

Care UK Community Partnerships Ltd

Parsons Grange

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
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

Parsons Grange is a care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 68 people. Some people who reside at the service are living with dementia.

The care home is a modern build. There are four units, spread across two floors. Each bedroom has its own ensuite bathroom, with wet room style shower. There are communal areas such as a reception café, dining rooms, cinema, activities room and gym. There is a communal garden.

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

There was evidence of engagement between the service, provider, people and relatives. However, surveys, feedback and meeting minutes indicated this required improvement. There was a satisfactory workplace culture; permanent staff stated they liked working at the service and demonstrated good working relationships. The provider and the management team had satisfactory quality assurance systems in place. Recruitment of permanent staff was an ongoing issue. Some actions were in place to address this.

People were protected against abuse and neglect. People's risks were satisfactorily assessed. The premises' risks were also routinely assessed. The building was clean and tidy with appropriate cleaning to prevent infections. Accidents and incidents were logged but more evidence of steps taken to prevent recurrence required documenting. We made a recommendation about this. Medicines errors were recorded; evidence of analysis and learning from the errors was not always kept up to date. Personnel files contained all the required documents set out by the schedule.

People's preferences were assessed and documented. Staff were appropriately supported by their training, supervisions and performance appraisals. We made a recommendation about staff refresher training. People received enough food and drinks. We made a recommendation about accurate recording of drinks. Any clinical issues needing escalated support were referred to external healthcare professionals. There was very good thought and consideration with regards to environment and decoration to meet the needs of people who use the service.

Staff were kind and caring. There was good interaction between staff and people who live at the service. There was evidence of people's and relatives' involvement in the care planning. Reviews were undertaken regularly. People's dignity and privacy was respected.

There were detailed care plans, and these were person-centred. People's preferences were detailed and documented. Complaints were satisfactorily documented and managed. People had access to a good social life, both within and external to the care home.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This is the first rating for this service.

Why we inspected

This was a planned inspection based on date of registration.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Parsons Grange

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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

Parsons Grange is a 'care home'. People in care homes receive accommodation and nursing or 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 a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held and had received about the service since the time of registration. We sought feedback from the local authority, safeguarding team and other professionals who worked with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's

website. 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

The site visit was completed on 10 November 2021. We made telephone calls to people's relatives on 19 November 2021 to gather more feedback. We spoke with two people and nine relatives about their experience of care and support provided by the service. We spoke with the regional director about their oversight of the service. We spoke with the registered manager, deputy manager, clinical lead, head chef, kitchen staff, team leader and two care workers. We asked staff to provide feedback and received 14 responses. We contacted the local authority safeguarding and commissioning team and the local fire service. We reviewed a range of records. This included six people's care records and 11 people's medicines administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received further care records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm, neglect and discrimination.
- Staff received training in safeguarding adults at risk. They confirmed they knew the different types of abuse and how to report it.
- There was a whistleblowing policy and staff said they knew how to raise concerns about care practices.
- The registered manager reported allegations of abuse or neglect to the local authority, so they could be investigated if needed.
- The service informed us of any incidents where potential or actual abuse had occurred.
- Relatives felt people received safe care. They stated, "Yes in the main [the person] was well cared for", "Yes definitely [safe]", "Yes we think [the person] is safe and well cared for. They look after [the person's] needs well" and "[The person] has very good care. We are informed of everything that is going on."

Assessing risk, safety monitoring and management

- Risks were appropriately assessed to prevent harm to people, staff and visitors.
- People had risk assessments for personal and nursing care including moving and handling, skin integrity and eating and drinking.
- Staff received training in dementia awareness and confirmed they had an awareness of how to care for people living with dementia.
- Staff stated that they understood how to manage people's behaviours that challenge, such as verbal or physical aggression. One care plan stated to use distraction techniques and speak calmly with the person to prevent behaviours that challenge.
- There were general risk assessments for the building and premises. These included lifting equipment, fire safety and Legionella prevention.

Staffing and recruitment

- There were sufficient staff deployed to satisfactorily meet people's needs.
- Relatives expressed divided opinions about staff deployment. Feedback included, "FM2 – "I was very concerned about the lack of staff...I have mentioned this to the manager but I was not listened to and told there was no problem and that they had the right staffing levels", "The staff are a bit stretched", "They do have staffing problems...they have a lot of agency staff...", "The service seemed to be short of staff in the beginning and things were wobbly. Every time we go in now though there are always plenty of staff", "There are always people [staff] about and they are always friendly", "They seem to have adequate staffing. They do as well as can be expected" and "There is always someone to help...they do respond to issues."
- We did not find that staffing deployment directly impacted on people's safety or that they were at high risk

of harm.

- There were a number of vacancies in the care and nursing team. Agency workers were used to fill the vacant roles. The service had an ongoing recruitment programme, but was impacted by the pandemic and social care workforce demands.
- There was an appropriate mechanism in place to calculate the number of staff required to care for people. This was based on their dependency and how much time was needed to attend to their personal and nursing care.
- Rotas showed staff were deployed in line with the number of staff who needed to be present to provide safe care. During busy periods, the management team also assisted with hands on care.
- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- We found a small number of discrepancies with information from previous employment, regarding staff prior conduct (references) and verifying the reasons for leaving prior employment. We raised this with the registered manager and the regional director.
- After the inspection they provided information about the action they took to ensure the necessary information would be gathered. We also discussed the recruitment policy with the regional director to ensure it accurately reflected the regulatory requirements.

Using medicines safely

- People's medicines were managed safely.
- People were supported to have their medicines at the right times as prescribed.
- We reviewed medicine administration record (MAR) charts for 11 people and noted one gap that has already been identified by the clinical lead. They were able to explain the process of addressing the error with staff.
- However, although medicines errors were recorded, the registered manager did not always ensure evidence of analysis and learning from the errors were easily accessible and kept on file. They accepted our feedback.
- People were prescribed 'as required' (PRN) medicines to help manage their conditions. However, the protocols did not always contain clear information specific to the person, such as symptoms to look out for, how people expressed themselves when in pain, any side effects to observe for, or when to review it. We discussed some of the PRN protocols with the clinical lead and how to update them.
- The registered manager, deputy manager or clinical lead carried out medicines audits for each person's MAR charts. We found this supported safe management of medicines.
- Staff supporting people with medicine had their medicines administration skills checked annually by the senior staff. We noted four staff needed to refresh their competency assessments. This was raised with the management team and the competency assessments were completed promptly by the clinical lead.
- We also checked how assessors were deemed to be competent for checking other staff's medicines practices. The registered manager could not explain how they ensured assessors were able to effectively check the knowledge, understanding and competency of the staff managing medicines.
- After the inspection, the regional director confirmed that this issue was raised with the provider's director for nursing and governance. They advised us how medicine competencies including the observation of the medication round would be completed and observed by suitably trained staff as noted in the provider's policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was an online system for recording accidents and incidents. The registered manager would be notified when a new entry was made in order to review it and take further relevant actions.
- The registered manager had reviewed the accidents and incidents which were logged. However, the evidence of steps taken to prevent recurrence were not that easily accessible. We could not always be sure lessons were learned from these events.
- This feedback was provided to the registered manager and regional director. They accepted the findings and explained how they would make the information from accidents and incidents more accessible. This would include through staff supervisions, reflective practice and staff meetings.

We recommend the provider reviews how they use and record evidence of lessons learned from accidents and incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We reviewed the training matrix provided to us, which recorded training the provider had determined was mandatory, as well as role- specific training for care staff and for the registered nurses.
- The registered manager maintained a system for monitoring staff training to ensure training was up to date. When new staff started, they had an induction that included mandatory learning and worked alongside existing experienced staff members.
- The registered manager and the regional director acknowledged some staff needed to refresh their training. After the inspection, the regional director confirmed the training sessions were booked for staff to attend.
- The provider's policy for how often the staff should update or refresh their mandatory training was not always in line with best practice guidelines for ongoing social care staff training. For example, training about the Mental Capacity Act (MCA) 2005 including Deprivation of Liberty Safeguards (DoLS), and equality and diversity required refresher training for staff every three years. The current Skills for Care guidance states the provider should assess the knowledge and competence for these topics at least annually, and provide learning and development opportunities for the subjects at least every three years.
- According to the provider's training information, staff learning about lifelong medical conditions did not need refresher training. This included topics such as people living with dementia, support with palliative care or end of life care and wound care. This was not in accordance with the best practice guidance for adult social care staff learning, which states that providers should assess knowledge and competence in specific conditions at least annually,
- Following the Care Quality Commission Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people, we found the provider's training information and policy did not include training on oral care.

We recommend the provider reviews the current best practice guidance for ongoing training for social care staff.

- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff felt supported by the management team who used the provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during their supervision meetings.

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

- People were protected from malnutrition and dehydration.
- Risk assessments were in place which covered people's eating and drinking habits. People at risk of weight loss or insufficient fluid intake were highlighted to staff and the kitchen.
- People's weights were measured and these were tracked over time to look for losses or gains.
- Appropriate professionals were contacted if a person had a swallowing difficulty, was at risk of choking or experienced weight loss.
- The head chef displayed an excellent understanding and practice in older adults' eating and drinking safety. This included allergens, preferences, modified texture diets and drinks and food safety.
- Menus were displayed for people to choose from. People could access different meals if they changed their mind about their selected option.
- Staff recorded people's food and fluid input where needed. Those people had targets for their fluid consumption for each day. On the fluid charts, full cup volumes were recorded. These were not always the volumes the person consumed, which led to inaccurate overall tallies in a 24 hour period. We pointed this out to the regional director who agreed with our finding. They stated they would review the recording of fluid volumes.

We recommend the provider reviews the system for accurately documenting people's fluid intake.

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

- People's preferences, likes and dislikes were considered and respected as part of their care.
- Care records reflected the way staff should support them. This included with washing, dressing, eating and drinking and mobility.
- Where people could not express their preferences, staff used their knowledge of people and relatives' feedback to formulate the care plan.

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

- The service worked with health and social care professionals to ensure people received the care they required.
- The GP visited regularly or there were remote consultations. Staff raised any issues with the GP in a timely way.
- Other healthcare professionals were consulted where needed, for example a dietitian or speech and language therapist.
- A rapid response team worked with the service to provide care within the home for minor injuries and illnesses. This prevented hospital admissions in some cases.
- People's changing needs were monitored to ensure their health needs were responded to promptly. People's needs were reviewed when required and referred to health and social care professionals in a timely manner.
- Staff understood the importance of timely referrals to address any health or changing needs issues.
- A community professional said, "Yes on many occasions, referrals have been made to different organisations. The staff are fantastic."
- Relatives commented, "They have their own GP. He gave mum the vaccine. [The person] has seen him... [staff] do communicate well with the GP" and "They [staff] contact the GP if they feel [the person] needs anything. They monitor her closely and [the person] has blood tests."

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

- The building and premises were appropriate for people who lived at the service.

- The provider had designed the building in line with best practice principles for nursing homes, including those set out for people living with dementia.
- There were neutral colour patterns, good lighting, non-slip floors, wide corridors and doorways and colour-contrasting bathroom fittings. These are recommended to prevent slips and trips, and to help people living with dementia.
- Appropriate signage was displayed throughout the building. This included pictures which showed the purpose of a room, and directional signage with arrows, room names and numbers.
- People's bedrooms were personalised with individual mementos and items important to them.

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's consent was gained prior to care and support being provided.
- Staff confirmed they received training in MCA and DoLS. They stated they understood the principles of consent, best interest decision-making, mental capacity and deprivation of people's liberty.
- Mental capacity assessments were completed if there was any question of a person's capacity to independently make important decisions.
- Decisions were made in people's best interests when people could not make their own decisions, and appropriate documentation was completed.
- DoLS applications for restricting people's liberty were completed by the registered manager, and renewals submitted to local authorities as needed.
- Where a person had a lasting power of attorney, this was noted in documentation and the service obtained a copy for the person's care records.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives gave complimentary feedback about the care and support provided by staff.
- They stated staff were kind and friendly, and attentive to their needs.
- Online comments included, "All staff I came into contact with were happy, friendly, respectful and caring", "The staff are respectful, proactive and reactive, and totally professional. They offer full support not only to the resident but to the whole family..." and "The welcome from everyone was special and dad has been surrounded by love and affection ever since."
- During this inspection, we observed consistent and considerate support and care. People felt respected and valued, and the relatives agreed. People and relatives told us staff were caring and kind.
- We observed some compassionate and caring interactions between the staff and people. The impact these kind interactions had on the people could be seen on their faces as they responded to staff with smiles.
- The staff were able to anticipate the needs of the people to ensure timely and effective interventions.
- Relatives expressed the service was caring. Comments included, "They have a good rapport with her", "The permanent members of staff are caring, conscientious and helpful. They have the patience of saints", "They are lovely people. They are very attentive to his needs which are complex and he can give them the thumbs up or down", "The staff seem very nice and they talk to them" and "They are pleasant, nice, jolly and helpful. You only have to ask them for anything and they will do it. We get on well with the staff and she has a good rapport with them. They pop in to see her and ask if there is anything they can do for her."

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

- People and relatives were involved in formulating and reviewing care plans.
- Where people were unable to contribute to their care plan, staff provided the details for the care plan based on their knowledge of people's needs.
- Most relatives expressed they were aware of care planning. One stated, "We do have a care plan. Once a month we get a call about that to see if there are any changes or additions. We can comment and they will write in the care plan. Even something small like a change in the flavour of juice."
- Another relative commented on staff interaction in the care process. They commented, "The nurse is very informative. [The registered nurse] has got to know [the person's] facial expressions and can read them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff stated they knew how to treat people with respect. Comments from staff included, "To be polite and

courteous and respect their views and wishes", "Be polite, listen and be attentive" and "I listen to them [people] and am always polite to them."

- People were neatly groomed and appropriately dressed. They wore clothing they had chosen or that staff felt people liked and looked good in.

- People's independence was encouraged, promoted and maintained. Staff encouraged people to complete parts of their personal care they could undertake. For example, some people were able to wash parts of their body and perform their own oral care.

- Staff confirmed they knew how to encourage people's independence. They stated, "I will encourage people to do things by themselves and help them when they can't", "I assist people when needed, encouraging them to do things by themselves" and "Allow them [people] to continue doing things instead of doing everything for them."

- Information was protected in line with applicable regulations and guidance. This included the data collection, storage, retention and destruction steps. Staff only had access to information they needed to complete their role.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 was individualised. It was based on their personal requirements and needs.
- The service gathered information from the pre-admission assessment, likes and dislikes, hobbies, interests and important faith or cultural information.
- Care plans were formulated from the information gathered. Within the first few days of admission, care plans were modified to match people's observed needs. This was important because some people's needs, for example in hospital, did not match their level of ability when they moved to the service.
- Care plans were created in response to risks identified. Examples included mobilising, eating and drinking, continence care and night-time routines.
- Registered nurses reviewed the care plans over time, with input from the person, care workers and relatives.
- Changes to care plans were also informed by any information from health and social care professionals who provided advice or visited.
- The electronic care documentation system provided easy access to update care plans. These were routinely updated monthly or at the time of changes to a person's support needs.
- Some paper-based care records were kept in people's bedrooms. These included records of people being turned, food and drink intake and welfare checks. There were occasional gaps in documentation by staff however records were completed and showed support provided.

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 ability to communicate was documented within their care plan.
- The care plans detailed different ways to effectively communicate with people. For example, it stated whether the person had an impairment (such as dementia) that may prevent the person's understanding.
- Methods for communicating or interpreting messages with people included verbal, non-verbal (such as facial expression), sensory (such as hand gestures) and pictures or symbols.
- Certain other parts of the support provided included other communication techniques, for example photographs of activities and staff showing people meals and plates so they could point to ones they liked.

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

- There was an appropriate activities programme to encourage stimulation and participation in social interaction.
- The premises included a small gym, activities room and cinema. People participated in a relaxation session during one part of the inspection. This included hand massage, sensory lighting, tranquil videos and sounds of nature.
- There was a suitable activities programme in place. A calendar was prominently displayed. People could also view the photos of prior activities to remind them of events that had occurred or they had taken part in.
- A bus was provided by the service to access community settings, and to promote socialisation outside of the care home.
- During the pandemic and lockdowns, people communicated with relatives and friends using technology such as tablet computers and chat programmes. A suitable visiting system was in place at the time of the inspection.
- Relatives comments on activities included, "[The person] can join in the bingo and the painting. He loved the 'birds of prey' event and he looked forward to it" and "They do take her to join in the activities."

Improving care quality in response to complaints or concerns

- The management team took complaints and concerns seriously.
- We examined details of the complaints received during the last 12 months. These were investigated and responded to appropriately.
- We saw the service had received some compliments regarding the care and support provided to people.
- The management team thanked the staff and appreciated their work in bringing improvements to the service.
- People and relatives could approach the registered manager or one of the staff members in the team if they had any issues to report. Staff stated they felt they could approach the management team with any concerns should they need to.

End of life care and support

- People's end of life preferences were documented.
- 'Do not resuscitate' orders were in place for some people; these demonstrated that appropriate discussions were held with the person (where possible), relatives, staff and others. Reviews of the orders were completed when needed.
- The service had access to appropriate healthcare professionals to support end of life care, such as palliative care nurses and the rapid response team.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- There were appropriate methods of engaging with people and relatives. This included meetings and surveys. However, engagement with people and relatives and acting on their feedback in a proactive manner required improvement.
- When asked about engagement with the management and service, relatives expressed dissatisfaction. Comments included, "They used to hold group Zoom [online video] meetings for relatives. It was held during the day and you were able to ask questions to the manager. They haven't held any though since July [2021]" and "The Zoom group meetings weren't very useful and not handled well."
- Further feedback included, "The manager did not listen to me when I complained...", "When I apply to take [the person] out [the staff] do not always pass on the information to reception so the paperwork does not get done in advance", "The manager did not listen to me when I complained about the [staff] so I do not think he was approachable."
- Provider-led surveys of people and relatives were completed. Meetings were convened by the staff at the service.
- The relatives' survey between April 2021 and August 2021 demonstrated mixed results. Comments on people's hygiene, grooming and personal presentation of people was positive. However, access to the registered manager, communication from staff members, involvement and responsiveness to concerns were listed as areas for improvement.
- No action plan for the survey was provided at the inspection. There was an accompanying handwritten lists of points to act on, but timeframes for the improvements were recorded as 1 October to 31 December 2021. The action plan did not detail who was responsible and what actions had already commenced or were completed, following the survey report.
- People's survey results were published September 2021. Positives were listed as the activities sessions and personalisation of bedrooms. However, people felt areas for improvement included how their concerns were handled and being treated equally and fairly.
- Again, no action plan was provided at the inspection. An undated, handwritten "agreed actions" document listed three actions in response to people's negative feedback. There were no dates listed for achieving the actions, which staff were responsible for the tasks and no progress towards them was listed. An example of an action was to explore some issues in the 'residents' meetings; the meeting minutes showed these areas were not addressed in the meetings.
- Periodic meetings were held with people. Separate meetings were held with relatives and friends. No meeting minutes for relatives were provided after September 2021, so there was less information about how

the service engaged with them during the period up to the inspection.

- Relatives' meeting minutes from May to July 2021 documented discussions about COVID-19 and people's safety, new staff introductions and completed or planned activities events.
- 'Residents' meetings held from August 2021 to October 2021 showed people were reasonably satisfied by the care. Positive discussions were noted about the activities programme and minibuses. People were critical of the use of agency workers and perceived quality of some meals and dining room service. The minutes did not list what the management response was to these comments and there was no associated action plan to address the concerns.
- Although people or relatives expressed some negative views in the meetings, there was not a clear record of actions to be taken and those completed.
- Staff engagement was mixed. Comments included, "Everything is fine...the only thing I will suggest is to add more staff", "I thoroughly enjoy the working environment and people I am surrounded by", "It is important to get more staff to provide enough support for the incoming [residents]" and "All staff take pride in the home...I am very proud to work here." There was no action plan in place to address constructive criticism from staff.
- Regular meetings were held with staff. They were able to express their opinions or by using another format, such as a one to one discussion with their line manager.

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

- Staff turnover was high. A total of 18 staff had resigned or left the service since February 2021. The service action plan stated the corrective actions for recruitment. For example, "Ensure that [Care UK] recruitment are fully aware of all vacancies and staff are interviewed ASAP and onboarded. Apply [to] local [social] forums to promote vacancies."
- Progress with employing staff was listed as working with the provider's recruitment team and prioritising interviews. The service had ordered flyers for a letterbox drop. New staff were being inducted, including two registered nurses. The action plan listed staffing employment as a continued priority.
- There was a satisfactory management structure at the service. This included a number of members of the management team such as the registered manager, deputy manager, clinical lead, head housekeeper and head chef. They met regularly to discuss organisational changes and any improvements required.
- A series of audits were in place to measure the safety of care provided and quality of governance at the service.
- In July 2021, the provider's own audit identified several areas for improvement at the service. These included improvements to nursing risk assessments, recording of food and fluids and frequency of staff supervisions. Documents for recording of food and fluids were improved, and more checks were completed by the management team. However, there remained some gaps in completion of them by staff.
- An action plan was implemented. This set out the corrective actions, the staff member responsible and the timeframe for completion.
- The progress of the actions was tracked weekly. The action plan demonstrated that risks were being mitigated over time. This was monitored by the regional director and registered manager.

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

- The workplace culture was satisfactory, with a mix of permanent staff and agency workers providing care and support to people.
- Not all people and relatives were satisfied by the number of agency staff, but there were efforts by the provider to recruit permanent staff to the vacant posts.
- The service submitted relevant statutory notifications to us promptly. A notification is a legally-required

document recording certain events. This ensured we could effectively monitor the service between our inspections. If needed, the management team provided information to us to help with our enquiries.

- The service had an appropriate statement of purpose. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was available for anyone to access and read.
- Staff confirmed they were aware of the service's ethos for care.
- During the inspection, staff were pleasant and approachable. They were observed being patient with people and supporting them in an appropriate way.

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; Continuous learning and improving care

- There were no serious injuries reported as notifiable incidents in the last 12 months.
- The regulation sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- We discussed the duty of candour regulation and its requirements with the registered manager. However, the registered manager did not demonstrate a good understanding of the regulation and their role to ensure it was met.
- Providers are required to notify us of significant events and other incidents that happen in the service, 'without delay'.
- During this inspection, we found the registered person ensured we were notified of reportable events within a reasonable time frame. This meant we were able to check the transparency of the service, and monitor that appropriate action had been taken to ensure people were safe at that time.

Working in partnership with others

- During the pandemic and lockdowns, the service demonstrated they worked effectively with stakeholders.
- Staff liaised with health protection teams, the local authority, commissioners and Public Health England when there were suspected or actual cases of COVID-19. This ensured the safety of people, relatives and staff.
- There were regular reviews of people's health and social care needs by community-based professionals.