care.

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 requires improvement at this inspection, this key question has remained the same. 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

- People did not receive consistent care that respected their dignity and upheld some lifestyle choices. For example, a person told us how they were reliant on staff to support them to smoke due to their physical and mobility needs. Their care records clearly advised staff that smoking was important to them. However, we observed staff were not attentive in supporting the person until we requested this support on the person's behalf. This showed a lack of care and consideration.
- Whilst speaking with a person in their bedroom we noted pictures were lying on the floor. We discussed this with the person who told us they would like them to be hung on the walls. We requested the maintenance team who were present, to hang the pictures which they did. The person expressed their delight and gratitude and asked us if we could arrange for new batteries to be put in their clock. Again, we intervened, and the batteries were installed. However, on checking the clock was working, we found it was, yet the time was incorrect. When we raised this with staff, we were concerned by the response from a staff member who appeared to be amused by this. We reported this to the registered manager who told us they would take action. This demonstrated staff were not all attentive or respectful towards people in their care.
- A person was observed to be lying on their bed in the early afternoon, but the bed was not made, and they were lying directly on the plastic mattress cover. Staff showed a lack of understanding of the impact and action to reduce this from happening, and meeting people's comfort needs. Whilst some dining tables had tablecloths on at lunchtime, others had not. This small attention to detail is important in promoting dignity and respect.
- Staff were observed to have in the main, a task centred approach to care. For example, we observed staff supported people with their care needs and this was positive, caring and respectful. However, staff engagement such as sitting and talking, interacting with activities and interests were limited. Whilst we saw some staff spent time chatting with people and encouraging them to participate in activities this was not consistent, and some staff showed little interaction.
- People living at Belle Vue Lodge and relatives gave consistent positive feedback about the care and attention of staff. Comments described staff as being, "Marvellous, very caring." "Wonderful, fantastic." One person said, "Staff are very kind and helped me to get over my husband dying." Another person said, "The staff here are good. The regulars know you better than the rest (agency) but we get by I suppose." A third person told us, "You do get a cake on your Birthday."

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

- People told us they felt well treated by staff. A person said, "[Name of staff member] is a great chap. He looks after me well. We have a laugh, even when I don't feel like laughing." One relative told us how they

regularly contacted their relative by telephone and whilst communication was limited, they liked to hear their voice. Comments included, "The staff are caring and understanding, I can call anytime, and they will take the phone to my relation. They know how important this contact is for both of us."

- People were supported with their diverse needs. For example, some people's first language was not English. Translation information had been provided to support staff with their communication with a person. Some staff had language skills where by they could converse with people in their first language and we saw examples of this happening.
- Religious and cultural events were recognised and organised. For example, plans were in place to celebrate Chinese New Year. People's dietary preferences in relation to their religion was recognised and respected.
- During our inspection we observed staff supporting people with transfers, showing compassion and empathy. One person was anxious about a hoist transfer, staff took time to reassure the person throughout the transfer with kind words and a hand resting on their arm.

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

- People and relatives told us they felt generally involved in the care and treatment provided. Relatives told us in the main, communication was good, and they were kept informed of their relations care needs.
- The registered manager told us how they were planning to introduce formal opportunities, for people and their relative or representative, to meet to discuss the care and treatment provided.
- Staff gave examples of how they encouraged and supported people to make every day choices. We saw examples that confirmed what we were told. This included choices of meals and drinks and where people spent their time.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. We were aware of a person who had been supported by a local recognised advocacy and befriending service.

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 requires improvement at this inspection, this key question has remained the same. 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

At the last inspection, the provider had continued to not provide people with person centred care. This was a breach of Regulation 9 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 9.

- Improvements had been made to the quality of information and guidance in people's care plans. Staff had informative and detailed guidance about people's care and treatment needs in relation to their health conditions.
- Improvements had been made to supplementary records used to document care and treatment provided. Information was more detailed and up to date.
- Concerns identified at the last inspection about a person's access to culturally appropriate media and television information had improved. A service had been sourced that provided weekly information in the person's first language. Staff confirmed the person had access to television channels of their choice.
- People told us they felt staff understood and knew their care needs and preferences. A person told us, "I have all my personal stuff around me, so it's just like [my own] home." Another person said, "They know me here. If I get sleepy after lunch, they [staff] just ask me if I want to go to my room." A relative said, "Staff here are very approachable. They know my relation likes to be out in the garden if it's nice, so they do go out there."

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 lack of activities was a repeated concern identified at the last inspection. The opportunities for people to pursue interests, hobbies and engage in social activities occupation and stimulation were limited. A consistent theme raised by people and relatives were the lack of activities. A person said, "I would like to go out for a cup of coffee now and then, but you are pretty much pinned down here." Feedback from external healthcare professionals raised concerns about the lack of activities and how this had a negative impact on people.
- The registered manager told us they were aware activities was an area that required significant improvement. They told us a new activity coordinator had been appointed and was due to take up their role shortly. The registered manager also talked about what support would be provided to the activity coordinator to ensure they fully understood their role.

- A staff member gave examples of supporting people to access the garden during the summer months and assisting people to access local shops and pub.
- People received opportunities and support with their religious and spiritual needs. This included receiving pastoral care from visiting religious groups and representatives.
- We observed some staff chatting with people and making sure they were comfortable and tried to encourage them to do something like a puzzle or colouring. Some people listened to music they could reminisce about. We saw a staff member supported a person to have a walk around the service. We noted this person's care plan provided staff with guidance about supporting them to walk around, when their anxiety and agitation increased as this distraction helped.

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 and sensory needs had been assessed and staff had guidance of how to support people.
- Consideration to people's communication needs had been considered. For example, the complaints procedure had been made available in easy read. The operations manager told us, and records confirmed, they had recently developed an easy read feedback questionnaire. They told us they had recognised the need to enable and support people to participate in giving feedback in a more meaningful way.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was available for people and visitors.
- The registered manager showed us how they acted upon complaints received. These were logged and reviewed, and an initial response was made, with further correspondence to advise the complainant of the action and outcome. The registered manager told us they considered any themes and patterns to complaints received.

End of life care and support

- People's end of life care and wishes, in how they received their care was discussed with them and their relative or representative.
- We saw staff had received compliment cards from relatives thanking them for the care provided during their relations life.
- Staff showed empathy and compassion, when they talked about providing end of life care.
- The registered manager told us end of life care training was being planned for staff. They also told us how the service had signed up to complete The National Gold Standard Framework programme. This is a well-recognised approach to end of life care planning.

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

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

At the last inspection, the provider had continued not to have sufficient and robust systems in place to check quality and safety. This was a breach of Regulation 17 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 17.

- Improvements had been made to the systems and processes used to monitor quality and safety. Various audits were completed daily, weekly and monthly by senior care staff, nurses, the maintenance team and members of the management team. In addition, the operations manager completed regular audits and visited the service weekly in their monitoring and oversight responsibility of the service.
- The registered manager and operations manager also completed night spot checks, to ensure the quality and standards of care expected was continually met.
- An ongoing action plan was in place that was developed from areas identified as requiring improvement from the audits and checks completed. This was used to drive forward improvements.
- Within the last 12 months the service has had three different managers. The current management team were newly formed and had begun to identify roles and responsibilities and new ways of working. It was acknowledged further time was required for this new team to become established and bring about the continued improvements required.
- The deployment of staff and their understanding and accountability needed to improve, in developing an effective and responsive service. Staff morale in the main continued to be low and the succession of different managers and their leadership approach had impacted on staff. Whilst staff were given the tools for their roles, staff engagement, communication and support needed to develop and improve.
- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place. Whistle-blowers are employees, are employees who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct in within a service or organisation, either private or public.
- The service ensured they maintained their responsibilities in line with the General Data Protection

Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

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

- People and relatives made reference to the different managers and how this had impacted on the service. A relative said, "There have been a lot of people (managers) come and go here. [Name of current manager] seems to be getting his feet under the table, but its (communication) still not great."
- Improvements were required by the management team to improve the staff culture. Staff were not consistently positive about their role and did not all feel listened to and valued. Staff dynamics were an area of concern.

We recommend that the service seek support and training, for the management team, about motivation and team building.

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 provider had met their registration regulatory requirements of notifying CQC of certain events when they happened. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- The registered manager showed a drive and commitment to learn from mistakes and be open and honest.

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

- Resident and relative meetings gave people opportunities to share their experience about the service. We noted future meeting dates were displayed across the service to inform people. The registered manager had recently introduced management surgeries as a method to further develop an open and inclusive approach to communication.
- As part of the provider's quality assurance process a new improved feedback form for people who used the service, had recently been developed. This was to support people to share their experience about the service they received.

Continuous learning and improving care

- The registered manager had introduced new initiatives and national best practice guidance to improve the quality of care people received.
- The management team had started to identify key areas to improve staff learning and development that would lead to positive outcomes for people. This included further dementia awareness training and support.

Working in partnership with others

- The staff worked with specialist community teams such as dementia outreach. From feedback received, it was clear action was required by the management team to further develop their communication and partnership working. This was important for people to achieve positive outcomes.
- The registered manager showed a commitment in wanting the service to become more involved in the

local community and had introduced themselves to the local school, in order to develop positive networks and opportunities. People had also received an opportunity to participate in Christmas carol service with people from the local church.

- Staff had supported people to participate in recent charitable fundraising events and activities to raise money for; Children in Need, Alzheimer's society, Save the Children and the British Legion.