

Hollyman Care Homes Limited

Braydeston Court

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Braydeston Court is a residential care home providing personal care to up to a maximum of 43 older people, most of whom live with dementia. At the time of our inspection there were 33 people using the service. The home is a converted period building over three floors with gardens.

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

The provider's quality assurance system had been effective at identifying concerns although timely and sufficient improvements had not been made. However, an action plan was in place to address these concerns and it was felt with the appointment of a new manager that progress would now be made after a period of instability.

The individual risks to people had not always been identified, recorded, mitigated or reviewed and this placed people at risk of harm. Whilst permanent staff delivered caring, patient and respectful care that gave people choice, dignity and independence, care assessments had either not taken place, were incorrect, lacked detailed information or had not been reviewed; this risked people receiving inappropriate care particularly as agency staff were being used to fulfil shifts. We also found concerns with the medicine management within the home.

We could not be assured that people were supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way and in their best interests; the systems in the service did not support this practice. Where Deprivation of Liberty Safeguards (DoLS) had been authorised, we could not be assured that attached conditions had been met.

Staff had not received the consistent training, support or supervision required to ensure they met their roles and the needs of the people who used the service. We also had concerns that the staffing levels at night would not be adequate to keep people safe in the event of an emergency such as a fire. There was some evidence to suggest there were not consistently enough staff to always meet people's needs in a person-centred and timely manner.

The culture within the service was positive and caring. Staff told us they worked well as a team. However, the provider needs to ensure they fully engage with staff, the people who use the service and their relatives as they told us communication and support wasn't consistently reliable in relation to the service being delivered. Relatives did, however, confirm staff were good at keeping them informed in relation to the health and wellbeing of their family member.

People's nutritional needs were met and there were activities available. Visiting was in line with Government guidance and the infection prevention and control systems in place were good. The premises and equipment were clean, and staff used personal protective equipment (PPE) appropriately.

The provider had made improvements to the environment including redecoration, new furniture and fixtures and the introduction of a café. Plans were in place for further improvements. People told us they were happy living in the home and their relatives told us that whilst further improvements were needed, they would recommend the home.

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

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, published on 01 April 2019, and there were breaches of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk and medicines management, adherence to the Mental Capacity Act 2005 (MCA), staff training and support, person-centered care and governance at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Braydeston Court

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection site visit was completed by two inspectors, one medicines inspector 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

Braydeston Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Braydeston Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection site visit an application to register a manager was being processed by CQC. This was concluded whilst the remote aspects of the inspection were being carried out.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 October 2022 and ended on 09 November 2022. We visited the service on 26 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We also used information gathered as part of a monitoring activity that took place on 22 August 2022. We used all of this information to plan our inspection.

During the inspection

During the inspection site visit we observed the care and support people received and assessed the environment. We spoke with six people who used the service and six staff including care and domestic staff and senior managers including the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider). Some governance records were also viewed such as maintenance checks and staff recruitment files. Medicines management was also assessed, and we looked at the medicines records for six people who used the service. We spoke with an additional four care staff in relation to medicines.

Off site, we spoke with six relatives and a further five care staff members; two further care staff members provided us with written feedback. Two professionals who worked with the service also provided written feedback. A selection of records was also viewed, and these included the care plans and associated records for nine people who used the service. The governance records viewed included policies and procedures, training information, quality monitoring audits and additional maintenance records.



Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question requires improvement. The rating for this key question has remained 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

- The individual risks to people had not been robustly or consistently identified, recorded, reviewed or mitigated. This placed people at risk of harm.
- We found multiple examples where the service had failed to identify risks to people and implement appropriate risk assessments and/or care plans. This included for people living with diabetes, epilepsy, dementia and mental health conditions such as suicide ideation, depression, panic attacks and anxiety.
- For one person, the service had failed to take mitigating action to reduce the risk of falls as recommended by a health professional. A second person had been put at risk of skin deterioration due to the service failing to ensure repositioning occurred as assessed.
- Where risks had been identified, assessments and/or care plans often lacked guidance for staff on how to mitigate those risks and had not been reviewed as recommended by the provider.
- We had concerns that the risk to people in the event of an emergency at night, such as a fire, had not been properly assessed. The provider had assessed that three staff were required on shift at night however people's complex physical and mental health needs suggested this would not be enough in the event of an emergency such as a fire.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most of the environmental risks to people had been identified and mitigated. However, we did find empty rooms unsecured which placed people at risk of harm due to the potential to enter these areas and sustain injury. We also found two fire doors wedged open. In response to our feedback these were promptly rectified by the senior management team.
- The provider was aware that the recording of fire drills was not robust enough which was identified as part of this inspection. New processes were due to be introduced to rectify this.
- A business contingency plan was in place for unseen events and equipment had been regularly serviced and maintained. Checks were in place to mitigate the risk of Legionnaires' disease.

Using medicines safely

- Staff told us they monitored daily the temperature of medicines storage areas, but they could not provide the most recent records during the inspection. Monitoring the temperature of medicines storage area helps

to make sure medicines remain effective according to the manufacturer's recommendations.

- Protocols for medicines prescribed to be given on a when required basis either lacked detail or were not in place for some medicines. This meant that staff could not always tell what the medicine was for or when someone may need it. When staff had administered these medicines, they had not recorded the outcome for the person who received the medicine. This meant the efficacy of the medicine could not be reviewed.
- Staff recorded the exact location where transdermal patches were applied; however, they could not look back at records to ensure they were rotating the site of application in line with manufacturers recommendations. If routinely applied to the same part of the body, there is a risk of skin damage or overdose from some patches.
- There were unclear procedures and record keeping for external medicines such as creams. For example, we could not tell from records which creams had been applied and which part(s) of the body they had been applied to.
- Staff members did not always follow their own policy when administering controlled drugs to people and records were not always accurate and up to date. Controlled drugs are medicines that require strict legal controls in place due to their potential to cause harm or be abused.
- The service did not always ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, a person was receiving regularly a medicine for severe anxiety which was prescribed for when required use. Staff could not evidence that they had tried other strategies before administering this medicine and that they had asked a healthcare professional to review the frequent use of this medicine for this person.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training to handle medicines safely. However, competency assessments were not up to date for all staff. The provider informed us they were taking steps to ensure all members of staff who support people with medicines were competency assessed.
- Staff completed regular audits on medicines and had identified areas of concern found on inspection. However, the actions that had been taken by the provider so far had not resolved these issues.
- Staff showed us they had an action plan in place to make improvements to their processes and to resolve the issues identified with the management of medicines.

Staffing and recruitment

- We could not be fully assured that there were consistently enough staff suitably deployed to meet people's needs in a holistic manner.
- We received mixed views on staffing levels. Whilst the relatives we spoke with told us there were enough staff, some people who used the service told us otherwise.
- Some staff told us there were consistently not enough staff to fully meet people's needs. Whilst they all told us people's needs were prioritised, staff told us they did not always have time to meet people's emotional needs.
- Observations made during our inspection showed that people's needs were mostly met however we did see some people waiting for assistance at lunchtime.
- The provider used a dependency tool to assess the amount of staff required and this appeared accurate. Staff rotas showed that the number of staff on shift were mostly as the provider had assessed as being needed.
- The records viewed confirmed staff had been safely recruited. This included the completion of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. However, improvements are required.
- For example, although staff had received training in safeguarding, not all those we spoke with knew how to raise concerns outside of their organisation.
- The recording system the provider had in place to monitor safeguarding concerns was not robust enough and failed to accurately record and monitor safeguarding concerns. We found discrepancies within the records.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We did, however, find some clinical bins without liners which was raised with the provider.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, the provider needs to ensure ventilation is in place and that all equipment is consistently and thoroughly cleaned as one was found to be soiled.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was in line with current Government guidance and there were no restrictions in place. The provider told us appointments were no longer required and the associated policy reflected this. However, the relatives we spoke with were confused as to what was currently required and some thought they still needed to make appointments. The provider needs to ensure friends and relatives are kept updated in relation to visiting.

Learning lessons when things go wrong

- The service completed daily meetings to discuss incidents and events that helped to learn lessons. Staff told us these were helpful and that handovers were also effective at sharing learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

- The provider had failed to fully assess people's capacity and records did not demonstrate that decisions had been made in a person's best interests or that appropriate people were involved in those decisions.
- We found people had restrictions in place that had not been assessed as being in their best interests. This included for a person who used a mechanical restraint and for a person whose alcohol consumption was restricted.
- Where people's capacity to make a decision had been assessed, the records in relation to these were poorly completed. For example, they did not consistently show who had been involved in the decision-making process or how a person's capacity to make a decision had been established.
- The service could not evidence that all the conditions attached to DoLS had been met and they had failed to update the appropriate authority in relation to changes in people's needs.

This demonstrated a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We could not be assured that all staff had the skills, training and competency to fulfil their role.
- Due to the provider transferring to an electronic system to record staff training, an overview that quickly and clearly showed what training staff had received, required and was due to expire was not available.
- Nine staff had not received the training the provider deemed mandatory in order to fulfil their role and

meet the needs of people who lived at Braydeston Court, many of whom had been in post for some months.

- Training had not been adapted to meet the needs of people who used the service. For example, only one staff member had received training in epilepsy despite a diagnosed person living in the home.
- Furthermore, not all staff had received training in dementia, falls prevention, oral healthcare, MCA or modified foods, all of which were required to meet the needs of people living at Braydeston Court.
- Staff had not consistently received ongoing and/or periodic supervision to make sure competence was maintained. Ten staff had not received a supervision session this year and group supervisions were not being held regularly.

This demonstrated a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Our observations during the inspection site visit showed that those on shift were competent in their roles. Relatives told us they had confidence in the staff's skills and abilities.

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

- People's needs had not been assessed holistically and care and support had not been delivered in line with best practice and legislation.
- Whilst relatives told us the care their family members received was attentive and caring, care plans did not demonstrate that all aspects of people's daily lives had been assessed.
- Where people had health conditions, records could not demonstrate that care, treatment and support was being delivered in line with best practice. For example, several people lived with diabetes and yet no care plans were in place for this. Diabetes UK's guidance 'Good clinical practice guidelines for care home residents with diabetes' states each person should have an individual care plan in place agreed by all relevant parties including a health professional.

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

- People's weight was stable, and their nutritional needs met. We saw that people received the diet they had been assessed as requiring and relatives told us they had no concerns in this area. Lunchtime was protected from distractions such as visitors to ensure people received the nutrition they needed.
- We saw that people received a choice of food that looked appetising and that there was enough of it. We saw that fluid was available. People also had choice in where they ate their meals.
- However, some improvements are required. We saw that people did not always get the dedicated support they needed to eat and drink despite staff's best efforts to provide this.

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

- People received the healthcare they required, and relatives told us the service was good at seeking advice and attention from professionals. One relative said, "Staff are really good at getting the GP out and they always let you know what is happening." The people who used the service agreed.
- We did, however, identify one occasion where a healthcare professional's advice had not been followed. The provider needs to ensure recommendations are robustly recorded and followed.

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

- The provider had made improvements to the environment, and these were continuing at the time of this inspection with an action plan in place.
- More dementia-friendly changes were being made to the premises along with new décor and furnishings. The people who used the service told us they had been involved in these decisions.

- The relatives we spoke with talked positively about the changes being made. One said, "I think the premises are nice and they have recently done some work on them."
- People's rooms were personalised and individual to them. There were several different indoor and outdoor spaces for people to use in line with their preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff anticipated people's needs and provided them with choice at the point of care delivery. Alternatives were explained and staff assisted people to be involved in their care.
- We saw that staff made time for people and interacted in a patient and kind way. During discussions with staff, they demonstrated they knew people and their needs well, and spoke about them with compassion and kindness.

Respecting and promoting people's privacy, dignity and independence

- The people who used the service told us staff were respectful of their privacy and dignity and ensured care was delivered to protect it. One person told us, "I have had a man help me to shower. He was very good as he looked away while I got undressed and then handed me a towel to wrap around me. He kept his back to me as much as he could. He closed the curtains and the door. I felt comfortable with him."
- Whilst care records did not demonstrate people's dignity was considered and independence encouraged, we saw that staff promoted this when providing care and support which was completed with discretion.
- For example, for one person who was taken unwell during the inspection, staff considered their dignity and privacy by using a screen to protect them and moving other people away from the area. We saw that staff provided the person with kind reassurance throughout.
- We saw that people used equipment to promote independence and that staff encouraged them to use it when providing support. During discussions with staff, they gave us examples of how they encouraged people to maintain their independence.

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

- The people who used the service, and their relatives, spoke positively about how staff interacted with people. One person who used the service said, "There are nice people here." A relative confirmed this by saying, "The staff are upbeat; they seem happy and are attentive."
- The relatives we spoke with told us staff knew people, and their needs, well. One relative said, "All the staff have got to know [family member] and all their characteristics." Another told us, "Staff have got to know [family member] and what they can and can't do."
- During our inspection, we saw the staff were attentive and quick to respond to people's needs including when people were distressed or needed comfort.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant we could not be fully assured that people's needs were always met.

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

- Assessments of people's needs (care plans) did not include all aspects of their daily life. Some people had only a few care plans in place and all those we viewed failed to provide staff with enough information to meet people's needs in a person-centred manner.
- Care plans had failed to consider specific issues that are common in older people which could result in poor outcomes for them if not addressed. These included for diabetes and dementia.
- Where care plans were in place, reviews had not consistently and regularly taken place and there was no evidence that people had been offered the opportunity to be involved in them.
- Care plans failed to consistently record people's goals and what support was needed to achieve them.

This demonstrated a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured, through discussions with staff and others as well as observations, that permanent staff knew people's needs and responded to those. However, a lack of accurate, up to date and detailed care assessments risked people not receiving the care they needed when new or agency staff were on shift and were not familiar with people's needs.

End of life care and support

- Whilst daily notes showed a person who was on palliative care was receiving the support they required, no end of life care plan was in place meaning they risked not receiving the care they required.
- For those people we assessed, we found either no end of life care plan in place or ones that lacked person-centred and detailed information to support staff in meeting people's needs in their final days. None had been regularly reviewed.

Meeting people's communication needs

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

- Due to lack of detailed care plans and risk assessments in place, we could not be assured people's communication needs were met.

- For example, for one person who had a significant visual impairment, their communication care plan failed to record this. The care plan contained no information on how this impacted the person or what support they needed from staff in relation to it. The care plan had not been reviewed since March 2022.
- However, we did observe staff appropriately communicating with people during our inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with people important to them and we saw people participating in activities.
- The relatives we spoke with told us they were able to keep in touch with their family members and had no concerns in relation to this. One relative said, "You can visit when you like, you don't have to make an appointment, but we do ring ahead."
- The people who used the service told us they were encouraged to take part in activities with one person telling us, "The activities are getting better, they try and do something every day now." Another person said, "We all like doing the same things and there is always something to do. I have been painting today and I like that."
- People told us they were able to participate in church services and follow their religion.
- Whilst we were assured people's social needs were being met in practice, people did not have associated care plans in place and the provider needs to ensure these are in place.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people told us they felt able to raise concerns.
- One relative told us, "I haven't got any complaints. I would speak to a senior member of staff if I wasn't happy with anything."

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership had been inconsistent and had impacted on the provider's ability to meet regulations.

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

- Whilst the quality assurance system in place had been effective at identifying the concerns found on this inspection, it had failed to drive timely improvements.
- Identified risks to people had not been continually monitored and appropriate action had not always been taken where that risk had increased.
- Complete, accurate and contemporaneous records were not maintained in respect of each person who used the service and the care, support and treatment they received.
- Regulatory responsibilities were not being consistently met. This included failure to report some safety incidents to CQC and significant delays in submitting others.
- Staff had failed to adhere to the provider's own policies, and these included in relation to safeguarding, falls and medicines management.

This demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified all the concerns found at this inspection and an action plan was in place to address these. Our concern lay at the speed at which those issues were being addressed, particularly as some of the breaches of regulations continued.
- The provider had made recent changes to the senior management structure which will require time to embed. This, together with the multiple changes in management for the home this year, had impacted on their ability and speed to drive improvement.
- However, the provider had made several improvements to the environment of Braydeston Court that had benefitted those people that lived there. These included the opening of a café, redecoration and new furniture and fittings.

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

- People told us the culture within the home was positive, happy and caring which benefitted the people living there. Our observations and conversations with staff confirmed this.
- However, staff morale was low at the time of the inspection, and they attributed this to the instability in management which had impacted on their ability to perform their roles consistently and effectively. Nevertheless, staff told us teamwork was good.

- We had mixed opinions from staff on how supported they felt. Whilst all the staff we spoke with felt the ethos of the senior management team was caring and supportive, some told us they didn't always feel listened to or included in the improvements and success of the home.

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

- Improvements were needed in relation to regularly engaging and involving people in all aspects of the service.
- For example, people had not been formally involved in care planning and meetings had been sporadic and irregular meaning information could not be shared and opinions sought.
- People told us communication needed to improve. The relatives we spoke with were confused about visiting arrangements and some did not know there was a new manager in post. One relative said, "You don't get any feedback from the home... communication could be a lot better." However, all agreed they were kept up to date with the health and wellbeing of their family member.
- The service worked well with other health professionals and recent surveys had been completed. However, more regular and formal engagement is required with people who use the service, their relative and staff.

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

- We found no concerns in the openness and transparency of the service and the people we spoke with agreed.
- For example, relatives told us staff were good at keeping them informed of incidents with their family members.
- We found the provider to be open in recognising the concerns found in the service and they acknowledged improvements were required.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to carry out, collaboratively with the relevant persons, assessments of the needs and preferences for care and treatment of the service users.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Legal consent was not in place prior to care, support and treatment being delivered.</p> <p>Regulation 11 (1)</p>
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>The provider had failed to assess the risks to the health and safety of the service users and do all that is reasonably practicable to mitigate those risks.</p> <p>The provider had failed to ensure proper and safe management of medicines.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Effective systems or processes were not in place to assess, monitor and improve the quality and safety of the service.

Regulation 17(1)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Enough suitably qualified, competent and experienced staff were not deployed to ensure people's needs were met.

Regulation 18(2)