

Barchester Healthcare Homes Limited

Challoner House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Challoner House is a residential care home that was providing personal and nursing care to 35 people aged 65 and over at the time of our inspection.

During our previous inspection in August 2018 we identified five breaches of regulations. We took enforcement action and imposed a condition on their registration. This was to ensure effective systems were operated to ensure compliance with regulations and to monitor and improve the quality of the service provided. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements. The service has been rated as requires improvement as it met the characteristics for this rating in most key questions. More information is in the full report.

People's experience of using this service:

Overall, improvements had been made to the staffing arrangements but these needed to be further embedded to ensure that people were consistently having their needs met in a timely manner.

Improvements were still needed to ensure people received person centred care which was responsive to their individual needs.

Staff received more frequent support and one to one sessions or supervision to discuss areas of development. They completed more training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

There were plans in place for foreseeable emergencies. Staff were able to tell us how to keep people safe.

Where people could not consent to their care, staff had sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

There was a system in place to allow people to express any concerns or complaints they may have.

The provider's quality assurance system helped the management team implement improvements that would benefit people. Action had been taken to become compliant with most of the breaches of regulation

identified at the previous inspection.

Rating at last inspection: At the last inspection the service was rated as Inadequate. (Report published 04 January 2019).

This service has been in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect providers to make significant improvements within this time frame. During this inspection the provider demonstrated to us that improvements had been made and the service is no longer rated inadequate overall or in any key questions, therefore, this service is now out of Special Measures.

Why we inspected: At our last inspection in August 2018, we rated the service as 'Inadequate' and placed them in special measures. This inspection was carried out as part of our enforcement process to check for improvements and to review the ratings. We found the provider had made improvements although there remained breaches of the Regulations in relation to staffing and person-centred care. There were also other areas requiring improvement noted. This meant the service was not yet consistently providing good care.

Follow up: We will continue to monitor the service to ensure the improvements we found are maintained.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Challoner House

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:

The inspection was undertaken by two inspectors, a specialist nurse advisor in the care of older people and an expert by experience in the care of older people. 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:

Challoner House is a care home. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Challoner House accommodates up to 49 people who require support with personal care. There were 35 people living at the service at the time of the inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed at the end of November 2018 and they had applied to become the registered manager of the service and this was currently in process. 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:

We did not give notice of our inspection.

What we did:

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider

Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the improvement action plans the provider was submitting monthly to CQC.

During the inspection, we gathered information from:

- 14 people who used the service and eight relatives
- Two health or social care professionals who had regular contact with the service
- Seven people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- The manager and the provider's regional director
- The deputy manager, one nurse and ten members of care staff
- One housekeeper and the head of maintenance

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At our previous inspection in August 2018 we found there were not enough staff deployed to meet people's needs. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found staffing levels had improved however, this still needed to be further embedded to ensure a consistent level of staffing around the home to keep people safe.
- Most of the people we spoke with felt staffing had not improved and that people had experiences of waiting for staff to be available to care for them. One person told us, "Staff say they'll come in a minute, that might be an hour or more. They tell me to hold on before they come". Another person said, "Staffing has not improved. I had to call to get my breakfast today as it was late and last night was not good either with agency staff. They try hard, but doesn't seem to be a consistent approach".
- We received mixed comments regarding staffing levels from relatives we spoke with. One relative told us, "Staffing is always a problem at weekends". Another relative said, "Staffing has generally improved in the last four months".
- People and relatives told us staff did not always respond promptly to alarms or call bells. One relative told us that their mother says she has to wait a long time to for staff to respond to call bells. While recently visiting their mother, she needed to use the bathroom. They proceeded to press the call bell and timed it and it took twenty-three minutes for a staff member to arrive, and then took another ten minutes for a second staff member to arrive to assist their mother to use the bathroom. They felt this was a long time and the manager told them at the relatives meeting in January that this wouldn't happen anymore. They told us they want the service to be better but felt they had a long way to go.
- There was a consensus in staff we spoke with, that staffing had improved since the recruitment of additional care staff in recent months. Staff told us that while numbers had been maintained, this had been by using agency staff. Staff also told us that there have been occasions when they have been short staffed due to staff sickness and not able to get cover which caused additional stress.
- We noted occasions when staff were not immediately available for people and some people were at risk due to this. One person, who was at high risk of choking, was not observed while eating both their breakfast and lunch in their room on day one of our inspection. We reported our concerns to the manager who informed us that staff should have been present. On day two of our inspection we observed them being supported in the dining room where they could be observed by staff who could act quickly in the event of an emergency.
- On the first day of the inspection we observed staff rushing and personal care being provided up to, and during lunch time. Staff interactions were very pleasant and kind, however it was clear that there was very little time for staff to sit and interact with people. On the second day of the inspection it was a much calmer

experience and staff seemed more relaxed and care and meal times were not rushed.

The above evidence is a continuing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Staffing.

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- At our previous inspection in August 2018 we found risks were not always identified and managed effectively. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.
- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. These included assessments on the risks of poor nutrition, mobility, the use of bed rails and the maintenance of skin integrity.

Using medicines safely

- At our previous inspection in August 2018 we found medicines were not always managed safely. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made, medicines were now safe.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. Homely remedies were available for people if required.
- Medicines were administered in a safe and respectful manner and staff supporting people to take their medicines did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff had responded appropriately to any allegation of abuse.

- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- People told us they were happy with the cleanliness of the home. Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- At our previous inspection in August 2018, we found poor record keeping and wounds that had not been identified nor actions taken to mitigate the risks to people. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made, but for one person, advice was not always followed.
- For one person we saw a care plan for daily exercises and an exercise sheet had been left by the physiotherapist. However, when we spoke to the person they told us staff were not completing the exercises and only one nurse had followed the care plan on two occasions. We checked records which showed no exercises had been recorded.
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists.
- A healthcare professional told us the service had started to use a nationally recognised tool to identify a physical deterioration in people and to detect early warning signs of illness.
- Healthcare professionals we spoke with told us that improvements had been made. One health care professional told us they no longer had any concerns about any wound management and these were being treated well by staff, advice was followed and pressure areas had either now healed or had greatly improved.

Staff support: induction, training, skills and experience

- At our previous inspection in August 2018 we found staff were not supported by effective supervision and training. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made.
- Staff we spoke with told us that supervisions had improved. For those staff who told us they had not received a supervision yet, they informed us it was booked in very soon. Records showed that a high number of supervisions had taken place during January and February 2019.
- Supervisions provide an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.
- Records showed supervisions were ongoing and 97 % had been completed and 76 % of staff had received an annual appraisal. The manager told us that going forward, supervisions were planned in for all staff to be completed every eight weeks.

- We spoke with staff who told us they received regular training. For example, in topics such as manual handling, safeguarding, fire safety and dementia care. Records showed that improvements had been made and were ongoing to ensure all staff received appropriate training.
- Staff praised the range of training and told us they were supported to complete any additional training they requested. For example, some staff were currently completing National Vocational Qualifications in Health and Social Care.
- New staff completed an induction programme. We spoke with a new staff member who was new to the service but had worked in a caring role before. They told us it was a very thorough induction and had helped them with their job role.

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

- At our previous inspection in August 2018 we found that consent was not always sought before providing care. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made.
- 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.
- Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. We observed staff seeking consent when supporting people
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

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 and found that they were. Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions on DoLS were complied with.

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

- We spoke with the manager about assessments of people's needs before they move into the home. They told us they always discuss individual cases with the deputy manager and nurses to ensure they are able to meet their needs. We observed this to be the case with the manager and one of the nurses where they were gathering information and discussing the person's needs to ensure they could fully meet them before accepting them into the home.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes. The care plans described people's needs in a range of areas including personal care, and daily living activities.
- Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people.

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

- We received mixed feedback about food. Not everyone we spoke with enjoyed the food. However, we attended a resident meeting in the afternoon and people at the meeting thought meals had improved and the chef was asking people for ideas for the menu so they could improve the meals and dining experience for people.
- Relatives we spoke with had no concerns about the meals provided at the home.
- People received varied and nutritious meals including a choice of fresh food and drinks.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. There was a relaxed atmosphere in the dining room, the meal was unhurried and people chatted with each other and with staff.

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

- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there.
- The home was suitable to meet the physical care needs of people with wide corridors and doorways, and bedrooms large enough for the use of any specialist equipment required.
- Each person had their own ensuite room and these were personalised with their personal belongings.

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

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 previous inspection in August 2018 we found that the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made and people were treated with dignity.
- People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, on how to provide care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves. For example, we saw one person had specially adapted cutlery which meant they could eat their meal without support from staff.
- One person liked to be independent and we observed they had their own fridge and hot water machine in their room so they could make their own drinks. They enjoyed gardening and were encouraged to do as much gardening as they were able. They told us they needed some help from a volunteer now, but enjoyed planning and organising the plants.

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

- People and their relatives told us staff were kind and caring. One relative told us, "The staff always go the second mile. They are so caring to the residents and give the impression that they love their work". Another relative said, "Staff are very caring and very friendly. We could visit at any time, and are always welcomed". Other comments included, "Care and staff are marvellous. Can't fault them very kind". As well as, "Staff are nice and caring".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- We spoke with the manager who told us they were very proud of the staff and had observed lovely, caring interactions amongst staff and the people who lived there. One staff member had recently won an award at

the Regional Great British Care Awards 2018 and had been crowned the winner of the Care Home Worker Award. The manager told us they are the most kind and sweet natured person, and so proud they have been recognised for the outstanding care they provide to people.

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

- People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received.
- Relatives told us they could visit at any time. One relative told us their husband had visited during lunch time, and they told staff he would return later. They were then informed they could have lunch with the person in the dining room which they did and it was very nice.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- At our previous inspection in August 2018 we found that the people who were cared for in bed were at risk of social isolation as they were not provided with meaningful interactions. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found some improvements had been made but further work was needed to fully embed these improvements.
- People we spoke with who were cared for in bed told us they had not had meaningful one to one activities regularly and said staff did not have time. A relative told us, "Activities are good. Seems better for people in bed as I see volunteers popping into rooms". We spoke with an activity coordinator who told us they tried to see all people individually daily, but this was not always possible as they needed to have time to write up notes in activity logs. Records showed that one to one activity had taken place for some people using the service and had improved since the last inspection.
- A group exercise class was provided weekly for people in one of the lounges. For one person they were unable to attend the group activity. They used to enjoy the exercise being provided for them weekly in their room, however, these exercises have now stopped and if the person wants to continue them they have been informed they will have to pay for them privately. For the same person we noticed their finger nails were long, and saw that group pampering sessions were offered in the lounge as part of the activities programme. We spoke with the manager about our concerns and the persons finger nails were seen to the next day as part of the pampering session. We remained concerned as though people that attended activities had a positive experience, those who were cared for in their beds did not as they were not offered the same opportunities to promote their wellbeing.
- We spoke with the two-activity staff who informed us that a member of the activity team left abruptly so they have been short staffed and things had slipped. They have plans to improve activities to introduce more meaningful activities for people cared for in bed. They were both very enthusiastic in their roles and had lots of plans for activities such as days out in a mini bus and a gentleman's club.
- People we spoke with told us they enjoyed the group activities, having their hair done and the pampering sessions which took place weekly. They also reported that they enjoyed the group activities of bingo, scrabble and quizzes.
- On the first day of the inspection, activities included art and singing with a group of nursery children, and later in the morning, a name that tune quiz. On the second day people were observed enjoying bingo.
- Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. People's care plans were comprehensive and detailed, including their physical and mental health needs. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people, and gave us some examples.

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with told us they would know how to make a complaint. One relative told us, "I would know what to do if I needed to make a complaint, go to the manager, head office or CQC. I suggested something and they did follow it up. Seems quite responsive".
- The complaints policy was displayed in the entrance to the home. There had been no recent complaints about the service. The provider had a complaints policy and procedure in place which detailed the timeframes within which complaints would be acknowledged and investigated

End of life care and support

- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Staff training included palliative care.
- Staff told us how the service involved external healthcare professionals to support people at the end of their life
- The manager was planning to start a national recognised six steps program for end of life care with the local hospice.
- We saw a thank you card from a relative that stated, 'Our sincere thanks to every member of staff who took such great care of [person's name]. You made the last few years of his life extremely happy with your constant care and attention'.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- During the previous inspection in August 2018 we identified a lack of consistent and effective leadership, poor record keeping and poor governance. This was a breach of regulation. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home. At this inspection we found improvements had been made, however, there was a need to sustain the improvements made and to make further improvements.
- The provider had planned for a senior management team to support the manager and implement a programme of improvements at the service. We spoke with the provider's regional director who told us they were continuing to monitor the service, along with the providers senior management, through frequent visits and monitoring of audits and records.
- At the time of our inspection, the service had been without a registered manager since our last inspection in August 2018. A new manager had been appointed at the end of November 2018 and they had applied to become the registered manager of the service and this was currently in process.
- Relatives we spoke with felt improvements had been made and were happy with the new manager. One relative told us, "The new manager has made changes that have increased the number of staff and there is a sense of job satisfaction. It is such a welcoming, cheerful home and nothing is too much trouble". Another relative said, "The manager has certainly taken seriously what's needed and seems to understand what's needed. Definitely see her walking around the home, see a lot of her, even at weekends". A third relative told us, "The new manager seems approachable, can only go by what mum says and she has not raised any concerns".
- Some relatives felt even though improvements had been made, there were still further improvements required. One relative told us, "I want it to be better but they have a long way to go. At the moment reality is not matching up. Some things have changed but there is a way to go".
- The provider and manager used a series of audits to monitor the service. These included, medicines, staff files, infection control, health and safety and daily walk around the home. In addition to the audits, the provider's quality team visited the home to carry out additional audits to ensure the service was meeting regulations, and to support the management of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was

aware of their responsibilities in line with the requirements of the provider's registration.

- At the last inspection staff were very unhappy and did not feel supported in their role. Most of the staff we spoke with felt this had improved and it was a different place to work, now feeling supported in their role. There appeared to be a good relationship between staff and management and they supported each other.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- Meetings were held with people and their relatives. These were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions.
- On the first day of the inspection we observed a residents meeting taking place. People were involved in the meeting and were asked for their views on all aspects of the service.
- Relatives meetings were held every quarter, and minutes from the last meeting held in January 2019 showed the new menu had been discussed and the reasons for the changes. Relatives we spoke with were unhappy that they had still not received the minutes of this meeting.
- Staff meetings were held regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.
- The service promoted an employee of the month, where staff could be nominated by another staff member, people or their visitors could vote. This was to celebrate that staff that had gone 'above and beyond' and recognise them for their hard work.

Working in partnership with others

- Since our last inspection, the service had been working in partnership with the local authority, safeguarding teams and local Clinical Commissioning Group under a quality improvement framework. The local authority was satisfied with the progress that had been made and a decision had been reached to remove the service from this framework.
- The manager was keen to integrate with the local community. Local school children had visited the home and planned to attend throughout the year. The manager was planning to get representatives from the Parkinson and Alzheimer's Societies and to introduce the Dementia Friends scheme into the home.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had failed to ensure sufficient staff were deployed to meet people's needs.