

Mr T & Mrs C Murphy

Bronte

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

Bronte is registered to provide personal care for up to 20 older people living with conditions such as dementia and physical disabilities. The property is a single storey bungalow which has been extended to provide additional bedrooms. Bronte set within gardens in a small village outside of Exeter. At the time of the inspection, 18 people were in residence.

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

The measures in place to safeguard people from the risks of fire and hot water were not safe. This was because regular checking of these had not been completed. We could not therefore be assured fire safety and risks of scalds from hot water were always fully mitigated against. Not all records were available for inspection. Those records that were seen at inspection showed that only minimal checks of the fire alarm and hot water supply were being carried out until various dates in 2018. Records provided after the inspection could not be validated. The provider could not give an explanation as to why the frequency of the checks had been increased in October 2018 in these records, to weekly (fire) and monthly, for every hot water tap. However, they did state the forms were a pro-forma and should not have been sent to us.

Staff had received safeguarding training in September 2019. They knew to report safeguarding concerns to the registered manager or provider. Any risks to people's health were assessed and appropriate management plans put in place to reduce or eliminate the risk. The number of staff on duty each shift were based upon each person's care and support needs. New staff were recruited safely and ensured people would be well looked after. Pre-recruitment checks included written references and a Disclosure and Barring Service check. Medicines were well managed and administered by those staff who had been trained and were competent. People received their medicines as prescribed.

People's care and support needs were identified by assessment and then recorded in their care plan. These were kept under review. People were included in care plan reviews as much as they were able.

Staff received the training they needed to enable them to do their job well. The provider had an induction training programme to complete at the start of their employment and there was a mandatory training programme for the rest of the staff team. Staff received a regular supervision session with the registered manager and were supported to do their job.

The staff team enabled people to access the healthcare support they needed. Arrangements were in place for people to see their GP or the district nurses as and when they needed. Other health care professionals were arranged via the GP. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People stated the staff were kind and friendly, and they were able to make their own decisions about the way they were looked after. The staff team were fully aware of each person's specific needs. Whilst there was a move towards providing personalised care to each person, the registered manager acknowledged the staff team still worked in a task-orientated manner.

People's care needs, and care plans were reviewed each month and adjusted as necessary. Changes in people's care and support needs were taken account of and reflected in their rewritten care plan. This ensured people would continue to be looked after with respect for their specific needs. People who developed end of life care needs would continue to be looked after at Bronte with support from health care professionals and family.

Planned activities were arranged each week day afternoon. At the time of this inspection the majority of people expressed a wish not to take part in the group activities, preferring to remain in their own bedroom watching TV, knitting or just having quiet time. There were no restrictions on visitors.

The registered manager provided leadership for the staff team. The audits and checks they had in place ensured people received the care and support they needed. However, the division of roles between the provider and registered manager had led to tasks being overlooked.

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

Rating at last inspection

The last rating for this service was Good (published 8 September 2017).

Why we inspected

This was a planned inspection based upon the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not fully 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 fully well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bronte

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.

Service and service type

Bronte is a 'care home'. People in care homes receive accommodation and personal care as a 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 two managers 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. One of the managers is also one of the registered providers, (referred to as the provider). The other registered manager provided the day-to-day management role. When we refer in this report to the registered manager it is regarding this manager

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We received feedback from healthcare professionals

During the inspection

We spoke with five people who lived at the service and they told us about how they were looked after at

Bronte. We spoke with three members of staff, the registered manager and one of the providers. During the inspection we spoke with one healthcare professional, a visiting activities organiser and by telephone, with a Fire Officer.

We looked at four people's care records, two staff recruitment files and training records, policies and procedures, complaints, audits and quality assurance reports. We also looked at records in relation to the running of the home, for instance fire and water safety checks.

After the inspection we contacted the quality assurance and improvement team with Devon County Council to discuss our findings. The provider information return (PIR) was not available for inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they planned to make. The provider shared a copy of their PIR during the inspection. The PIR was used during analysis of evidence during report writing.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- ☐ Risks to people in respect of fire safety were not managed. During the inspection fire safety record checks were not available for inspection after January 2018. Up until this point the fire alarm had been tested each month. Post inspection, the provider submitted typed records of weekly tests, commencing 25 January 2018.
- ☐ There were no available records to show fire drills had been carried out. This means the provider and registered manager could not be assured the staff team would know what to do if a fire broke out at Bronte. One member of staff said they had never done a fire drill. After the inspection the provider submitted records to us. The records stated fire drills had also taken place since our inspection, on 22nd, 23rd and 26th February 2020.
- ☐ The provider did not have a fire risk assessment in place regarding the premises. After the inspection they informed us arrangements had been made for a fire contractor to visit. The fire service were also already doing a planned review of fire safety at Bronte in March 2020.
- ☐ Although a personal emergency evacuation plan (PEEPs) had been prepared for each person, these were too detailed to be of use during an emergency. They were also kept in each individual person's own care file so not accessible. The registered manager agreed to revisit these and also keeps copies of all PEEPs by the fire panel.
- ☐ External contractors had tested the fire safety equipment in April and October 2019. The last fire safety training had taken place in August 2019 for all but two staff members.
- ☐ Risks to people in respect of hot and cold water were not managed. The paper records of monthly water temperature control checks were only available up to September 2018 and only one hot water outlet was being checked each month. Post inspection, the provider submitted additional records to CQC.
- ☐ The provider was unable to provide documentation to evidence that the Legionella checks had been carried out on the cold-water storage supply. After the inspection, the provider informed us an external contractor had been arranged to carry out these checks in February 2020.
- ☐ The registered manager informed us concerns were expressed by Devon County Council in October 2019 regarding the fish pond. The recommendation to undertake a risk assessment and consider a cover had not been acted upon. We were told people were not using this outside area without staff supervision but this still placed people at potential risk.

We have found no evidence that people had been harmed. However, systems were not in place to demonstrate safety was being effectively managed. The above risks to people's safety show evidence of a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other possible risks to people's health and welfare were identified during assessment of their care and support needs. Their care plans detailed how the risk was managed to reduce or eliminate the risk. Risks such as moving and handling, falls, skin integrity and nutrition were reviewed monthly to ensure instructions for the care staff were still appropriate.
- Moving and handling care plans detailed the equipment to be used and the number of staff required to perform any transfers safely. Healthcare professionals informed us they had had to previously remind staff of correct manual handling techniques.
- Any maintenance tasks were completed by the provider or contracted trades people. From looking at the maintenance log it showed minor repairs or replacement of light bulbs for example were attended to promptly.

Preventing and controlling infection

- On arrival to Bronte it was noted that the carpet in one of the hallways needed vacuuming because of debris. This was attended to much later in the day. Domestic tasks including cleaning and laundry were completed by the care staff. However, this was after they had attended to people's care and support needs.
- One bedroom was odorous and discussed with the registered manager. The carpet in another bedroom was already earmarked for replacement. All other areas of the home were clean, tidy and free from any odours.
- Staff received infection control training, but records showed this had last taken place in September 2018. The registered manager had already booked staff on a one-day mandatory training day with an external trainer. This training will include infection control and food hygiene.
- The registered manager completed quality reviews of the premises and looked at hygiene and infection control measures. In one of these checks it was noted a carpet needed to be replaced along with a leaking radiator. This had already been actioned.
- A full infection control audit, in line with the department of health code of practice was not completed. No member of staff with the appropriate knowledge and skills had been identified as the lead for infection prevention and control.

We recommend the provider consider current guidance regarding the prevention and control of infection and take action to update their practice.

- The staff had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials. Hand disinfection gel was placed at the entrance to the home.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were looked after by staff who had received training in safeguarding. Fourteen of the 16 staff had last completed their training in September 2019. Those staff we spoke with had a good understanding of abuse and knew to report any concerns.
- Healthcare professionals had raised safeguarding concerns regarding one person who had an unexplained wound in December 2019. The service however, had not informed the safeguarding team regarding this but had cooperated with the local authority investigation. This had been resolved satisfactorily.
- The registered manager had completed more in-depth safeguarding training with the local authority. At the time of this inspection there were no outstanding safeguarding concerns.
- Staffing levels per shift were arranged to ensure each person's care and support needs were always met. There were five staff in the mornings (including the registered manager), four in the evenings and two

'waking night staff' overnight. The registered manager said staffing numbers were adjusted as and when needed.

- On the day of inspection there were enough staff on duty. Care staff also completed the cleaning and laundry tasks plus breakfast and teatime meal preparation. The midday meal was prepared by the cook.
- The service did not use agency workers and the staff team, the registered manager or provider covered shifts if needed. This meant the staff team were able to provide continuity of care to people.
- The service followed safe recruitment procedures, ensuring only suitable staff were employed. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- Medicine management was in line with safe practice. The supplying pharmacist visited the service each week and was reviewing people's medicines. They had given advice to the registered manager regarding 'as required medicines' and the medicine records and this had been acted upon.
- The processes for the ordering, receipt, storage and disposal of medicines was safe.
- Only staff members who had completed medicine administration training and been deemed competent administered people's medicines

Learning lessons when things go wrong

- The registered manager monitored the prevalence of any falls or other incidents that occurred. Accident records were completed after each event. Each month the registered manager reviewed all records to identify if there were any trends in the type of events. This enabled them to look for solutions to prevent a reoccurrence.
- The registered manager talked about the learning that had resulted from a safeguarding case and how they had used this to improve practice.
- The registered manager also talked about the learning following admission of a person with 'nursing care' needs that had not been divulged on assessment. The registered manager had completed a reflective exercise to look at the issues this raised, and strengthened the pre-admission assessment process.

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 inspection has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- ☐ Bronte had been a care home for many years. It is single storey bungalow that has been extended to provide additional bedrooms. Each of the bedrooms were for single use and had an ensuite toilet and wash hand-basin.
- ☐ Bronte has insufficient usable communal bathroom facilities. The provider had no plans in place to provide additional facilities. One of the bathrooms was fitted with a sit-up bath and was positioned near the front door where people's privacy was compromised. This meant there was only one bathroom for the 20 people. This bathroom had a swivel bath seat installed and within the same room, there was a walk-in shower.
- ☐ The service was approached from a long drive to the side of the garden area. First impressions when visiting the service was there was a large dilapidated shed in the garden. The home looked unkempt with the front of the property being dominated by a large raised fish pond.
- ☐ The communal areas consisted of one lounge, a sun room and a dining room. The décor throughout the service was jaded. Paintwork was scuffed and marked.
- ☐ Feedback we received from visiting social care professionals prior to this inspection was as follows: "The home looks dishevelled, décor old and tired, everywhere is dark and stuffy" and "I am concerned regarding the environment that people are living in".
- ☐ This was discussed with the provider who stated there was no refurbishment plan in place.

We recommend the provider review the quality of the living environment and provide a home improvement plan, taking in to account current guidance regarding providing the best environment for people living with dementia.

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

- ☐ A pre-admission assessment was completed prior to any new person taking up residence in the service. These were completed either by one of the providers or the registered manager. The assessment tool was comprehensive and enabled the assessor to determine the care staff would be able to meet the person's care and support needs and appropriate equipment was available.
- ☐ People were included in the assessment but also information gathered from hospital staff, the person's relatives and any other health and social care professionals involved in the person's care.
- ☐ The service took account of people's individual preferences and choices and their care and support needs were reviewed each month. This ensured the way they were looked after remained effective.

- Staff always received a handover report at the start of their shift. This ensured they were informed of any changes in people's needs and they knew which people they were allocated to look after.

Staff support: induction, training, skills and experience

- The provider's induction training programme for new staff was in line with the Care Certificate. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. The provider oversaw the completion of the programme. The most recent new recruit to the service had already completed the Care Certificate with another care provider.
- The registered manager had introduced a one-day programme of mandatory training and dates had already been assigned for when individual staff members were to attend. This training will cover health and safety, equality and diversity, practical moving and handling, safeguarding adults.
- Examples of other training included the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), challenging behaviours and falls awareness.
- The registered manager kept a training record for each staff member and an overall training matrix for the staff team. All staff spoken with during the inspection said their training was up to date.
- Information provided prior to the inspection by the provider stated that four staff had achieved a Level 2 or above NVQ qualification.
- The registered manager held regular supervision sessions with the day staff but had delegated the supervision of the night staff to a senior care assistant. The provider told us they dealt with any staff conduct issues. Staff we spoke with confirmed these arrangements but said they could see the registered manager or provider at any time.

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

- People's needs were assessed in respect of eating and drinking to ensure they received enough food and drink to maintain good health. People were asked what they liked to eat and account was taken of any preferences, dislikes and food allergies.
- People were complimentary regarding the meals served. They said, "The food is good. I eat as much as I can", "The food is really good" and "I have a sweet tooth and I like the puddings and cakes".
- The main meal of the day was served at lunch-time, but people could choose to eat later in the day. Teatime meals generally consisted of a hot snack, sandwiches and cake.
- The cook provided specific diets to meet people's needs, plus took account of dislikes and preferences. The service had information regarding the new international dysphagia diet standardisation initiative framework and provided food of the required consistency to those who needed this. Fortified drinks were provided to those people who were at risk of weight loss. Body weights were checked each month, more often if necessary.
- Where required 'fluid watch' charts were used to monitor and record the fluid intake of people who were at risk of dehydration.

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

- Each person was registered with a local GP practice. The GP was asked to visit if people were unwell. The registered manager told us they usually emailed the GP to request a visit.
- The district nurses were daily visitors to the service to meet people's nursing care needs. Feedback from the nurses was that there was now good communication with the service, particularly the registered manager.
- Examples of other health and social care professionals the staff team work with includes physiotherapist, occupational therapists, dental services and foot care practitioners.

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 with appropriate legal authority. 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.

- ☐ Fourteen of the 16 staff members had completed training regarding the MCA and DoLS in October 2019. Those staff we spoke with said they would always gain a person's agreement before helping. Health care professionals said they had previously challenged care staff who had started to move people before a discussion had been had.
- ☐ During our inspection we heard the staff asking people to make choices. The choices they were making in respect of food and drink and how they spent their time.
- ☐ Where it was necessary to administer medicines covertly (disguised in food or drink), appropriate consultation had taken place between the GP, family and staff. These decisions were recorded as a best interest's decision. The registered manager said this process had been followed for one person however they were currently compliant with taking their medicines.
- ☐ At the time of this inspection there were no DoLS authorisations in place, however seven application were with the local authority, waiting to be processed.

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 they were well looked after and made the following comments. "I get on very well with the staff. They are all really kind to me", "They look after me alright" and "The staff let me be. I am a private person".
- ☐ Staff had good relationships with the people they looked after, and were seen to interact with them in a friendly manner.
- ☐ People were relaxed and content in their home environment. The staff respected people's preferences to where they spent their time. One person said, "I like to spend time in my own room doing my knitting". Another said, "I always like to sit here next to (named person), then I can watch what is going on".
- ☐ The registered manager used planned periods of time spent observing the care staff interacting with people. This was used to check that staff treated people with respect and dignity.
- ☐ The service had received thank you cards from the relatives of people who had passed or had a short stay at Bronte. Three cards were displayed in the registered manager's office. In these, the service was thanked for the care provided to their family member. The registered manager was not keeping a record of complimentary letters and cards received.

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

- ☐ People were included in making decisions about their daily lives and the care and support they received where possible. Their care plans were reviewed each month and people were asked if they were satisfied or wanted things done another way.
- ☐ Feedback regarding what activities people liked to do, food and drink and the staff team was gathered in 'resident meetings'. These were generally held alternate months, with one of the activity staff facilitating the meetings.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were well looked after and their dignity and privacy was maintained. Personal care was delivered in private behind closed doors. Staff knocked on doors before entering bedrooms.
- ☐ During our inspection we saw positive interactions between staff and people. It was evident there were good working relationships in place and people's preferences were well known. .
- ☐ People were encouraged to be as independent as possible however mostly their mobility was impaired. Where a person was able to walk with a walking frame they were encouraged to do so and were not rushed.
- ☐ People were dressed in their own preferred style and provided with assistance with grooming and shaving

as necessary. In one person's care plan it stated their appearance was important to them. They were smartly dressed and well groomed.

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's care and support needs were set out in their care plan. The plans detailed out how their care needs were to be met, providing instructions for the care staff. The plans had sufficient detail and provided a true reflection of the person's care and support needs.
- ☐ People were asked how they wanted to be looked after when their care plan was drawn up and each time the plan was reviewed. This ensured they received the care and support they needed, in the way they wanted.
- ☐ The registered manager and care staff were knowledgeable about the people they looked after. They knew people's preferences about what they liked to do, what they liked to eat and drink, and about their life history and family.

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.

- ☐ The majority of people living in Bronte were funded in full or in part, by the local authority or NHS continuing health care. They or their relatives were provided with information about weekly charges.
- ☐ The service had a home's brochure, given to people living in the home, their relatives and members of the public who enquired about the home. The brochure, and the provider's website, detailed the facilities in the home.
- ☐ Included within people's care plan any communication needs were identified and taken account of. The service would provide any written documentation in an alternative format when appropriate.

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

- ☐ Feedback received from social care professionals prior to our inspection was that people were "unstimulated". One of the two activity staff was present during the inspection and was making flower pictures with a group of five people.
- ☐ The registered manager said activities were arranged each day from 1.30 – 3.30pm. Examples included arts and crafts (displayed in one of the hallways), quizzes and an exercise activity. The activities were far from being person-centred or based on people's interests or hobbies.

- Most of the people we were able to speak with said they did not want to take part in the activities and preferred to spend their time watching television. One person liked to remain in her own room knitting. Another said, "I am a private person".
- Birthdays were celebrated if this was what the person wanted. Most recently people and the staff team had celebrated the Chinese New Year and there had been a party at Christmas time.
- One person continued to go along to a group they had belonged to before living in Bronte. Day trips have been arranged in the past either to the coast, for a coffee lunch or afternoon tea. The registered manager explained the current group of people often showed an interest in going on a day trip but then changed their mind on the day of the trip.
- People were able to receive visitors at any time during the day. Relatives were able to take their family member out of the home.

Improving care quality in response to complaints or concerns

- Two of the people we spoke with said if they were unhappy about something they would tell the staff. One said, "Yes, I am pretty sure I would be listened to". Another person commented there was nothing to complain about.
- The provider had a complaints procedure in place. In the last year two complaints had been recorded. Records showed the complaints had been handled appropriately and resolved satisfactorily. The registered manager would use any learning from a complaint to make improvements.

End of life care and support

- The staff and management team endeavoured to continue caring for people who developed palliative or end of life care needs. The staff team had previously demonstrated they had the appropriate skills and caring qualities to provide good care.
- The service had received thank-you cards from relatives whose family member had passed away complimenting the staff team for the care and support provided.
- Relatives were comforted by the staff team, and enabled to stay as much as they wanted with their family member. We received feedback from one relative after our inspection commending the care their family member had received from the staff team.
- The service worked in collaboration with the person's GP, community-based nurses and hospice nurses to enable people to remain at Bronte.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- One of the providers was still the registered manager for the service but had not cancelled their registration when they 'retired' in September 2018. Although 'retired', they had continued with responsibility for maintenance tasks and the safety checks.
- The provider had not ensured all required records were available for inspection. The records in respect of quality checks to monitor the safety of the premises were not available. The records submitted to CQC following the inspection in respect of fire and hot water checks did not appear to have been made contemporaneously. The provider was asked about the validity of some of the records and advised some had been submitted in error. records).
- The quality assurance systems and governance arrangements had not identified the issues we found during inspection so this had not led to the improvements that were needed.

This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Another manager had been employed who had been registered with CQC since September 2018. This registered manager was responsible for the day to day running of the home, the staff team and ensuring people were well looked after.
- The registered manager led a team of senior care staff and care staff. Staff were clear about their roles and were allocated tasks to complete during their shift. The staff worked well together and covered any vacant shifts, agency workers were not used.
- The registered manager completed audits of care each month. These included medicine management staff records and training, hygiene, meals and mealtimes, and the premises for example. The providers were in daily contact with the registered manager and provided cover for them whilst they were away.
- The number of events such as accidents, falls, complaints and safeguarding events were reviewed each month and analysed to identify whether any trends were developing. This enabled the staff team to take action to prevent a reoccurrence.

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

- People were positive about how they were cared for. They said, "I get on well with the staff, they

understand me and what I like", "Look after me alright" and "The staff let me be me".

- The registered manager provided 'hands-on' care to people and supported the staff team in meeting people's day-to-day care. They had a good understanding of each person's individual needs.
- The registered manager was working hard to ensure people received personalised care and support but acknowledged the staff worked in a task-orientated manner.

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 registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- When we spoke with one of the providers during the inspection, they advised us they had likely made an error in recording the fire and water safety checks. However, records were then produced post-inspection.

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

- A quality assurance survey was undertaken in August 2019 involving people, their families and friends, staff and professional visitors. Forty-seven responses had been received but there was no indication of how many from each group. Two people had responded 'poor' to a question whether they felt the staff had time to listen to their concerns about their health and care. There was no action plan as a result of this survey.

We recommend the provider seek guidance to improve their quality assurance processes and act, to shape the service thereby making improvements

- People were encouraged to have a say about the way they were looked after and their daily life. This was achieved through care plan reviews and 'resident's' meetings.
- It was evident in discussions with staff they all genuinely cared for the people they looked after and were expected to deliver the best care and support.
- Staff received a handover report at the start of their shift and were informed of any changes in people's health or welfare.

Working in partnership with others

- The staff and management team had good working relationships with community-based health care professionals services who were also involved in people's care. For example, district nurses, speech and language therapists, occupational therapists and physiotherapists. Also, with local authority staff such as the safeguarding team, social workers and commissioners.
- The registered manager did not get together with other managers of care services. This meant they were missing the opportunity of sharing and receiving information, remaining up to date with current best practice and using learning from any events to drive forward with improvements.
- The registered manager told us they used a care professional's website to update their knowledge and had recently implemented guidance regarding oral health care. They also used the CQC portal to update.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with fire and hot water because the checks were not carried out often enough. Regulation 12(1) and (2) (a) and (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has not ensured the systems and processes in place to monitor and improve the quality and safety of the service are fit for purpose. Regulation 17(2)(a).</p> <p>Records relating to the management of the regulated activity (maintenance and safety records) were not kept adequately or made available for inspection. Regulation 17 (2) (d).</p>