

Qualia Care Limited

Duchess Gardens Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Duchess Gardens is a nursing and residential care home providing personal care to 44 older people, people living with dementia and adults with physical disabilities at the time of the inspection. The service can accommodate up to 131 people in two adjoining buildings.

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

The service met the characteristics of requires improvement in all areas; more information is in the full report.

Where risks to individuals had been identified measures had not always been put in place to reduce or eliminate those risks. Staff understood how to keep people in their care safe from harm. Medicines were generally managed safely, however, medicine round were taking a long time and there was no assurance there were appropriate gaps between medicines being given. The home was clean and checks were in place to ensure the environment was safe. Staff had been recruited safely, however, we have made a recommendation about staff files being audited to make sure all the required documentation is in place. There were enough staff to provide people with care and support, however, the registered manager needed to look at the organisation and deployment of staff.

Staff were trained and were supported by the management team. People liked their rooms and they had access to safe outside patio areas. Staff generally made sure people's nutrition, hydration and healthcare needs were met. People said the meals were good, however, the meal time experience for people was not always good.

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.

Staff were kind and caring and feedback from people using the service and relatives was positive. However, some practices showed a lack of respect for people. Staff were helpful and visitors were able to visit at any time.

People's care needs were assessed before a place at the home was offered, to make sure staff would be able to meet their needs. There was very little or no information in people's care plans about their cultural and religious needs. Some care plans lacked detail or did not accurately reflect people's current needs.

Activities were on offer to keep people occupied and stimulated. Trips out were also organised on a group and individual basis. The registered manager had an 'open door' policy and people were encouraged to bring any concerns to their attention. Any concerns which had been raised had been dealt with and resolved.

The audits and governance systems which are in place are not effective in identifying areas which need improvement. The service has deteriorated since the last inspection and is now 'requires improvement' in four areas.

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

Rating at last inspection and update

The last comprehensive inspection took place on 31 July 2018 and the rating for this service was requires improvement (report published 4 September 2018) and there was one breach of regulation identified. A focussed inspection took place on 13 December 2018 and the rating for this service remained requires improvement (report published 19 February 2019). The provider completed an action plan after each inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however, the provider remained in breach of one regulation and we found two additional breaches of regulation. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement: We found three breaches of regulations in relation to safe care and treatment, dignity and respect and good governance. Please see the 'Action we told provider to take' at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Duchess Gardens Care Centre

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, an assistant inspector 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

Duchess Gardens 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 who was 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, a nurse, team leader, carers, laundry assistant, activities co-ordinator, administrator, care workers and the chef. 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 four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks associated with people's health and care were assessed. These included, skin integrity, eating and drinking, falls and moving and handling. One person had been assessed as being at high risk of developing pressure sores. They had a specialist mattress on their bed which was in place to reduce the identified risk. Having the mattress on the wrong setting would reduce its therapeutic value. The same person spent all one day sitting in a wheelchair until they went for bed rest after lunch. They were not sitting on a pressure relieving cushion. Records showed there had been no damage to their skin. However, appropriate action had not been taken to reduce the risk of this happening.
- One person's care plan stated they were very high risk of malnutrition and were to be offered plenty of milkshakes. Mid-morning there were milkshakes available, but this person was not given one. Records showed they had not had a milkshake over a period of four days. This meant staff had missed the opportunity to boost their calorie intake. Whilst staff had identified the risk together with the action to be taken this had not been implemented.
- We noted some of the medicine rounds were very close together. For example, one morning round started at 7:45am and finished at 11:00am. The lunchtime round started at 12:00pm and finished at 12:45. There were two nurses on duty in the mornings who were in charge of the morning medicines. Staff were not documenting the exact times some medicines were being given so there was no assurance the required four-hour gap between doses was being adhered to. This was discussed with the registered manager and one of the nurses who agreed additional documentation needed to be in place to ensure certain medicines were being given safely.

This demonstrated the service to be in breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment.

- This issue with the mattress was brought to the registered managers attention and a new mattress was ordered and was in place on the second day of our inspection.
- People were supported to take their medicines by staff who had been trained to do this safely. However, some staff competencies assessments, in relation to medicines administration, were not up to date.
- Medicines systems were organised, and people were receiving their medicines as prescribed. People who used the service and relatives did not identify any issues with the management of their medicines. Their comments included, "I get pain killers when I need them" and "[Name] has a swallowing problem so they [staff] have arranged for their medicines to be liquid."
- The registered manager had organised one to one support for people to keep both them and others safe. This had worked well.

- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided in the event of any emergency.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

We completed a focussed inspection in December 2018 in response to information of concern about staffing levels. We found there were not enough staff to provide people with safe care. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- The registered manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.
- Recruitment of staff was on-going to fill the permanent staff vacancies. In the interim regular agency staff were being used.
- Staff told us there were enough staff and staffing levels had improved.
- People who used the service told us there were sometimes enough staff but not always, particularly at nights and weekends. People's comments included, "At nights and weekends there are not enough staff, I like to get up early and have to wait longer because I need two carers to be hoisted." "Sometimes I don't know who people are [staff]. We are supposed to have supper at 8:00pm but last night we waited until 8 50pm." "I had to wait half an hour for breakfast. There were agency staff last night, they don't know the place. They are short staffed sometimes."
- The registered manager told us night staffing levels had been increased and they were currently considering if they needed increasing further to provide more staff during the night.
- Rota's showed sufficient staff were planned to be on duty to provide people with safe care. We concluded more work needed to be done regarding the organisation and deployment of staff, particularly around mealtimes.

At our last comprehensive inspection in July 2018 we found recruitment procedures were not being operated effectively and required documentation was not available. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made.

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. However, this was not always clear from the recruitment files. For example, some staff had started training before the relevant checks had been made but had not worked with people until the checks showed they were safe to provide care and support. The registered manager agreed to make this information explicit on the recruitment files.
- One employee reference stated that they had been dismissed. This was discussed with the registered manager who said they should have a written statement, having explored this with the employee, but this had not been done.
- There was a file for agency staff which included a number of profiles, however, there were no profiles for the two agency staff who were working on the first day of the inspection. These were obtained during our visit.

We recommend recruitment files are audited to ensure all the required documentation is in place.

Systems and processes to safeguard people from the risk of abuse

- People using the service and relatives told us they were safe at Duchess Gardens. Comments included, "I feel safe because a lot of people came here from [name of another care home which closed] and staff too, so

they are people I know" and "I feel safe because the carers are always around.

- The registered manager and staff understood their responsibilities to safeguard people from abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- The registered manager held money on behalf of some people for safekeeping. Checks were in place to make sure people were protected from any financial abuse.

Preventing and controlling infection

- The home was clean. People's comments included, "There's a high standard of cleaning" and "They [staff] are very good at cleaning."
- Staff had completed infection control training and people and relatives told us staff wore appropriate protective clothing when assisting people with personal care.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

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

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- People liked the food and said there was always a choice available. Comments included, "The food is real, beautiful." "The food is lovely, you can have anything you want if you don't like what is on the menu. I can choose what I want to eat." A relative told us, "The food is fine although [Name] doesn't have much of an appetite. They struggle to drink so they [staff] have put a fluid chart in her room."
- The chef had a good understanding of people's dietary needs and menus showed a choice and variety of meals. People were offered a choice of drinks and snacks throughout the day.
- People's weight was monitored for any changes and healthcare professionals were involved when necessary.

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.

- Appropriate DoLS referrals had been made for those who lacked capacity and the service suspected were being deprived of their liberty. One DoLS authorisation had a specific condition attached to it. There was no evidence in the care plan this condition was being complied with. We discussed this with the registered manager who was sure the correct action had been taken, however, agreed this needed to be evidenced in the records.

We recommend care plans are formulated for any conditions attached to people's DoLS authorisations and

are kept under review.

- Where people lacked capacity, we saw evidence best interest processes had been followed to ensure restrictive practices were only done as a last resort and in people's best interests. This helped protect people's rights.
- Unless relatives had the appropriate legal authority to be involved in the decision-making process. The best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent. People told us staff asked for their consent to care and asked them how they liked to be cared for.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People could visit the service and could stay for a meal to help them decide if they wanted to live at Duchess Gardens.
- People's care and support needs were discussed with them and/or their relatives, so a care plan could be put in place.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role.
- People using the service told us staff were competent and well trained to support them in the way they wanted. Comments included, "I feel safe in the hoist, so I know they are well trained." A relative told us there were always notices advertising current training. Another said, "Staff are very competent and caring."
- Staff were given opportunities to review their individual work and development needs. Staff told us they felt supported in their roles.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

- The registered manager had established links with local authority staff and a range of healthcare professionals. For example, GP's, community mental health team and specialist nurses.
- People told us they could see the doctor whenever they needed one. People also said they had seen a dentist, chiropodist and optician, although not everyone had seen the dentist.
- Recently everyone had been registered with a dentist to ensure checks would be made on their oral health.

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

Respecting and promoting people's privacy, dignity and independence

- There were some practices which showed a lack of respect for people and occasions when staff should have been more thoughtful. These were some examples:
- At breakfast time one person in the dining room was coughing a lot and when they sneezed a lot of nasal mucus covered their face. They had no tissues and there were no serviettes on the table. A carer got them a serviette. The person had also spilled food down their jumper. At lunchtime carers brought the person back into the dining room and sat them at a table with two other people. They started coughing and sneezing again. They still had no tissues and staff gave them some serviettes. They were still wearing the jumper with food spills down it. This was not dignified for the person or for other people who were eating their lunch.
- At lunchtime only three of the five tables had condiments on them. One had a tomato sauce, two peppers and vinegar. Table two had two salts, pepper, two brown sauces and a tomato sauce. The third table had a brown sauce, vinegar salt and pepper. One person got up to get a salt from another table and staff did get the salt for them. The lunchtime meal was Ploughman's with salad or meatloaf, mashed potato, vegetables and gravy. The registered manager agreed salad cream or mayonnaise would have been more appropriate.
- One mattress we looked at smelt heavily of stale urine. Staff had put a clean sheet on the dirty mattress this showed a lack of respect for the person who would be sleeping in the bed that night.
- Most bedroom doors had photographs on them of the occupant. However, some doors just had a name written on them in pencil. One person's photograph was in their bedroom drawer.
- Meal times were not well organised and some people had to wait a long time for their meals. For example, there were 10 people using the main dining room. The first person got their meal at 12:30pm and the last person got theirs at 12:52pm. One person who was sitting at a dining table in the conservatory told us they thought staff had forgotten about them as they had been waiting over half an hour for their meal. One of the nurses agreed the meal time experience for people needed to improve.

This demonstrated the service to be in breach of Regulation 10, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation dignity and respect.

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

- Care plans contained very limited information about people's cultural and religious needs and how these would be met by the service. For example, one care plan contained information about the person's specific dietary needs but no information about their specific religious or cultural needs. This was addressed during the inspection. In May 2019 this person had expressed an interest in watching television programmes in their preferred language. These programmes were not available in the home, however, arrangements were made

to obtain suitable DVD's. The same care plan stated staff should spend time with the person and speak with them in their preferred language on a one to one basis. According to the records this had only happened three times over a 20-day period. The registered manager told us there were not always staff on duty who spoke the relevant language, but recent recruitment of staff should address this.

This demonstrated the service to be in breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good-governance, as record keeping needed to improve.

- Staff were respectful in their direct dealings with people. For example, Staff knew one person had been doing Arts and Crafts and took an interest in what they had been doing that morning.
 - People told us, staff treated them with dignity and respect. A relative said, "Staff are good. I am happy with them. They treat [Name] with dignity and respect because they use their name. They come into the room and give them attention. You can see them [staff] sitting with people and trying to chat."
 - People said their privacy was respected and staff knocked and waited before coming into their rooms. Also, staff closed doors, pulled curtains and kept them covered up when helping them with personal care.
 - Staff supported people in a caring way to promote their independence. For example, at mealtimes and with mobility.
 - People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time.
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- People looked comfortable and relaxed in the presence of staff. People told us, "Staff are alright, loving and caring. They are really good to me." "Staff are alright. They are good and helpful to me and to others" and "Staff are very kind and helpful." Relatives comments included, "Staff are friendly, chatty, people. There is a caring ethos about the place. [Name] is always well groomed."
 - Staff knew people well, their individual likes, dislikes, life history and interests. One person told us, "Staff are nice, you can have a laugh with them. They know me well because they chat with me. I like that."
 - Carers were patient and kind with people. One carer supported one person with their lunch which took one hour and 25 minutes. Two carers were involved in hoisting people from their armchair into a wheelchair. They provided reassurance and talked to people during the manoeuvres and did this with patience and kindness.

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

- Some people told us they had been involved in developing and reviewing their care plans whilst others said they had not. People told us they have a lot of choice over what they did each day said their personal preferences were respected
- Relatives had been invited to care plan reviews and their views had been recorded.

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 had deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place to provide staff with guidance about what care and support people needed including their personal preferences. However, some care plans were not up to date or lacked detail. For example, one care plan stated the person could walk short distances, but this was no longer the case.
- Oral health care assessments had been completed and everyone had been referred to dental services. However, oral health care plans were very limited and did not give enough detail about how people's needs should be met. In one person's bedroom there were lots of denture cleaning tablets but no denture pot. In another bedroom the person had denture cleaning tablets, a denture pot, a dry toothbrush but no toothpaste. On day two of the inspection the person had been supplied with a denture pot.
- One person's care plan stated they had poor eyesight and hearing but did not like to wear their hearing aids. They were not wearing glasses and there were no glasses or hearing aids in their bedroom. The registered manager told us they had recently seen the optician and were awaiting new spectacles as theirs were broken.
- One person told us one of the nurses wanted them to be in bed by 10:00pm but they wished to stay up later. Their care plan clearly stated this person would tell staff when they wanted to go to bed. Another person told us this had been a problem for some time, but had stopped since the residents and relatives meeting on 30 August 2019.
- Care plans were being reviewed every month, however, some of the issues we identified had not been picked up during these reviews.

This demonstrated the service to be in breach of Regulation 17 and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good-governance, in relation to record keeping.

- People who used the service and relatives told us they were happy with the care and support being provided. Their comments included, "The staff are lovely, there is plenty of room here. There are different age groups, I like that" and "We cannot fault the place, would have chosen it again. It's friendly, efficient, caring and safe."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were addressed through the care planning process and information could

be provided in a suitable form to meet individual needs.

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

- Activities and trips out were organised. One person told us, "I get involved with the activities I want to do and don't in others. There are plenty of activities – baking-which I used to do before, quizzes, bingo and sometimes trips [a lot the people we spoke to mentioned a recent trip to Blackpool]. I am going to ask about going to town, I have been before cos I like shopping. I can phone my sister when I want, I use the phone in the office."
- The activities organiser had read people's care plans to find out about their interests and previous hobbies, so they could organise suitable activities. For example, one person had been a keen gardener and whilst they did not want to help with the planning on the patio they were consulted about what plants would be suitable.
- People were encouraged to keep in touch with relatives and friends either by visits or telephone.
- One person went out to Bradford City football matches and was going to a family wedding. The registered manager told us they would be able to provide escorts so people could go to specific events.
- One person was looking into getting a voluntary job at a library.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and would go to the registered manager if they had any issues.
- One relative told us they had complained as one day their loved one, who liked to get up early, was still in bed at 11:00am, they received an apology and the issue was resolved.
- Complaints which had been received had been recorded and responded to appropriately.

End of life care and support

- End of life care plans were in place, but some of these needed to be more personalised with specific wishes.

Is the service well-led?

Our findings

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

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

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

At the last inspection we found the systems and processes for monitoring the quality of the service needed further development and needed to be fully imbedded. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a continued breach of this regulation.

- Audits and quality checks were in place which were not always effective in identifying areas for improvement. These were some examples:

Hand hygiene audits were completed, however, we saw staff wearing rings with stones in which is contrary to the providers policy.

One bedroom had a strong odour of stale urine, which came from the mattress. The last audit of this mattress had been completed in May 2019.

Reviews of care plans had not picked up the issues regarding oral health care plans not being in place and nutritional care plans not being followed. Incomplete staff recruitment files and missing profiles for agency staff.

- At the last inspection in December 2018 we found the meal time experience for some people who used the service was poor and attributed this to lack of staff. Again, on this inspection we identified people's mealtime experiences were varied. Although audits were in place to check people's satisfaction with the food. Audits of the mealtime experience were not taking place.

- Also at the inspection in December 2018 we identified staff needed more training in relation to respect and dignity in care. Again, on this inspection we identified practices which showed a lack of respect for people.

- The registered manager was responsive when we brought issues to their attention, for example, the mattress with a mal-odour was replaced and agency staff profiles were obtained. However, staff or the audits should have identified the things we found on our inspection.

- This was the third consecutive inspection the service had been rated as requires improvement. This inspection identified two further breaches of regulation regarding dignity and respect and safe care and treatment. With recommendations also being made regarding medicines management and auditing of recruitment files.

This demonstrated the service continued to be in breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

- People who used the service, relatives and staff all spoke highly of the registered manager and commented on the many positive changes they had made. Comments included, "Name of registered manager] is approachable and is a good manager. They have a good mix of recognising they have overall control but also hands on at times. They get a good balance."

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

- There was an open and friendly culture in the home and staff told us the registered manager was approachable and supportive.
- The service was generally caring and it was evident staff knew people well.
- Staff said they would recommend Duchess Gardens as a place to live and work.
- The atmosphere created by staff was homely, warm and welcoming.

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 service had a registered manager who was supported by a nurse clinical lead, nurses, team leaders and care workers.
- The management and staff team were committed to providing a good service to the people they cared for and their relatives.
- The management team understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

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

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The registered manager made themselves available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager demonstrated an open and positive approach to learning and development. For example, an oral health care training module had been developed following a recent CQC report.
- One person who used the service was involved in interviewing new staff and had developed their own specific questions to test the suitability of applicants.

Working in partnership with others

- The registered manager had links with the local authority safeguarding, commissioning, infection control and mental capacity team.
- The registered manager attended meetings held by Bradford Care Association who had guest speakers, for example, Skills of Care. This enabled them to keep up with best practice issues.

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 10 HSCA RA Regulations 2014 Dignity and respect Service users were not treated with dignity and respect Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Service users were not always provided with care and treatment in a safe way in relation to assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) 2 (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)

