

Ashberry Healthcare Limited

Moorhouse Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Moorhouse Nursing Home (Moorhouse) is a nursing home that provides care to older people, people with physical disabilities and complex medical needs. The home is registered to provide support to up to 38 people in one adapted building. There were 31 people living at the service at the time of our inspection.

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

Despite some positive experiences for people living at the service, there was a lack of confidence regarding the way the service was managed. The views of people and their representatives were not always listened to and acted upon. Some people did not feel confident to express concerns, whilst others said they had, but this had not led to improvements. There was a disconnect between the manager and the staff team which had been noticed by people, relatives and visitors. The culture within the service was not open and inclusive.

Whilst staffing levels had been increased since our last inspection, staff were not always deployed appropriately to support people effectively across the service. In the morning people were left in communal areas without staff support for a prolonged period.

There was a lack of consistent oversight in the monitoring of the service. Governance systems had not always resulted in improvements being made or lessons learned. Recent changes at provider level were reported to be addressing quality assurance processes. As these were not implemented at the time of inspection, we were unable to judge the effectiveness of these.

People were positive about the support they received from care staff. They told us that care staff were kind and respectful towards them. Opportunities for people to engage in social activities was improving, although more work was needed to ensure this was extended to people who were cared for in their rooms.

People felt safe with staff and staff understood their role in safeguarding them from harm. Staff had completed training relevant to their role and nursing staff had taken steps to keep up to date with clinical best practice.

People's needs were assessed and care plans were in place which provided useful information about people's needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Nursing staff had a good knowledge about people's medical needs and took steps to keep people safe and well. Medicines were managed safely, and people's nutrition and hydration needs were met.

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 rating for this service was requires improvement (published 14 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection which was brought forward based on the change to the rating at our last focused inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Moorhouse Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and a specialist advisor with experience in nursing care for older people.

Service and service type

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

The service did not have a registered manager in post at the time of this inspection. A manager had been appointed and was in the process of applying to become the registered manager for the service. A registered manager, along with 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 the inspection

We reviewed the information we held about the service. This included the feedback received from our partner agencies, complaints and statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experiences of the care provided. We spoke with nine members of staff including the manager, nursing staff, support workers, activity and housekeeping staff. We also spoke with two visiting health professionals.

We reviewed a range of records. This included 11 people's care and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies, meeting minutes and audits were reviewed.

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.

After the inspection

We received feedback from the local authority teams. We also spoke with a provider representative to gain assurance about areas that needed immediate attention.

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 required improvement. At this inspection this key question has remained as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to provide sufficient numbers of suitably qualified, skilled and experienced staff. 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 that although staffing levels had been increased, staff were not always deployed appropriately, and we asked the provider to take immediate action to resolve this.

- We received mixed feedback about staffing levels. Some people told us they felt there were sufficient staff to meet their needs. For example, one person said, "From what I have seen there is enough staff." Similarly, another person commented, "I have a call bell and if I used it then staff come quickly." Other feedback indicated that staffing levels were not always maintained. As such, one person said, "Sometimes there are enough staff, but sometimes staff call in sick and they can be short." Likewise, another person told us, "There are usually enough staff, but sometimes I might have to wait a while for staff at busy times."
- Feedback from relatives indicated that that staffing levels had improved since our last inspection. For example, one family member told us, "Staffing levels seem to be better and [person's name] gets the care he needs." Another relative commented, "[Person's name] has never had to wait long for help and when I've wanted to talk to staff, I've always been able to find someone easily."
- Staff told us that staffing levels had been increased since the last inspection and that agency staff were used to cover staff vacancies or leave. The minimum staffing levels described by staff reflected those detailed on the staff rota as the usual numbers of staff working each day.
- We observed that whilst people looked well cared for and call bells were answered in a timely way, there were times during the day when people were left in communal areas for long periods without staff support. For example, in the morning, we noticed that people were left without staff in the lounge between our arrival at 9:35am and 10:50am when an activities coordinator arrived.
- One person who was in the lounge during this time was at high risk of falls. With no staff presence and no access to a call bell, the risk of this person falling had not been mitigated.
- Another person was observed to be repeatedly calling out. This resulted in another person who was also in the lounge becoming frustrated. The lack of staff presence meant this situation was not able to be diffused before the people became verbally aggressive with each other.
- An accident audit in August 2019 had identified the highest number of falls that month had occurred in the lounge. The stated action was that a member of staff would be allocated to the lounge at key times. In October 2019, the recorded action from the falls audit was again to, 'Look at the lounge during the daytime.'

At a residents' meeting in November 2019, this issue had once again been raised. The manager confirmed at the time of this inspection that the action had been considered but had not yet occurred.

The failure to deploy sufficient numbers of staff to meet people's needs was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We informed the manager and provider of our findings. Immediately after the inspection, the provider contacted us to confirm that the allocation of staff across the service had been reviewed. We were assured that staff were now based in the lounge at key times and that a checklist had been implemented to ensure staff were monitoring people in communal areas. We will review this at our next inspection or sooner if we receive information of concern.

- The provider continued to use appropriate recruitment checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The recruitment files for nursing staff included evidence of up to date registration with the Nursing and Midwifery Council (NMC).

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection there was an inconsistent approach to managing risks to people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that whilst there was a better system for the management and oversight of risks, although there were concerns about the management of the risk of falls in respect of one person.

- Due to the medical condition of one person, they were at high risk of falls. Whilst this was reflected in the person's care records, the risk assessment stated that the severity of the risk to this person was low. The manager confirmed that this risk was in fact high.
- Whilst staff were aware that the person was at high risk of falls, their practices did not mitigate the risk of occurrence. For example, at one point during the inspection we observed that the person was alone in their room with their walking aid out of reach and their call bell on the floor.
- We informed the manager and provider of our findings. We also contacted the local safeguarding team to notify them of our concerns about this person. Immediately after the inspection, the provider contacted us to confirm that they had requested a full care review of this person's needs to take place. The manager subsequently forwarded copies of the person's revised care plan and risk assessment and assured us that additional equipment was being sourced to help alert staff when the person attempted to move independently. We will review this at our next inspection or sooner if we receive information of concern.
- Nursing staff had a good understanding of the risks associated with people's medical needs. For example, risks associated with people's nutrition and skin integrity were known and nursing staff monitored them effectively.
- Some audits had resulted in appropriate action being taken to prevent re-occurrence. For example, chairs had been changed following an accident audit which highlighted several people had slipped from the same chairs.
- Personal Emergency Evacuation Plans (PEEPs) described the support people would need to safely leave in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who treated them well. One person said, "Oh yes, I am very safe and very comfortable here." Similarly, a relative informed us, "When I leave, I feel totally comfortable that Dad is safe." Likewise, another relative told us, "It's a relief to know that [person's name] is safe."
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. They were able to explain the different types of abuse and how they would report any concerns.
- The management team continued to ensure safeguarding concerns or incidents between people were appropriately reported to the relevant agencies without delay.

Using medicines safely

- People received their medicines as prescribed. One person told us, "Staff help with my medication. I am on a lot of tablets and the nurses give me my injections."
- Staff supported people to take their medicines in a way that was personalised to them. We observed staff taking their time to give people their medicines and informing them what their medicines were for.
- There were good systems in place to ensure medicines were managed and stored safely. Only registered nurses or team leaders who had been trained and competency checked were permitted to give medicines to people.
- Staff used an electronic system to record the information about the administration of people's medicines. Staff told us that it reduced the risks of mistakes because it prompted them about the action they needed to take.

Preventing and controlling infection

- We observed the service to be clean and tidy throughout with staff observing good levels of hygiene and infection control.
- Staff demonstrated that they understood their role in preventing the spread of infection and used appropriate personal protective equipment (PPE) when needed.
- Regular infection audits were carried out to ensure best practice guidance was followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The physical environment was not wholly suitable to supporting people with declining physical and mental needs. For example, corridors were long and narrow which made it difficult for people to safely pass each other, especially at busy times of the day.
- Stairs to the first floor were steep, although staff told us that people were always supported to use the lift rather than the stairs. We did not observe the stairs being used by anyone other than staff or visitors at the time of the inspection.
- Some small signs gave people direction to the main communal areas, but these would not be sufficient for people living with visual or cognitive impairment.

These environmental issues were not yet having a significant impact on people living at the service due to their current level of need. It is however recommended that the provider consider the design and adaptation of the environment to ensure it remains suitable in the future.

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

- People told us that their needs had been assessed prior to moving in.
- Care records evidenced that people's needs, and choices were appropriately assessed, and information used to plan their care.
- People's nursing needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks and a Waterlow assessment was used to understand people's skin integrity.

Staff support: induction, training, skills and experience

- People spoke positively about the team of permanent care staff that supported them. One person told us, "They are brilliant. I say that because I mean it." Similarly, another person informed us, "[Staff] here are brilliant. I can't say enough about them."
- Relatives echoed the positive feedback that people had provided about the core team. With one family member stating, "The core care staff are fantastic, and that continuity has been really valuable."
- Staff were competent in the way they supported people and told us that they received ongoing training to develop their skills.
- Nursing staff confirmed they undertook regular learning and reading to keep their registrations up to date.
- The manager confirmed that new staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of

standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

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

- People spoke positively about the food. We heard people complimenting the the lunchtime meal. For example, one person said, "It's very delicious." Another person was overheard talking to a person that had recently moved to the service and saying, "The food here is mostly very good."
- Relatives also praised the quality of food. One family member told us, "The food is amazing, and they are good at making it. The chef was up for national award. Some people have softened diets and they still make it look nice."
- People were supported to maintain adequate levels of nutrition and hydration. Staff had a good knowledge of people's dietary needs and preferences and ensured these were respected. Support given at lunchtime was provided in a dignified and appropriate way that encouraged people to eat well.
- Care records reflected risks to people associated with their eating and drinking. For example, where people were identified as being at a low weight, there were guidelines in place fortify and supplement meals. Staff were aware of these risks and able to describe the plans in place.
- Nursing staff regularly monitored people's food and fluid intake and maintained a check of people's weight.

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

- People and their representatives told us they were supported to access the health care services they needed. One relative told us, "The mental health worker came in and provided some guidance to staff which they have really taken on board."
- People received input from other health professionals, including GP's, tissue viability nurses, and Speech and Language Therapists (SALT). One visiting professional told us, "The staff here are very good. Helpful, listen to comments and work in partnership with me."
- Care plans had oral assessments in and people received appropriate dental care.

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.

- People told us they felt in control of decisions about their care. We observed staff asking permission before they gave people support.
- Staff demonstrated they understood the need to gain people's consent and what to do if this was not given. For example, one staff member told us, "We have to respect people's choices and decisions."

- Where people lacked the capacity to make decisions for themselves, appropriate best interests' processes had been followed.
- Appropriate DoLS applications had been made and staff recognised how to deliver care in the least restrictive way. For example, one staff member said, "We no longer use bed rails unless they are really needed. In a lot of cases they would be an unnecessary restriction on people."

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 and is still rated as good. 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 treated with kindness and compassion. One person said, "Staff are respectful and very kind." Another person informed us, "They are very good, kind and gentle."
- Relatives also praised the kindness of care staff. One family member described, "A new lease of life has come since [person's name] has come here."
- A visitor told us, "This is one of the nicest homes I go to. There is a genuine rapport between people and staff."
- Staff had a good knowledge of people's life histories and used this information to support them effectively. We saw staff adapting the way they supported people to reflect individual preferences and expectations.
- Staff recognised the relationships that were important to people and supported people to spend time with their families.

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

- People told us staff enabled them to be in control of their own care and routines. One person told us the best thing about the service was "You are still able to be yourself."
- Visitors and relatives told us people had control over their daily routines. One visitor commented, "People get up when they choose. It doesn't feel institutional here at all."
- People were observed making choices about their food, where to spend their time and whether they wanted to attend the afternoon entertainment.
- Care plans reflected consultation with people. For example, one record stated that the person, 'likes to have personal care before breakfast.'
- Residents' meetings provided people with the opportunity to share their views about life at the service and influence areas such as menu planning and activities.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their personal care needs in a way which promoted their privacy and dignity. Staff were discreet in the way they offered support and took people to an area of privacy to discuss or deliver support.
- Staff took time and thought in assisting people with their appearance. People were dressed appropriately for the weather and staff took the time to ensure personal effects were in good condition.
- People told us that staff promoted their independence. For example, where people were able to do tasks

for themselves, staff prompted and encouraged them to continue doing so.

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

Improving care quality in response to complaints or concerns

- People did not always feel confident that their concerns would be listened to or acted upon. One person told us that they had "Made complaints, but nothing had changed." Another person said, "I don't think my complaints have been recorded." A staff member confirmed that people and their relatives had raised concerns about some staff cancelling people's call alarms without first checking what was wrong. There was no log of this in the complaints records and we were told this practice was ongoing with some staff.
- Some relatives expressed a fear about raising issues with the manager. We were contacted after the inspection by a relative who was worried if they raised concerns this would affect the care their loved one received.
- A review of the complaints log identified that not all concerns that had been raised had been recorded or investigated in line with the provider's complaints policy.
- A message from the manager to staff in respect of concerns that had been raised by a person to the provider showed a lack of respect to the person. This was raised with the manager who agreed this was not an appropriate response to the situation.
- Some staff told us that people's complaints were not always treated seriously or resulted in change. For example, one staff member said, "People have complained that sometimes they ring their bell and staff say they will be there in a minute, without asking what is wrong." They went on to say that some staff still did this.

The failure to operate an effective system for the handling of complaints was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us that there was the opportunity to participate in activities in the afternoons. One person said, "They have things in the afternoons, like entertainers coming in and you can pick and choose what to go to." Another person said, "They do have some outings, but you have to pay extra for them and there's not been anything of interest to me."
- A visitor told us, "I've noticed that there's not a lot of activity for people to do."
- On the morning of the inspection, we observed that some people were sat in the lounge between our arrival at 9:35am until 11am when the activities person came on duty and joined people. During this period, there was no stimulation or engagement for people which resulted in them sitting in silence and two people becoming agitated with each other. This was discussed with the manager who confirmed that developing morning activities had already been identified as an area of improvement. Immediately following the

inspection, the manager wrote to us to confirm that that activities staff would now be working across the day to offer an increased range of activities.

- People spoke positively about the external entertainer who visited the service on the afternoon of the inspection. The session was popular and observed to be enjoyed by all those in attendance. There was however no alternative activity offered to those people who either chose or were unable to leave their rooms.
- Links with the community had recently been developed with a visit from a local girl guides group taking place during the evening of the inspection.

It is recommended that provider have further consultations with people about what additional activities and outings they would like to see being arranged by the service.

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

- People told us they were supported in the way they wished and felt in control of their support.
- Nursing staff had a good knowledge of people's medical needs and were responsive when these changed. For example, staff had responded quickly when the management of a person's diabetes had become unstable.
- Each person had a plan of care that outlined how to best support them. The support provided by staff reflected the information recorded in people's care plans.

Meeting people's communication needs

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

- Staff had the necessary skills to communicate effectively with people. We saw that staff had a good understanding about people's communication preferences and gave them time to answer questions in their own way.
- Care records included information about how to support people to make choices by ensuring information was presented in a way they can understand.

End of life care and support

- Whilst no one was currently in receipt of end of life care, staff had sensitively supported people to think and talk about how they would like to be supported at the end of their lives. It was clear from the information recorded in care plans that this had been done at a pace and level that was right for the individual.
- Where appropriate, people had advanced care plans in place which outlined people's wishes and decisions in respect of treatment as they neared the end of their lives.
- Nursing staff reported having a good relationship with the local hospice and were in the process of looking at ways to expand their competencies in specialist end of life care.

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 required improvement. At this inspection this key question has remained as 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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection quality assurance systems were not effective. 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 that although some improvements to the auditing of the service had been made, the monitoring systems had not led to the necessary improvements which have been highlighted in this report.

- As identified in the Safe domain, the manager had not taken the action identified in the monthly falls audits to address the number of falls occurring in the lounge. The trend had been identified and action stated to allocate staff to this area, but this had never been implemented.
- There had been a continued breach of regulation 18 in relation to staffing levels.
- Where a person had experienced a high number of falls, this had been identified, but there was no evidence that the person's care had been reviewed to ensure any lessons had been learned to mitigate future risks.
- People's feedback and complaints were not viewed as an opportunity to improve care.
- There were systems in place to engage with people, although the feedback about the effectiveness of these was mixed. For example, meetings with residents and relatives had taken place. Some relatives said they found these meetings useful, whilst others said they didn't result in change.
- There had been a recent decision to change the layout of the service and the dining room and lounge areas had been swapped. The manager expressed a clear thought process behind this decision to us, but it was evident from feedback from people and staff that this decision had not been appropriately discussed and communicated to them. The manager told us that the issue had had been discussed with relatives and residents at one of the meetings. We looked at the meeting minutes and could only find reference to the decision after it had been implemented. The manager said, "I must have forgotten to record it then."
- The manager said that the provider had conducted a relative's survey two months prior to the inspection. She informed us that she was still awaiting the feedback from this.

The failure to assess, monitor and improve the quality care services was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after the inspection, the provider wrote to us to say that they had introduced a new quality

assurance process which involved greater provider oversight and monitoring of the service. The provider detailed information about how this will work in practice. We have asked the provider to send us copies of their next provider and manager reports.

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

- People and their representatives were positive about the core care staff that supported them, but many raised concerns about the management of the service. One person told us, "The staff are very nice, but it's not a happy atmosphere here." Likewise, a relative of another person informed us, "Whilst I would like to praise the full-time staff, I have found the manager to be very aloof and brusque. I've heard her talking to the staff in an extremely poor manner on a number of occasions, which was quite shocking."
- Some visitors raised concerns that the turnover of staff was due to the culture within the service. For example, one visitor told us, "Staff make negative comments about the manager and I've heard them being spoken to very badly." Likewise, another commented, "The manager seems indifferent, does not make herself available and there's no teamwork with her staff."
- Staff were worried about talking to us about the manager and felt there could be consequences for them if they raised concerns.
- After the inspection, we contacted the provider to inform them of the feedback we had received. The provider gave assurances they would address the issues raised at inspection. We were told that a meeting with residents and relatives had been arranged to address concerns that had been raised.
- Despite the concerns raised above, nursing staff worked closely as a team. The deputy manager took the lead on the clinical care and at the time of our inspection people's medical needs were being met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 did not have a registered manager. The previous registered manager cancelled their registration with CQC in December 2018. The current manager had been in post since January 2019 and was in the process of applying to be registered.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. Where people or their representatives had raised concerns, these had not always been managed in line with the duty of candour principles.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The manager had submitted notifications in line with requirements.

Working in partnership with others

- The manager told us that they worked in partnership with other health professionals to support people effectively. One professional told us, "I think the relationship has improved a bit, but it is still a bit hit and miss."
- Nursing staff told us they had good links with the local community team and hospices.
- The manager said they attended meetings with the Clinical Commissioning Group on hydration and falls and that champions in these areas shared best practice across the provider group.

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 Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to operate an effective system for the handling of complaints.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of care services.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of staff deployed around the service to meet people's needs.