

# Benslow Management Company Limited

# Chiltern View

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Chiltern View is a residential care home that provides personal care to 36 people aged 65 and over. At the time of the inspection on 30 May 2019, 25 people were receiving care. On 3 June 2019, 23 people were receiving care.

### People's experience of using this service:

Governance systems and provider oversight were not sufficiently robust to have identified the issues we found.

Not all areas of the service were safe for people to access when we arrived. The registered manager and deputy manager took immediate action to make these areas safe. The four communal bathrooms were in poor decorative condition and people were not able to use three of them for bathing or showering. Processes were not effective to prevent the spread of infection.

Staff were very busy, and people were left unsupervised and unoccupied. People were not offered baths or showers at the frequency suggested in their care plans. Staff were not always following people's care plans, and they were not reviewed when people's needs changed.

People did not always receive their meals evenly spaced throughout the day. Staff were not sufficiently supervising people at mealtimes. The provider had not encouraged a culture that supported staff and promoted a service centred on the people that used it. Staff discussed people's care in front of other people.

Staff were aware of safeguarding processes and how to reduce risk of harm. Staff had access to disposable protective equipment, such as gloves and aprons, and cleaning materials.

The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff engaged openly with outside agencies to address safeguarding concerns. People received their prescribed medicines safely and in line with the prescriber's instructions.

Staff were competent, knowledgeable and skilled to carry out their roles. Staff used equipment appropriately to help people move. Some areas of the service had benefitted from redecoration and some refurbishment. The garden had been redesigned to stimulate the senses, but as people were only able to access it with staff or visitor assistance, its use was limited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people in a kind, friendly and respectful way. Staff knew people, and their preferences, well.

People and their relatives confirmed they were involved in the assessment and care planning process. Staff supported people to maintain relationships that were important to them and encouraged people's relatives and friends to visit the them. Staff recognised and respected people's end of life wishes.

The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. People and their relatives were given opportunities to comment on the service. The registered manager recognised and rewarded staff who provided an exceptional level of service with a staff recognition scheme. The registered manager told us that they kept themselves up to date with developments and best practice in health and social care.

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:

The service was rated good at the last inspection (the last report was published on 21 December 2016).

Why we inspected:

This was a planned inspection based on the last rating.

Enforcement:

We have identified breaches in relation to staffing levels and the monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor intelligence 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.

More information is in the detailed findings below.

## 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Chiltern View

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and one Expert by Experience carried out this inspection. 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:

Chiltern View 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. Chiltern View does not provide nursing care.

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 our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

The provider completed a Provider Information Return (PIR) on 5 April 2019. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for, and received, feedback from a commissioner of people's care, and looked at the information that had been posted on a review website. We used all this information to help us plan the inspection.

We visited the service on 30 May and 3 June 2019. We spoke with one person who received the service, six people's relatives, seven staff, a visiting hairdresser and a district nurse. The seven staff included the registered manager, the deputy manager, three care assistants, an agency care assistant and the head of housekeeping.

Many of the people who lived at the service had complex needs and were not able to express their views verbally. We also used observation to gather evidence of people's experiences of the service.

We looked at fourteen people's care records. We also looked at a range of records relating to the management of the service. These included meetings, compliments records, audits and staff training records.

We also received additional information from two relatives by email on 10 and 12 June 2019, from two people who wished to remain anonymous on 18 June 2019, and the provider on 20 June 2019.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- Staff met people's physical needs. However, staff were very busy, people were left unsupervised and unoccupied and people were not offered baths at the frequency suggested in their care plans.
- Staff explained that people's needs had recently increased but staffing levels had not been increased to reflect this. In addition, the activities co-ordinator was on leave and their hours had not been covered. One staff member told us, "[People's] needs mean they are taking more time. We try not to be task orientated... [Staff] deal with one person, make sure they are safe and comfortable, there's no time to chat. They are on to the next person."
- The registered manager explained they do not use a tool to help them calculate how many staff are needed to effectively meet people's needs. They said the provider has a staffing ratio of one staff member to five people. They agreed people's needs had increased in recent months with nine people now needing two staff to help them with personal care.

Due to insufficient staff people's needs were not effectively met. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had worked with employment agencies to build up a core group of agency staff who knew people and the organisation's processes well. This meant the agency staff got to know people and, along with the permanent staff, gave consistent care.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff members told us required checks were carried out before they started working with people. The registered manager received information and assurances from employment agencies regarding agency worker's employment checks, qualifications, skills and experience.

### Assessing risk, safety monitoring and management

- Not all areas of the service were safe for people to access. Building work had been paused on the top floor of the building. However, water and gas pipework and taps, wiring, and roof insulation were all easily accessible and with no fire break into the corridor. The registered manager confirmed that no risk assessment supported this. A glass shelf came away from its fittings when we touched it during the inspection. The registered manager and deputy manager took immediate action during the inspection to make these areas safe.
- The provider had commissioned an independent fire risk assessment which was carried out on 2 April 2019. They completed an action plan marking some actions to be completed within one month. Whilst some actions had been completed, we noted that some of the actions had not been completed within the

stated timeframe. This included an action rated 'high risk'. Following our inspection, we contacted the fire safety officer who carried out a visit to the service.

- Staff used the information from risk assessments to keep people safe. For example, to help keep people's skin healthy, and to use appropriate equipment to help keep people safe.
- Staff carried out checks and ensured water was of a safe and appropriate temperature throughout the service.

#### Preventing and controlling infection

- Processes were not effective to prevent the spread of infection. Most of the service was clean and odour free. Staff cleaned areas regularly and as soon as the need was identified. However, not all bathrooms were sufficiently clean. For example, a shower chair and shower head, which staff told us was in regular use, was very dirty. These were addressed during our inspection.
- Staff had access to disposable protective equipment, such as gloves and aprons, and appropriate cleaning materials.

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

- People and relatives told us they, or their family member, felt safe with staff. People's body language and reactions showed us they felt comfortable with staff. One person told us, "I definitely feel safe here, the fact there are very nice carers and I have the buzzer of course if I need help."
- Staff had attended safeguarding training. They were aware of the provider's and local authority safeguarding procedures and had access to these. They were confident that managers listened to any concerns they raised.
- Where concerns had been raised, the registered manager had carried out investigations in line with the provider's safeguarding procedure. Where necessary, the provider took appropriate action to reduce the risk of recurrence. This included retraining, discussing in supervision meetings and following disciplinary procedures.
- Staff engaged openly with outside agencies to address safeguarding concerns.

#### Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, the registered manager shared the information with staff as appropriate at team meetings, supervisions and any actions needed were explained.
- The registered manager shared reviews of lessons learned across the team so all staff could learn from these.

#### Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines.
- Staff received training in administering medicines and more senior staff assessed their competency. This helped to ensure that that people received the right medicines at the right times.
- Staff stored medicines safely, in a locked room.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow about the reason the medicine was required, when it could be given, and the potential side effects.
- Senior staff audited medicines records regularly to ensure medicines were given to people in line with the prescriber's instructions.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Mealtimes were not evenly spaced throughout the day for some people. For example, one person who staff had assessed as at high risk of weight loss had breakfast at 11.07am and lunch an hour later. Staff had recorded that the person, 'didn't eat much' at lunchtime. There was an 18-hour gap between the person's last meal and drink of the day, and breakfast the next morning.
- Staff had identified 11 people to be at risk of not drinking enough fluids. However, people's fluid intake was not accurately recorded or effectively monitored, putting people at risk of dehydration. The registered manager and staff were unable to tell us what each person's target intake for each day was. The deputy manager told us that not all fluid intake was recorded. For example, fluids taken with medicines, or smoothies, were not included in people's daily fluid intake.
- Breakfast was part way through when we arrived on both days. On both days there was not enough staff supporting people in the dining room. Some people had finished their meal and were sitting, unoccupied, at the table with empty bowls and cups in front of them and had not been helped to move to a more comfortable chair. One person had spooned cornflakes into their cup of tea. Several people asked for more tea or toast when staff appeared. We saw one person wait at least 20 minutes for a drink and breakfast to be served to them.
- Staff had clear guidance on how to meet people specific dietary needs. For example, use of thickener and how to prepare foods of different textures. However, staff were not always able to follow these. On the first day of our inspection, staff did not have the time to serve people high calorie drinks in the morning. Extra high calorie drinks were provided later in the day to compensate.
- People could choose where they took their meals.

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

- The registered manager told us that the bathrooms and the main lounge were due for refurbishment. All four communal bathrooms were in a poor decorative condition, and people were not able to use two of them for bathing or showering. Following our inspection, we received further concerns about the lack of bathing facilities. The provider told us that in the third bathroom, the hoist that enabled people to have a bath had not been safe to use since April 2019. They assured us an alternative hoist would be in place within two working days of providing us with this information.
- Following our inspection, we received information that some bedrooms and bathrooms did not receive a good enough supply of hot water. The provider told us they had been aware of this issue and had fitted a new boiler in April 2018. However, records showed this did not wholly resolve the issue and this was still being addressed.

- Other areas of the building, such as two lounges and the dining room, had benefitted from redecoration and some refurbishment. The decoration in the hallways offered particular areas of interest and staff had made efforts to signpost people to areas such as the lounge and toilets. People's bedroom doors were painted in different colours and had pictures they related to. This helped people recognise their own rooms. People liked the "homely feel". One relative told us, "It might not be the smartest but it wouldn't have suited [my family member] if it was more clinical looking like some homes."
- The garden had been redesigned to stimulate the senses, with raised beds and numerous seating areas. The registered manager told us the garden had won the Luton Community Award for Enhancing Lives. People and relatives told us the garden was sometimes used, but as people were only able to access it with staff or visitor assistance, it's use was limited.
- Staff used equipment appropriately to help people move. A relative told us, "I see [staff] using the hoists etc and they always follow correct procedure and talk to the resident. I worked in a care home and know what to look for."

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

- Senior staff had assessed each person to ensure their needs were understood, consulting with specialist professionals where necessary.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment, there was detailed step-by-step guidance for staff to follow.
- Staff communicated with other external care professionals and worked with them to support and promote people's well-being in line with legislation and good practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Staff told us they completed an induction process before being able to support people fully. One staff member described the training as, "Very good" and said, "Everyone showed me what to do."
- Staff had also received training in topics relating to people's specific needs. Such as dementia and end of life care.
- Staff told us they felt very well supported by the registered manager, senior staff and each other. One staff member said, "We all rely on each other. We are a team. We know what we are doing."

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

- Staff worked effectively with external organisations such as local authorities, GPs and community nurses. This helped to ensure people received effective care that met their needs.
- A healthcare professional told us that staff contacted them if they had any concerns for a person's health.
- Staff had supported people to contact specialist services such as speech and language therapy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate and reviewed when and as needed.
- Most people living at the service were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they wore, where they sat and what they ate. One relative told us "The staff seem very good and respectful. Sometimes [my family member] says no to a shower. [They] can be difficult at times, but [staff] respect that and say OK. [My family member] always looks clean and tidy when I come. They look after [people] well."
- Staff had received training and were knowledgeable about the MCA. The registered manager recognised where staff needed extra support with learning in this area.

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

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although we saw some very caring interactions between staff and people, there were times when staff were not as caring as they should have been. For example, we heard staff discussing the care they had provided and the support a person needed, openly, in front of other people. The registered manager told us she would remind staff of the importance of confidentiality.
- People and visitors told us that staff attended quickly in an emergency. However, at other times people sometimes had to wait for long periods before they got assistance. One person told us they don't have to wait for staff to help them for "more than an hour usually in the day." They said night staff attend more quickly. A relative said, "I don't think there are enough staff at times. I can wait a good ten minutes just to be let in the front door and again to get out." Staff told us they did not have the time they would like to sit and chat with people.
- People's care plans were written in a positive way. They focused on the things a person could do independently rather than on the things they needed help with. Staff encouraged people to do as much as possible for themselves. Staff explained what it was they wanted people to do and giving lots of positive feedback when the person attempted or achieved it.
- Staff supported people in a kind and friendly way. Staff spoke calmly with people, using touch and facial expression to display empathy and engage with the people. We saw affection displayed between people and staff from hugs, smiles and friendly interactions. Relatives told us staff treated people well. One relative described the service as, "Homely, friendly." They said, "Staff are lovely and seem to love all the residents. [They are] so caring and genuinely want [my family member] to be comfortable." Staff addressed people by their name or with terms of affection where people liked this.
- People were treated with compassion. We saw staff help a person change their jumper when it became soiled. They recognised the person was tired and checked whether the person wanted to rest before changing their trousers, respecting this choice.

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

- Staff knew people, and their preferences, well. We saw staff offering people choice. For example, asking what cereal they would like and whether they were ready to leave the table.
- Staff encouraged people to make changes to their bedrooms so that it better met their needs, involving relatives where appropriate. One person told us, "I do like my room. My [family member] has suggested a few changes to make access a little better and staff said, 'yes, do what you want, it's your room for you to decide how you want it.' So, my [family member] is coming to shift it about for me."

- Relatives said staff kept them informed of their family member's well-being. One relative told us, "I come three times a week and always find everything very good. They always let me know straight away if they think something is wrong with [my family member]."
- Staff encouraged relatives to be as involved as they, and their family member, wanted in caring for the person. One relative told us, "Staff always say 'yes' if I ask to give mum a bath and make sure I've got everything we need."
- Where people needed additional support to make decisions, the registered manager knew how to refer people to external advocates. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

## 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were not always following people's care plans or they were not reviewed when people's needs changed. For example, one person's care plan stated to offer them a bath or shower, and that they sometimes refused and needed encouragement. Records showed the person had not had a bath or shower in over seven weeks. Two of the other three people, whose bathing records we looked, at had not been offered a bath in the last week.
- One staff member told us they had worked at the service approximately eight weeks and had not been trained in how to bath or shower people. Staff told us that everyone was supported to wash daily but that baths were fitted around other tasks.

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

- Staff and visitors told us this was not unusual. Relatives told us they were concerned that people were not supported to have enough to do to sufficiently occupy their time. This was particularly the case for people who were cared for in their bedrooms who could become isolated. A relative said, "[My family member] spends all [their] time in this room. I think [my family member] finds comfort from me sitting, holding her hand and rubbing her arm... look she's smiling."
- A lot of people spent long periods unoccupied and without stimulation. The activities co-ordinator was on leave and their hours had not been covered. A staff member told us a Pets as Therapy dog would be visiting and that people really enjoyed this. However, the dog's owner was on holiday and no replacement activity had been arranged. One person told us they were "missing" the activities co-ordinator and hoped another staff member would cover this role. We saw pictures of past activities that people had clearly enjoyed. These included cooking, a visit from a goat and pony, people listening to music, and multiple entertainers and parties.
- People and relatives made positive comments about the service. One relative told us, "The love care and individual attention my [family member] received has genuinely turned her life around." They confirmed they were involved in the assessment and care planning process. One relative told us, "[My family member] does have a care plan and it is reviewed."
- Staff supported people to maintain relationships that were important to them and encouraged people's relatives and friends to visit the them. Visitors clearly felt comfortable in the service.

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.

- A pictorial menu was available in the dining room. However, on the second day of our inspection this advertised the menu from three days before. The registered manager told us the service's 'welcome pack' was available in large print. She said this, and other documents such as the complaints procedure could be translated into other languages or made available in other formats as required.

Improving care quality in response to complaints or concerns

- The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.
- People and relatives told us they knew how to complain. One person told us she hadn't liked something that a staff member did. They said they told the registered manager and it never happened again. They told us, "So having the conversation worked there." A relative said, "Now and again I've had a little niggle about something but nothing major. I usually just mention it to staff and it's sorted."
- The provider had not received any formal complaints since our last inspection.

End of life care and support

- Whenever possible, staff discussed end of life care with people and their relatives when they were well. A relative told us staff were sensitive and raised the matter during a "lovely conversation."
- Staff received online training in end of life care. One staff member told us, "I do feel well training to give end of life care." Staff said worked closely with external healthcare professionals, such as community nurses, to effectively meet people's needs at the end of their life.
- Staff recognised and respected people's end of life wishes. For example, one staff member described the type of music the person wanted to listen to and how they ensured the person was not alone when they died.

# Is the service well-led?

## Our findings

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

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

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

- The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not identified the shortfalls we found during this inspection. These included issues in relation to the staffing levels, water temperatures, cleanliness, the environment, the timing of meals, lack of stimulation and occupation, care planning and record keeping. This meant that people did not receive person-centred care. The registered manager took immediate action to remedy high risk areas.
- The provider had introduced an electronic records system. However, records were not always accurate and provider oversight had not identified this. For example, on two occasions we saw one staff member complete records on behalf of another. Staff also told us they did not always record all the fluids people at risk of dehydration had been offered or had taken.

Due to poor governance of the service people were placed at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were in the process of introducing 'care compliance strategy meetings' whereby senior staff would review each person's care records and needs monthly and address any changes that may be required. For example, if the person's mobility or weight had changed. They told us this would ensure any changes in need were address quickly.
- Staff and the management team were clear on their responsibilities and recognised their own roles. A person told us, "I can go to the [registered] manager, the deputy manager, and [another staff member] and they are all very good, very efficient, they know their jobs."
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care. This included regular attendance at management meetings as well as receiving regular updates about developments in health and social care practice from recognised professional organisations.
- The registered manager recognised and rewarded staff who provided an exceptional level of service with a staff recognition scheme. One staff member told us how much this motivated them. They said, "It's great. It pushes you to do better." Certificates, recognising these achievements, were displayed in the registered manager's office. The service's sensory garden had won a Luton Community Award for Enhancing Lives and two senior care workers were awarded 'highly commended' in the Healthcare Hero category.
- The registered manager looked for creative ways of improving the service. For example, they held a 'Digni-

tea' tea party for staff to discuss what dignity means and how it impacts on people. They created a 'dignity tree' which was displayed in the hallway showing their thoughts and learning.

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

- Staff described positive values. One staff member told us, "We say we are in your home, not the residents living in our home." The registered manager told us they were, "Changing the culture so it's led by resident's needs" and support should be flexible and provided when people wanted it. However, we found these values were not always carried out in practice, with staff discussing people's care in communal areas and staff not supporting people to engage in meaningful activities.

- People and visitors were complimentary about the service provided and the registered manager. Feedback added to reviews website were all very positive and overall, relatives and visitors made positive comments about the service. One relative told us, "Since [the registered manager] came there have been improvements in the home and with the staff and she is very responsive." They went on to tell us how the registered manager quickly responded to an issue they raised, improving the care their family member received.

- The registered manager was open and honest with the people involved when things went wrong. A relative told us the registered manager had discussed such an event with them. Records showed the registered manager had taken appropriate action to address the concern and reduce the risk of recurrence.

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

- People and their relatives were given opportunities to comment on the service provided. One person was had taken on the role of 'resident's representative'. They told us, "My role is to collect information from everyone from general chat and feed it back [to the registered manager]." They told us as a result there had been an increase in fruit and salad, and staff polished people's nails. They had also asked to "get out more" but told us this was proving difficult.

- The registered manager issued surveys each month to people, relatives and external care professionals. The vast majority of these showed very positive responses. The registered manager had followed up and addressed any concerns that were raised.

- People and relatives told us they received regular newsletters keeping them informed of events and changes at the service. Forms were available inviting feedback on the service and ideas for improving the service.

- Relatives confirmed the registered manager and senior staff were accessible if they wished to speak with them. This included regular meetings and informal discussion.

- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with the registered manager and team leader regularly. A staff member told us, "Our manager has an open door, always there, supervisions. Meetings. She makes cakes for meetings- it's her showing her thanks for all we do."

Working in partnership with others

- Staff worked in partnership with other professionals to ensure people received joined-up care, such as GPs, community nurses, and others involved in a person's care.

- The feedback we received from external professionals was positive. They told us the registered manager and staff worked proactively with them. They said the staff team were approachable and provided them with the required information. One professional commented that staff were, "Open to suggestions" they made, another said staff were, "Very supportive and a valuable member of the team at the CHC [Continuing

Health Care] meeting."

- The registered manager was working with the local authority and the local clinical commissioning group piloting a monitoring tool with the aim of reducing hospital admissions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems were not sufficiently robust and had not identified the shortfalls we found during this inspection in relation to the cleanliness and the environment, the timing of meals, lack of stimulation and occupation, care planning and record keeping. Regulation 17 (2) (b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were insufficient staff to meet people's needs effectively. Regulation 18 (1)