

# Shaw Healthcare Limited

# Rotherlea

## 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

Rotherlea is situated in Petworth, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 70 people who are living with dementia, older age or frailty. At the time of the inspection there were 54 people living in the home.

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

Although improvements had been made since the last inspection, people were not always protected from the risk of harm. Medicines were not always administered according to prescribing guidance. Risks to people's safety had not always been considered or lessened. People requiring modified diets had sometimes been given foods that had the potential to cause them harm. Systems and processes did not always ensure that people were protected from the risk of abuse. People were not always provided with enough to eat and drink to meet their assessed needs.

Although there were continued concerns, the leadership of the home had improved. Systems and processes had been introduced but were yet to be fully embedded to ensure improvements were sustained. The provider and manager had focused on changing the culture, and people, relatives and staff were complimentary about the impact of this. A relative told us, "I'm hopeful that things will get better now there is a new manager, she's always around and willing to talk to you. The staff seem to be a bit more relaxed."

Information had not always been provided in the most accessible format. We have recommended that the provider seeks support from a reputable source in relation to this.

There were enough staff to meet people's needs. People and relatives provided mixed feedback about staff's abilities and our observations confirmed this. Permanent staff had the skills to meet people's needs. However, the provider had not assured themselves that agency staff were competent to carry out their roles.

Concerns that had been raised with the manager as part of the inspection were addressed promptly to minimise the risk to people.

People did not always have enough to do to occupy their time. The manager had recognised this and was in the process of introducing new ways of working to improve staff's engagement and interaction with people.

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's privacy and dignity were maintained. Permanent staff supported people in a warm, friendly and respectful way. People told us staff were kind and compassionate. One person told us, "I think they're

wonderful, they are lovely girls, very friendly and will do anything for you."

#### Rating at last inspection (and update)

At the last inspection the service was rated as Inadequate. (Published 9 April 2019). This service has been in special measures since 29 January 2019. At this inspection, although improvements had been made, these were not enough, and the provider was still in breach of regulations.

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 was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

Before the last inspection, the provider notified us about a specific incident that indicated concerns about unsafe medicines management for time-specific medicines. At the last inspection we looked at these concerns. Following the inspection, we received further information about the specific incident and we are continuing to look into this outside of the inspection process. As a result, this inspection did not examine the circumstances of the incident, however we looked at medicines management in the wider-context to ensure potential risks were managed.

#### Enforcement

We have identified breaches in relation to people's safety and the leadership and management of the service. You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. The manager took prompt action, during and after the inspection, to ensure that risks were lessened.

#### Follow-up

We will continue to monitor the intelligence we receive about this service. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

**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** ●

# Rotherlea

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager, who was in the process of applying to register with the Care Quality Commission. This means that they will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced. The second day of inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with six people and three relatives, six members of staff, two deputy managers, the manager, the provider's quality manager and an operations manager. We reviewed a range of records about people's care

and how the service was managed. These included the individual care and medicine administration records for 20 people. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, which included policies and procedures, were also reviewed.

#### After the inspection

We contacted the local authority to seek their feedback. We requested assurance from the provider that risks identified as part of the inspection had been sufficiently lessened. Records requested showed that improvements had been made and risks to people had been minimised.

# 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 Inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess risks in relation to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although improved, not enough improvement had been made and the provider was still in breach of regulation 12.

- People were not always protected from the potential risk of harm. One person had been assessed by a Speech and Language Therapist (SALT) and required a modified diet. They had advised the person should not be given toast due to the risk of choking. Records showed that toast had been given on two occasions. Three people had been assessed by a SALT as requiring thickened fluids. They had advised the people should not be given ice-cream as this could melt and become too thin. Records for all three people showed that they had been provided with ice-cream. These actions placed people at increased risk of harm. Despite this, the provider had not considered the potential risk of choking.
- We observed two people being supported to move and position in an unsafe way by an agency member of staff.
- Medicines management was not always safe. Although trained, staff sometimes lacked understanding about medicines management. Some people required medicines to be taken before eating to minimise potential side effects. Four people had been given their medicines after eating. Four people required regular pain relief. Records showed at times there had been insufficient time in-between doses of medicines and there was a potential that people could have received too much medicine. The mismanagement of medicines placed these people at risk of harm.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately to these issues during and after the inspection. They informed staff of the importance of thickening fluids and not giving people high-risk foods. This was monitored at each meal time to ensure people's safety. They had set-up the electronic medication records (eMAR) to ensure that pain relief could not be given before it was due. Advice had been sought from pharmacists and GPs.

Medication times were in the process of being changed to ensure that people had their medicines before they had eaten in line with the prescriber's instructions.

- Staff were observed sharing information about potential risks with external healthcare professionals.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.
- Staff supported people with sensitivity if they displayed behaviours that challenged others. Staff were patient and supportive when people showed signs of anxiety or distress.
- People's ability to administer their own medicines was assessed. When people lacked understanding, staff had followed correct processes and liaised with external healthcare professionals to ensure people had their prescribed medicines.
- People's medicines were reviewed to ensure they were appropriate. This helped ensure that people's behaviour was not inappropriately managed by medicines.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Staff had undertaken training about safeguarding, however, there was a failure to consider the shortfalls we found at inspection under safeguarding guidance. This raised concerns about staff's understanding and competence.
- Following the inspection, due to the concerns found, CQC made safeguarding referrals to the local authority for them to consider under their safeguarding guidance.
- When there had been concerns about people's safety, the provider had worked with external health and social care professionals.
- People were comfortable in the presence of staff and told us they could talk to them if they felt unsafe. Regular meetings enabled people to share concerns about their care.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met. The provider and manager had worked hard to reduce the number of agency staff used. New staff had been recruited and this helped ensure people were able to receive support from a consistent team.
- People were supported by staff that were suitable to work with them. The provider had ensured that pre-employment checks were undertaken to ensure people's safety.

Preventing and controlling infection

- People were protected from the spread of infection. Staff wore uniforms and used personal protective equipment to minimise the risk of cross-contamination.
- People were supported to have their food prepared and served by staff that understood the importance of food hygiene.

Learning lessons when things go wrong

- The provider had acted since the previous inspection to ensure that lessons were learned. People with a diagnosis of Parkinson's disease had their medicines according to prescribing guidance. They had also ensured that thickening powders for people's drinks were securely stored to minimise the potential risk of people coming to harm.
- The provider had shared learning from inspections at their other services. This helped ensure that changes were made to systems and processes to make improvements and help minimise risk.



# 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 Requires Improvement. At this inspection this key question has remained the same. 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;  
Supporting people to eat and drink enough to maintain a balanced diet

- People were not always protected from the risk of malnutrition. There was an over-reliance on prescribed supplements to increase people's calorie intake. Three people required their food to be fortified to increase their calorie intake. Systems and processes were not in place to ensure people received consistent support from staff. A member of staff asked one person if they would like cream added to their meal and the person refused. No other attempt was made to provide additional calories for the person to ensure they maintained a healthy weight. One other person was assessed as being at high-risk of malnutrition and was underweight. The provider had advised staff to offer high-calorie snacks and drinks. Records showed these had not been provided and the person had continued to lose weight.
- People did not always receive enough fluids to ensure they were hydrated. A relative told us they were concerned. They explained staff would leave drinks with their relative, who was unable to drink independently. They told us, "Apart from dehydration it puts them at risk of urinary tract infections (UTIs)." People at risk of UTIs had not always received sufficient fluids. This had led to a decline in their health and for one person a hospital admission. There was a lack of oversight to ensure that people had enough to drink to maintain their health.
- One person's needs had not been assessed in a timely way. An initial assessment before the person had moved into the home showed they had a history of falls and were at high risk. The provider's guidance advised falls risk assessments and care plans needed to be completed within four hours of admission. Despite this, staff had not assessed the person's risk of falls or considered how to lessen risk until 13 days after they had moved into the home.

Systems were not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately after the inspection. People at risk of malnutrition had their food fortified when it was being prepared to ensure it contained enough calories. People's hydration was monitored to ensure staff were aware if people's fluid intake was low, so they could offer prompts and encouragement.

- People had a mixed dining experience. Some staff were calling out to people across the room asking them what they would like to eat. One person told us, "The food is not brilliant. I fill up on biscuits and sweets. It's

not sociable at all. No one talks apart from saying "Here's your meal".

- Some staff took time to sit and have their meals with people. They engaged in conversation and people were seen smiling and enjoying the interaction.
- Staff knew people's preferences and had worked with them to ensure they were provided with meals that met their cultural needs and preferences.
- People were able to continue to be independent and technology, such as they use of emergency call bells, enabled people to call for assistance if needed.

Staff support: induction, training, skills and experience

- Staff were trained. Due to findings at the previous inspection, as well as in the provider's other services, specific training had been provided to staff in relation to Parkinson's disease and modified diets. Findings found at the inspection however, raised concerns about how all the learning had been embedded.
- Staff's skills and levels of experience were not always considered when allocating work. Although trained, agency staff had not had their competency assessed before starting work and this placed people at risk of harm. Competency checks had been introduced but were yet to be implemented. Following the inspection, the manager provided assurances that agency staff had been observed supporting people before they were able to work unsupervised.
- One person shared their concerns about the use of agency staff, they told us, "There should be more care over the staff they have in. I think they take staff just because they need them to make up the numbers and I don't know if they vet them properly." Staff told us that the manager had worked with the team responsible for allocating agency staff to ensure that if they did not hold the appropriate skills they would not work at the home again.
- The manager had introduced measures to raise staff's awareness. Information and guidance had been provided to staff and they were provided with prompt cards about people's needs. Staff told us that the training they had attended was informative and useful and had increased their knowledge.
- The management team had a visible presence and staff told us they were helpful and approachable if they needed any advice or guidance.

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

- Three units on one floor of the home were for people who were living with dementia. Some doors had memory boxes which contained photographs or items that were meaningful to people. This helped to provide orientation. Most bedroom doors and all communal hallways however, contained minimal signage. One person was observed trying to get out of another person's room. When they were assisted they said that they had been into the room to use the toilet. There was no sign on the door to inform them that it was another person's room and the person showed signs of disorientation and confusion. When this was raised with the manager they informed us that work was in progress to make the areas more stimulating and aid people's orientation.
- People had been involved in on-going discussions with the manager about the changes to the environment and plans were in place to improve this to meet all people's needs.
- The home enabled people to spend time with others within communal areas or to have their own space within their rooms.

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

- People received a consistent and effective service when staff worked with external healthcare services. Staff had been responsive if people had become unwell.
- Staff supported people to access healthcare services when needed and liaised with these and relatives to ensure people received healthcare treatment. A relative told us, "They have been very good at getting the

doctor to see my relative if they have been under the weather and they do keep me informed."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who had a health condition that had the potential to affect their decision-making, had their capacity assessed in relation to specific decisions. When people were unable to consent to staying at the home, DoLS applications had been made. Staff worked with any conditions associated to people's DoLS. For example, one person was required to have their medicine regularly reviewed to ensure it continued to be appropriate for their needs. Staff had worked with the GP to ensure this was achieved.
- Some people had Lasting Power of Attorneys (LPA) that enabled others to make decisions on their behalf. The manager had assured themselves that people had appropriate legal authority by obtaining copies of documents before liaising and sharing information with others.

# 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 Requires Improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People provided mixed feedback about staff's approach. They told us that they felt listened to and well-supported by permanent staff, yet did not feel they received the same level of care from agency staff, and our observations confirmed this. There was a lack of engagement and warm, meaningful interactions between people and agency staff, who were task-focused. One person told us, "Some of them make an effort, you feel as if they want to know you, to others you are just a job." A relative told us, "They offer us a cup of tea and are quite friendly. I don't know whether it's that they don't have enough staff but it's just some aspects of the care seem to be missing."
- The provider had recognised the impact the use of agency staff was having and had recruited new staff who demonstrated kind, caring and compassionate care. They involved people in the support that was being provided and created a friendly and warm atmosphere.
- People were treated as individuals; their diversity and individuality were respected. Permanent staff knew people well and adapted their support to meet people's differing needs.
- People spoke fondly of the permanent staff and told us that they were treated with compassion. One person told us, "Don't believe anything anyone else says, the staff are just great. I get on really well with them and they are good at their jobs." Another person told us, "I think they're wonderful, they are lovely girls, very friendly and will do anything for you."
- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished.

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

- People had been involved in discussions about the running of the home and decisions that related to their care. Meetings took place to enable people to share their ideas and make suggestions. The manager had worked with people so that they were involved in any planned changes. A relative told us, "Yes, we've just had a review of my relative's care recently and we have residents' and relatives' meetings on a monthly basis which is a good opportunity to raise issues."
- The provider was in the process of implementing new care plans so that people's involvement in their care could be better evidenced.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff were discreet and sensitive when asking people if they needed assistance with their personal care needs. One person told us, "They do shut the door if they are helping me with personal care."

- People told us that staff were respectful and encouraged them to remain as independent as they could. One person told us, "They know what I can do for myself and only help with what I can't do." Another person told us, "I like to try and do what I can for myself and the staff let me get on with it. They talk my help through with me to make sure I'm happy with it."
- People's confidentiality was maintained. Handover meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained.
- Information held about people was securely stored in locked cabinets and offices.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People's social and emotional needs had been considered and assessed. It was not evident however, how people's support had been tailored to meet their individual needs and interests. There was a lack of stimulation and interaction. People provided mixed feedback. One person told us, "I spend most of my time in my room with the television, if you go to the lounge people are just sitting there asleep so there's no one to talk to." Another person told us, "The girls are nice enough, but they haven't got time to talk to you and I get lonely." Whilst a third person told us, "I enjoy the singing when we do that. I'm not very good but it's fun."
- There were plans in place to improve people's access to stimulation. A ten-minute session had been introduced each afternoon where staff stopped what they were doing and used the time to interact with people. However, observations showed that this was not always implemented in practice. The manager was aware that this needed to improve and had liaised with the local authority for their input and suggestions.
- The provider had recognised systems that were in place to assess and plan people's care, needed to improve. They had streamlined the process to ensure that only information that was appropriate for people's needs and preferences was gathered and provided to staff. This ensured the information was more person-centred. Staff told us that the new way of working would help them to provide better care as their work would be less records-focused.
- Reviews of people's care ensured that staff were provided with current guidance about people's needs. People and their relatives had been involved in their care.
- People were able to maintain links with the local community. They had telephones or laptops that they could use to contact their family and friends. Trips outside of the home had been organised and there was an emphasis on developing more community links.

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.

- One person had a visual impairment, and another was living with a learning disability. Staff were provided with clear information and guidance about how to support them in the most appropriate way. Staff told us that they would read care plans to people if they wished to access them.
- Some people were living with dementia. Information was not always provided in a way that supported them to understand and make choices. For example, the menu choices were written on a white board. The provider had not considered other types of communication that might enable people who were living with dementia to understand the different food options available to them. We saw that people were sometimes

confused as to what was being offered and what they had chosen to eat.

We recommend the provider considers current guidance on providing accessible information for people who are living with dementia.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people were made aware of how to raise a complaint within the information provided to them when they first moved into the home.
- People and their relatives told us they felt comfortable to raise any concerns. Complaints that had been raised had been responded to according to the provider's policy.

End of life care and support

- People were able to plan for care at the end of their lives.
- People had been able to remain at the home for the end of their lives and staff had supported them according to their expressed wishes.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that their comfort was maintained.

# 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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created, although significantly improved, had not consistently delivered high-quality or person-centred care.

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

At our last inspection the provider had failed to ensure that systems and processes were established and operated effectively to ensure the service was well-led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although improved, not enough improvement had been made and the provider was still in breach of regulation 17.

- There were wide-spread and serious concerns found at the last inspection and the management team had worked hard to make significant improvements. They had listened to feedback and had prioritised and focused on ensuring improvements were made. Shortfalls that had been found as part of this inspection showed they had not had an opportunity to embed the learning across other systems and processes within the home. For example, although improved, there continued to be concerns about the way some medicines were managed. Despite providing additional training for staff and devising specific audits to identify concerns, risks were found in relation to people's access to some foods and drinks when they required a modified diet. This placed people at risk of harm.
- Although improved, the guidance for some people was inconsistent. Records, to document the care people had received were not always well-maintained.

Systems were not in place and those that were, were not embedded or robust enough to demonstrate the home was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's and manager's responses to the concerns raised showed a willingness to improve. They developed systems to help assure people's safety. Immediate actions were taken to minimise risk.

- There was a proactive approach and shared learning from inspections at the provider's other services. Changes had been made to the audit processes as it had been recognised that these were not always identifying concerns that were being found at inspections. There was an increased focus on quality and new



job roles had been introduced to help ensure people's experiences improved. Significant time and investment ensured that staff's skills were improving. Systems and processes had been revised and streamlined to further improve record-keeping and decrease the burden on staff to enable them to improve personalised care.

- The manager created clear roles and responsibilities for staff who spoke highly of the changes the manager had made and the support they received. One member of staff told us that the manager did not make staff feel foolish for asking simple questions or seeking advice and described them as, "Brilliant and approachable". Another member of staff described the manager as having a, "More open and candid approach".
- The manager was aware of their regulatory responsibilities and had notified CQC of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- At previous inspections the provider's values of wellness, happiness and kindness had not always been implemented in practice. The provider and manager had worked hard to improve the culture of the home as well as the care people had received. Some risks to people had been minimised through the provider's and manager's willingness and commitment to driving improvement. Outcomes for people were improving.
- People and relatives recognised that improvements were being made. Comments from relatives included, "Things have improved since the new manager has been here and you can always go and talk to her with any concerns," "I'm hopeful that things will get better now there is a new manager. She is always around and willing to talk to you. The staff seem to be a bit more relaxed" and "The manager that is here now seems on the ball." One person told us, "The new manager is often around the building. I've seen her, and she seems very nice. I think the home is a good one, they look after me well."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager and staff worked with external organisations. They were open and willing to embrace changes to improve the care that was delivered. External health and social care professionals spoke positively about the improved openness and transparency of both the provider and manager.
- People contributed to discussions and agreements about their care. These helped ensure that people's expressed needs and preferences were listened to.
- Staff were involved in discussions about how the service was run. Staff meetings and an open and transparent approach by the manager, enabled staff to raise suggestions and ideas. Staff told us that they felt listened-to and respected.
- People and relatives told us they were involved and kept informed of changes. A relative told us, "We get sent, 'How are we doing?' forms from time to time and I think they are doing okay. Watch this space."

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

- Since the previous inspection, the provider had changed their approach. They had been candid, open and transparent. This had increased our confidence in their abilities to make improvements.
- People and their relatives told us that the manager and staff were open and honest with them. They were informed of any changes in people's needs or if care had not gone according to plan. A relative told us, "Yes, we have meetings to review things but actually the manager is very good and if there was a need to change anything in-between times I'm sure she'd say so. She's quite happy to chat to you at any point, she's very approachable."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment.</p> <p>The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.</p>

### The enforcement action we took:

We issued a Warning Notice to the provider. They are required to become compliant with this Regulation by 31 August 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>

Maintain securely an accurate, complete and contemporaneous records in respect of each service user.

**The enforcement action we took:**

We issued a Warning Notice to the provider. They are required to become compliant with this Regulation by 31 October 2019.