

Silverdale Care Homes Limited

# Silverdale Nursing Home

## Inspection report

Newcastle Street  
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Newcastle Under Lyme  
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Date of inspection visit:  
01 November 2022

Date of publication:  
29 December 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Silverdale Nursing Home is a care home providing personal and nursing care for up to 27 people in one adapted building. The service provides support to older people some of who are living with dementia. At the time of our inspection there were 17 people using the service.

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

Medicines were not always administered safely. Where people's medicines had not been signed for as administered, staff did not always escalate this as soon as they could. Protocols for as required medicines were not always consistent with how people's medicines were prescribed. People's diverse needs were not always considered in full in line with the Equality Act 2010. Regular staff supervision had not yet been implemented to ensure oversight of staff competency. People and relatives told us they were not always asked for feedback regarding the home and were not always kept up to date with changes. The provider did not always share information with other agencies. Audit systems were in place, but documentation was not always completed in full to show where actions had been addressed.

Relatives told us people were safe. Systems were in place to manage accidents and incidents and there had been a reduction in reported incidents at the home. People were supported by staff who knew how to keep them safe and who had completed safeguarding training. Risk assessments were followed by staff and there was clear oversight of clinical concerns. People were supported by staff who had been safely recruited. Environmental improvements had been made at the home to prevent the spread of infection and staff complied with infection prevention and control policy. Where things went wrong, action had been taken to reduce the risk of reoccurrence.

People's assessments were personalised and included their life stories. People were supported by staff who were knowledgeable and were provided with enough training opportunities. People's mealtime experience was positive, and they were provided with choice of meals and drinks. People's dietary needs were met in line with their care plans. The home had been adapted to make it more suitable to meet the needs of people living with dementia. People's health needs were monitored, and referrals were made to health professionals when needed. 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.

People were supported by staff who were kind and caring to them. People were supported by staff who promoted their independence and enabled them to do what they could for themselves. Staff supported people's privacy and dignity.

People were given choice and control and their care was delivered in a person-centred way. People had communication care plans in place and staff communicated with them in a way that maximised their understanding. People were encouraged to engage in a wide range of activities of their choice. A complaints

policy was in place that was followed. Where people were at the end of their life, their wishes had been discussed and recorded.

The provider worked closely with commissioners and health professionals to improve the quality of care provided. Systems in place for staff deployment ensured an appropriate number of suitably skilled staff worked on each shift. The manager and staff were clear about their roles and responsibilities. There was a positive culture at the home that promoted positive outcomes for people and staff told us it was now a much better place to work.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 14 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silverdale Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Silverdale 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 Health and Social Care Act 2008.

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 team consisted of 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

Silverdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silverdale Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had applied to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 November 2022 and ended on 9 November 2022. We visited the location's service on 1 November 2022.

#### What we did before the 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who lived at the home and 1 visiting health professional. We also spoke with the owner, the manager and the clinical lead whilst we were on site. We also spoke with a consultant who worked for the health and social care consultancy recruited to support with the management of the home.

We spoke with 5 relatives by telephone. We also spoke with nurses, senior carers and care staff who worked at the home by telephone.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

### Using medicines safely

At our last inspection, the provider had failed to ensure medicines were stored and administered safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine administration records (MAR) were completed when medicines were administered to people, but staff did not always immediately identify where signatures had been missed. This meant there was a delay in investigating the reason for the missed signature. We found no evidence that people had not received their medicines, or this had impacted people.
- Protocols in place for the administration of as required medicines were not always consistent with medicines guidance. For example, where one person was prescribed a pain-relieving medicine on an as required basis, the prescription stated 1 or 2 tablets could be taken up to 4 times daily, but the protocol stated only 2 tablets. This had not had an impact on the person as they had not needed the as required medicine more than the protocol stated.
- Medicines were stored safely. Fridge temperatures were checked and were in the safe temperature range to store medicines.
- Covert medicines pathways were in place where medicines were administered in people's best interests without their consent. These gave clear guidance to staff regarding how to administer the medicines and had been agreed by medical professionals.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems in place failed to protect people from abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Relatives told us people living at the home were safe. 1 relative told us, "I have no concerns about my relative's safety there."

- People were supported by staff who had completed safeguarding training and understood how to keep them safe. One staff member told us, "I've done safeguarding training. The types of abuse include mental, physical and sexual. If I saw abuse, I'd go to the senior. If nothing happened, I'd go to the manager and if nothing got done, I'd ring CQC or a higher authority."
- Systems in place to manage accidents and incidents were robust. When an accident or incident occurred, these were recorded by staff, body maps were completed if needed and the manager reviewed them and acted when needed.
- The number of incidents involving people living at the home had decreased since the last inspection. One relative told us, "There has been a reduction in the amount of incidents with my relatives in the last few months."

### Assessing risk, safety monitoring and management

At our last inspection, risks to people were not managed and the provider failed to take action to mitigate risk to people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's health was monitored daily and where concerns regarding their health were identified, action was taken to manage the risk.
- People's skin integrity needs were managed safely. People's dressings were changed as required and people were repositioned in line with their care plans.
- Where people were known to become distressed, care plans were in place to guide staff how to manage and mitigate risk to the person and others living in the home. When an incident occurred during the inspection, staff managed the incident in line with the person's care plan and guided the person away from other people living at the home to minimise risk to them.
- Where unexplained bruising had been identified, the causes of this were explored further to determine if there was a medical cause. Safeguarding referrals were made if there was no medical cause of their bruising.
- Risk assessments were in place to manage risks related to people's mobility and staff were knowledgeable about them. We observed people being supported with their mobility needs safely and staff told us how they supported a person with hoisting safely.

### Staffing and recruitment

At our last inspection, the provider failed to ensure recruitment checks were operated effectively to ensure they employed people of good character with the skills and competence to meet people's needs. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by staff who were safely recruited. Staff were not permitted to commence employment until employment references had been received and a Disclosure and Barring Service (DBS) check had been received and reviewed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer



recruitment decisions.

- The provider had reduced the use of agency staff at the home which meant people were supported by staff who knew them well. One relative told us, "My main concern with the place was the lack of continuity with staff. There were far too many agency staff. It's a lot more consistent now."
- Where agency staff were employed, they were required to complete a thorough induction to ensure they were competent and could meet people's needs safely.

### Preventing and controlling infection

At our last inspection, the home environment was not properly maintained and hygiene standards were not maintained. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home was clean and hygienic and cleaning was undertaken throughout the day of inspection. The home had been painted, damaged doors had been replaced and areas of rusting had been addressed. This reduced the risk of spread of infection. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

Visiting was permitted in line with current government guidance. Relatives were able to visit the home at a time of their choice. When visitors attended the home, they were asked if they had any symptoms of Covid-19. Hand sanitiser and face masks were provided for visitors on entry to the home to reduce the risk of spread of infection.

### Learning lessons when things go wrong

At our last inspection, the provider had failed to take action to mitigate known risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider acknowledged that significant improvements were required following the last inspection to mitigate risk to people and had taken action to address this.
- Concerns had been identified following the last inspection regarding fire safety. Action had been taken by the provider to address this and ensure safety compliance.
- When something went wrong, the provider took action to reduce the risk of reoccurrence. For example, where one person had had multiple falls, a physiotherapist was initially contacted and when the falls continued, a request for a social work reassessment to consider 1 to 1 support was made.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs in relation to their protected characteristics under the Equality Act 2010 were not always considered. For example, assessments identified people's religion, but they did not explore whether people needed support to meet their religious needs. We did not find any evidence this had impacted on people.
- People's assessments were personalised and considered people's life histories and likes and dislikes.
- Assessment documentation had been since the last inspection and was now consistent and organised in a way where staff were easily able to access it.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were appropriately supported and adequately trained to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Newly recruited staff were not always up to date with mandatory training. The manager told us this was due to an issue with the online training provider which had been raised and was waiting to be resolved. Staff confirmed this had been addressed by the following week and all training was accessible.
- Plans were in place to commence regular staff supervision, but this had not yet started. The manager undertook responsive supervisions with staff to address any concerns.
- Staff told us training opportunities available to them had improved. One staff member told us, "We have online training now, there are 50 training courses, that's really helped".
- Staff underwent a thorough induction prior to supporting people. Staff we spoke with were knowledgeable and knew people well. One staff member told us, "I had a 3 day induction. We learnt how to use a hoist and how to support people. I did safeguarding training."
- The provider provided financial incentives to encourage staff to remain up to date with their training.

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

At our last inspection, the provider had failed to ensure people were supported to eat food in line with their dietary requirements and had failed to take action where people had experienced unintended weight loss.

This was a breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People had a positive mealtime experience. People were offered a choice of where to eat their meals and were offered a choice of food and drinks. When people did not want one of the meal options, staff offered them alternatives to ensure they ate sufficiently.
- People were supported to eat food in line with their dietary requirements. One staff member told us, "People are on modified diets. We have a list of names and have cards we put on plates so there are no mix ups." One relative told us, "My relative is on soft foods. They get a variety of soups, they make me fancy some."
- Drinks and snacks were provided to people on a regular basis throughout the day. Staff supported people where they needed help to drink.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider had failed to ensure people had consented to care and treatment and failed to undertake mental capacity assessments where required by the Mental Capacity Act 2005. This constituted a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Legal authorisations were in place when needed to deprive a person of their liberty. Applications were made to the local authority to request extensions when required.
- Mental capacity assessments were completed when needed to determine if someone was able to make their own decision regarding living at the home.
- Where restrictions were in place, people with capacity had been asked for their consent. For example, one person with capacity had bed rails in place which they had consented to.

- Where decisions had been made to administer medicines to people covertly, mental capacity assessments had been completed and decisions had been made in their best interests.
- Staff understood the principles of the MCA and supported people in the least restrictive way. One staff member told us, "If someone couldn't make their own decisions, we would make the decision but only for the better of the resident."

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

- The home had undergone significant refurbishment. New sky lights had been put into the communal lounge and one of the corridors which allowed more light into the home. A new kitchen had been fitted and new floors had been laid throughout the home.
- People's bedroom doors had been replaced with different colour fronts to make them more easily identifiable for people. One person had a picture of themselves outside their door and the manager told us they were planning on doing this for other people's rooms.
- Dementia clocks were visible in the home and pictorial signs had been put on communal rooms such as bathrooms to aid people's orientation to time and place.
- The provider showed us plans that had been submitted for approval to improve the outside appearance of the home.

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

- People's weights were monitored when needed and action was taken if there were any concerns. One relative told us "Staff have been monitoring my relative's weight regularly. They gained weight when they got to the home and maintained it."
- People were supported to access health professionals when needed. We saw referrals had been made to dieticians, tissue viability nurses and community mental health teams. One relative told us, "They escalate any health concerns. They speak to the GP about my relative and they have tried the physiotherapists. The home has done wonders."
- Health professionals told us the home engaged with them when needed to access support.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

At our last inspection, the provider had failed to ensure staff spoke to people with respect and treated them with dignity. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had taken steps to recruit a stable and consistent permanent staff group. The manager and senior staff promoted a positive culture focusing on meeting people's needs which was disseminated to staff. This had promoted a staff culture where staff spoke to people with respect and treated them with dignity. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy was respected. Staff knocked on people's doors prior to entering and people's doors were closed when they were being supported with personal care.
- People were supported to do things for themselves when they could. One person who had spent all of their time in bed at the time of the last inspection was sitting out in the communal lounge engaging in an activity independently.
- Staff respected people's dignity. When people were being supported to eat, staff sat beside and spoke with them to support them in a dignified way.

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

- People were supported by staff who were kind and caring and treated them with respect. One person told us, "The staff are all nice and kind." One relative told us, "The staff are gentle and caring, very impressive."
- Where people were supported on a 1 to 1 basis, staff engaged with them in a positive way that respected their needs.

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

- People were asked for their views and supported to make decisions about their own care. We observed people making decisions about what they wanted to eat and drink and which activities they wanted to engage with.
- People chose where they wanted to eat their meals and staff followed their wishes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection, the provider failed to ensure people received a service that was person centred and reflected their personal preferences and individual needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had reviewed and updated people's care documentation. The new documentation was person centred and reflected people's preferences and their individual needs and this was followed by staff. They had also improved systems in place to manage complaints and increased the variety of activities available to people. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans had been reviewed and provided consistent guidance for staff to follow. The manager told us the care plan review was a continuous process to ensure guidance for staff remained clear and up to date.
  - People were given choice and control about how their care was delivered and care plans reflected this.
  - People's care was delivered in a person-centred way and considered people's individual care preferences.
- Improving care quality in response to complaints or concerns
- A complaints policy was in place and where complaints had been recorded formally, this had been followed. Some complaints had not been recorded formally prior to the change in management but systems had been implemented by the new manager to ensure all complaints were addressed in line with the complaints policy going forward.
  - Complaints were analysed on a monthly basis so patterns and trends could be identified and action taken if needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place that were followed by staff.
- People's communication needs were respected and staff communicated with people in a way they

understood. Where one person had a sensory impairment, staff communicated with them by writing on a communication board to maximise their understanding.

- Where people had a cognitive impairment, staff adapted their communication style to support them to understand. For example, we saw meal options being shown to people to support them to make decisions regarding their meals. A staff member told us, "We use two show plates at lunch time so people can see for themselves what they want to eat."
- People were supported by staff who understood how to respond to nonverbal communication. One relative told us, "They do anticipate my relative's needs. They can't be verbally relied on but it's all through facial expressions."

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 were supported to engage in activities of their choice. 1 person told us, "Most days we enjoy the activities. Sometimes in the summer we went out and sat in the garden."
- An activities co-ordinator was employed at the home who actively encouraged people to participate in activities. On the day of inspection, we saw people engaging in ball games, quizzes, colouring and a musical session with a singer.
- Where one person liked gardening, they were supported to undertake gardening in the outside courtyard.

End of life care and support

- People's end of life wishes and preferences were considered where people were at that time of their life. For example, in one person's end of life care plan, it was documented where they wanted to be at the end of their life and what they would like for their funeral arrangements.
- The manager told us people did not always want to discuss their end of life preferences before that time of their lives, but they intended to revisit this to ensure people had the opportunity to discuss it should they wish.



# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audit systems had been implemented to check the quality of the service. These were effective in identifying actions that needed to be taken but documentation was not always completed in full. For example, where actions had been completed, the audits had not always been updated to record the completed action.
- Medicines checks were not always effective in ensuring errors were identified, and immediate action was taken to address this. For example, where there was a missed signature on a person's MAR, staff had not immediately escalated this so it wouldn't have been identified until audits were undertaken.
- Medicines audits had not identified where PRN protocols had not been recorded in line with prescriptions or where they required removing as the medicines were no longer prescribed. This had not had an impact on people. The manager reviewed and updated PRN protocols immediately and removed them where they were no longer needed.
- Systems had been put in place to ensure staff were deployed with an appropriate skill mix to meet people's needs. A clinical lead role had been implemented daily to ensure there was oversight of essential health monitoring.
- The manager had oversight of all accidents and incidents and took responsibility for escalating any relevant concerns to safeguarding and CQC where required.
- The manager and staff were clear about their roles. Systems had been put in place to ensure responsibility was taken for the oversight of specific tasks. For example, staff had been allocated specifically to review clinical records to ensure any concerns were identified and action could be taken.

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

- People told us they were not always asked for their views regarding the home. One person told us, "We are never asked to feedback."
- Relatives told us they were not informed about managerial changes at the home and some told us they did not know who the current manager was. One relative told us, "I've not had any communication from the home to tell me of that. I did keep asking them for email updates. I haven't had much communication or request for feedback for some time." Relatives who had visited the home told us the new manager and clinical lead had been proactive in introducing themselves when they had visited.
- The manager showed us feedback forms had been put in the corridors at the home for people and relatives to use if they wished. The manager also confirmed they were starting a regular newsletter that would be sent to relatives to keep them up to date regarding what was happening at the home. The manager sent us a newsletter that had been sent to relatives following the inspection.
- The manager was striving to promote an open and honest culture at the home. One relative told us they had been honest with them about some changes that had occurred at the home which they had appreciated.

#### Continuous learning and improving care; Working in partnership with others

- The provider did not always proactively share information with agencies when requested so they could be assured the home was safe.
- Significant improvements had been identified at the home but there had not yet been sufficient time to evidence whether these changes had been fully embedded.
- An agency working alongside the home told us their partnership working had improved since the new manager and clinical lead had been employed.
- The provider had been working closely with commissioners and quality improvement teams to improve care at the home.
- The manager and clinical lead had been working closely with consultants working at the home and understood the principles of good quality assurance and the need to take action to ensure improvements were made.

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

- Significant work had been undertaken to address the closed culture of the home and remove institutionalised practices. We observed people engaging positively with staff and leading a more independent life of their choice which promoted positive outcomes and empowered them.
- Staff told us there had been a significant improvement with the culture at the home. One staff member told us, "The atmosphere is so much better, staff are wanting to pick up extra shifts again."
- The new management team were proactive in taking responsibility for the oversight of the home. The provider was spending time on site and was more actively involved in the running of the home which meant investment had been made where needed.
- The consultants employed at the home were supporting the staff and management to make positive changes and improve systems in place at the home.