

SHC Clemsfold Group Limited

Longfield Manor

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:

Longfield Manor provides support and accommodation for up to 60 people who require assistance due to frailty of old age and health care needs. There were 36 people living at the home at the time of the inspection. Some people were living with dementia and others needed support with daily living including washing, dressing and mobilising safely. The home has two floors and all bedrooms were single occupancy. There are a number of communal areas that people shared such as lounges, a dining area and a café. A passenger lift enables people to access all parts of the home. There is a separate wing to accommodate people living with dementia, the Rosewood Unit. There is a garden that is accessible to people using walking aids and wheelchairs.

Longfield Manor is owned and operated by the provider Sussex Healthcare. Services operated by the provider had been subject to a period of increased monitoring and support by local authority commissioners. As a result of concerns raised, the provider is currently subject to a police investigation in relation to incidents that occurred between 2016 and 2018. The investigation is on-going, and no conclusions have yet been reached.

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

The registered manager was experienced and was focused on continuously learning and making improvements to the home and had worked hard to improve the culture and ethos in the service since the last inspection. However, some audit and quality assurance processes were still not sufficiently robust and had not identified inconsistencies in some documentation and practice which were identified during the inspection. While we found the risk to people was reduced as permanent staff knew them well, this is an area that required improvement to ensure effective monitoring and quality assurance.

Care plans varied in quality and there remained a lack of consistency and holistic approach to care planning. The registered manager was transparent about work still in progress and areas that required improvement.

People continued to have access to activities, and while the service had made improvements, more work was needed to ensure that people could enjoy activities that were person-centred and reflected their interests and preferences.

People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People with risks around food were supported to eat safely. We have made a recommendation about improving the mealtime experience for all people living at Longfield Manor.

The environment continued to meet most people's needs and the home had enough room for people to

move around safely. The provider was investing to improve the facilities and environment to ensure the service continued to meet people's needs as these changed over time. We have made a recommendation about considering the needs of people living with dementia when undertaking changes to the environment.

Risks to people were assessed to keep them safe. This included potential risks related to their health, or risks from the environment. We have made a recommendation about improving systems of analysis around behaviours that may challenge and accidents and incidents.

People received care and support from trained staff who knew them well. The provider used safe recruitment practices. People received their medicines safely from staff who were trained and competent to do so.

People were supported to maintain their health and had assistance to access health care services when they needed to. People had access to services such as the GP, speech and language therapists (SALT), dentists and others. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they felt safe and knew who to contact if they had any concerns. People remained protected from avoidable harm. There was a safeguarding policy and staff received training. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

There was enough staff to support people safely and the provider had safe recruitment procedures and processes in place.

People were protected by the prevention and control of infection. Staff received training and wore gloves and aprons when supporting people.

The registered manager had created an open and positive culture and staff knew people well. Staff felt well supported and the home had a warm and welcoming atmosphere. Staff had developed positive relationships with people, and we observed friendly, warm and caring interactions between the staff and people. People told us that the staff were kind and treated them with respect.

The provider had a complaints policy in place. The complaints procedure was displayed in the home. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.

People received compassionate and dignified end of life care that respected their wishes. People were proactively supported to maintain relationships with people who were important to them.

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

Rating at the last inspection:

The last rating for this service was Requires Improvement (report published 28 May 2019)

Why we inspected:

This was a planned comprehensive inspection scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Enforcement:

This is the 4th consecutive inspection where Longfield Manor has been rated Requires Improvement. At the last inspection we found five breaches of regulation. At this inspection four of those breaches have been met and we have identified one continuing breach of Regulation 17 in relation to good governance. 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.

We had previously imposed conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

Follow up:

We will request an action plan for 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 will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Longfield Manor

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

This comprehensive inspection was carried out over two days. The first day the inspection team consisted of two inspectors, a specialist nursing advisor 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. On the second day, the inspection was completed by two inspectors and the specialist nursing advisor.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

This inspection was unannounced.

What we did before 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with thirteen people who used the service and six people's relatives to obtain their feedback about their experience of the care provided. We spoke with twelve members of staff including the registered manager, the deputy manager, care staff, nursing staff, the activities co-ordinator, and the deputy chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eleven people's care records and several medication records. We looked at four staff files in relation to recruitment and staff training records. A variety of records relating to the management of the service, quality assurance reports, meeting minutes, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had contact with five professionals who had experience working with the service.

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 in March 2019 this key question was rated as Requires Improvement. We found a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This meant the provider had not done all that was reasonably possible to assess and mitigate risks to people.

At this inspection this key question remained the same. Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, ongoing work was required to ensure the safety of the service. This meant some aspects of the service were not always safe and further work was required to ensure the ongoing safety of people living at Longfield Manor.

Assessing risk, safety monitoring and management

- At the last inspection in March 2019, we found concerns relating to how the provider mitigated some risks to people. These included staff not always ensuring that people were supported to move and transfer safely; people at risk of skin damage did not always have their re-positioning needs recorded clearly; correct information was not always available for agency staff to respond to people's changing needs around resuscitation status; lack of proper assessment for some people who display behaviours that may challenge and people's risk of falling was not sufficiently monitored.
- At this inspection the registered manager demonstrated they had considered these issues as part of their action plan. While some improvements needed more time to develop and become embedded, these risks to people had been reduced. For example, all staff had received further training and competency checks in moving and handling people, changes had been made to positioning charts for people at risk of skin damage and changes to induction for agency staff ensured that people's wishes around end of life were understood.
- At this inspection we found people had care plans in place to support their mental health and wellbeing, as well as behaviours that may challenge. Care plans contained details about how the person may behave when they became distressed and people had received support from specialists, such as psychiatrists and community dementia specialist nurses.
- However, care plans were not always sufficiently detailed with guidance for staff on how to manage specific behaviours such as physical aggression and staff were not completing behaviour recording forms consistently. The provider relied on significant numbers of agency staff, and this increased the risk of an inconsistent response to behaviours of concern which may add to people's distress. For example, one person who displayed physical aggression had been reviewed by a specialist dementia nurse who had requested staff complete 24-hour behaviour monitoring charts, with a view to reviewing the person again. Records indicated staff had completed behaviour charts for approximately two weeks but then stopped, despite the specialist nurse not having reviewed the person again. The deputy manager told us staff were completing a behavioural recording forms for individual incidents instead. However, daily notes indicated six episodes where the person had shown agitation and aggressive behaviour, including two occasions that had required the administration of prescribed medication for anxiety. There were no behavioural recording

forms for these incidents, and the specialist dementia nurse had not returned to review the person.

- While staff appeared to know people well, we saw limited evidence that these incidents were being analysed to identify trends or triggers to anticipate episodes of physical aggression.
- At the last inspection in March 2019 we found that oversight of people at risk of falls required improvement. At this inspection we found that as well as recording all incidents and accidents, the registered manager had introduced a falls log for each person. However, we found that further improvements were needed to give the registered manager better oversight and to analyse these incidents more consistently to identify trends and triggers to further mitigate the risk to people from falls.
- We spoke to the registered manager about these issues during the inspection and they were responsive to our feedback. We have discussed this further in the Well Led section of this report.

We recommend the provider consider best practice guidance for people with identified behaviours that may challenge and people with a risk of falls and to update their practice accordingly.

- Other issues identified at the last inspection in March 2019 had been addressed. Staff had received practical training in moving and positioning people. The deputy manager was responsible for manual handling training and had also carried out training with agency staff and assessed their competency. Staff supported people to move safely, including when people needed to be supported with equipment such as a hoist. One member of staff said, "We understand where we went wrong around manual handling, we now have manual handling competency assessments, management also do spot checks and walk around the service observing our practice."
- People's risks around skin integrity were managed appropriately. The registered manager had introduced new repositioning charts and people were repositioned in accordance with individual guidance. Staff were knowledgeable about people's risks and how to manage them, for example one staff member told us about a person who has a pressure relieving air mattress and described how this was regularly checked to make sure the pressure was correct for their weight, and records confirmed this.
- At the last inspection in March 2019 agency staff were not always clearly informed of people's DNACPR status. DNACPR means the decision has been made in advance that should the person suffer a cardiac arrest and their heart stops beating, no attempt will be made to resuscitate them. Poor communication had resulted in an incident where an agency nurse had not taken correct actions. At this inspection we found that this information was now routinely provided to agency staff as part of their handover and included in the handover documentation. This information was also part of the induction for agency staff to ensure they could identify people with a DNACPR in place. Agency staff we spoke to were clear about the information regarding DNACPR.
- Where people had specific risks associated with their healthcare needs, these were clearly documented. For example, one person living with diabetes had a detailed care plan with clear directions for staff in how to respond to complications, how to care for the person's feet as well as all appropriate checks with external healthcare professionals.
- People were encouraged to be independent and take risks in a safe way. For example, people moved around the home freely, using mobility aids such as walking frames. Where people needed support, staff were on hand to provide it, such as helping people into the dining room for lunch.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed an external consultant to undertake health and safety assessments and fire safety checks and we saw evidence that issues identified were responded to. Other scheduled checks of the premises and equipment were regularly carried out to ensure that ongoing maintenance issues were identified and resolved. One relative said, "I feel 100% secure that my relative is safe."

Using medicines safely

- People were supported with their medicines by nursing staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe, and this included observed practice and competency checks.
- Six people living at Longfield Manor had been assessed as needing support with receiving their medicines covertly on occasion. Covert administration is when medicines are administered in a disguised format. The medicines could be hidden in food or drink without the knowledge or consent of the person receiving them. As a result, the person is unknowingly taking a medicine. Covert administration is only likely to be necessary or appropriate where a person actively refuses their medicine, that person is judged not to have the capacity [determined by the Mental Capacity Act 2005] to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing.
- We found some inconsistencies in some people's care plans with respect to guidance for staff on the steps to take if someone refused their medication, as covert administration should be the option of last resort. We also found that not all care plans recorded that a pharmacist had been involved and provided guidance on covert administration. This is important as administering medicines in food or drink can alter their therapeutic properties and effects.
- We also found inconsistencies in some people's care plans in relation to "PRN" or, medication required as and when. For example, one person was prescribed a specific type of PRN medicine for anxiety. However, the care plan did not provide guidance for staff on how the person may present when anxious and what interventions should be tried first before considering medication.
- Staff we spoke to demonstrated they knew people well and confirmed they always offered medicines overtly before considering covert administration. This meant the impact on people was reduced and people were receiving their medicines safely. However, there remained a risk to people as the service relied on agency staff who may need to refer to the person's care plan for guidance. This is an area of practice that required improvement.
- We spoke to the registered manager during the inspection about these issues and they were responsive to our feedback. For example, authorisations from a pharmacist were immediately put in place for covert medicines. We checked staff knowledge though PRN protocols needed to be reviewed.
- Medicines were stored safely and securely, and audits were done regularly. For example, one staff member told us how peer checks were done at the end of each shift and how this helped staff pick up any errors or missed signatures quickly.
- We observed staff administering medicines safely. People were asked for their consent appropriately and medicines signed for correctly on the MAR [medicines administration record].

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as far as possible by staff who understood safeguarding procedures. Staff had regular safeguarding training and understood the different types of abuse and knew what action to take if they had concerns.
- There were systems in place to protect people and the registered manager told us the service was proactive in contacting safeguarding professionals if they needed advice. Records showed the registered manager understood their responsibilities in notifying CQC of any safeguarding concerns.
- People felt safe in the home and told us they had confidence in the staff. One person said, "I do feel safe here and the staff are wonderful." A professional who worked with the service said, "From my experience, undertaking assessments and reviews, I found that the residents are cared and supported by the staff in a safe way."

Staffing and recruitment

- We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this.
- Staffing levels were assessed based on people's needs, and this was determined using a dependency tool. The registered manager also used a safer staffing tool to assess staffing levels daily. This tool considers whether a risk assessment should be completed if staffing levels is assessed as high risk. We saw one recent example of this and there was evidence that appropriate actions were taken.
- A shift planner was in place to manage the deployment of staff and to ensure there is always staff on shift with specific required training. For example, the shift planner ensures that a fire warden was on each shift along with a first aider, as well as a staff member trained in specific areas, such as use of a de-choker [used in the event of a choking incident] and suction care.
- People told us there were enough staff, though some people said that they occasionally had to wait for staff to respond to them when they used their call bell for assistance. Our observations were that call bells were sounding throughout the inspection and these were generally responded in a timely way, including in response to emergency bells. Other people said they normally did not have to wait when they needed assistance. One person said, "If I want or need help I know all I have to do is ask one of the girls, it's not like living alone. There's always someone about and that makes you feel safe."
- Staff recruitment files showed that staff were recruited in line with safe practice. The provider undertook appropriate checks, such as with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Registered nurses all had valid NMC registration [Nursing and Midwifery Council] to ensure that they were qualified to undertake their clinical role.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had training in infection prevention and control and were seen to use personal protective equipment (PPE) such as gloves and aprons.
- The home smelt clean and fresh and free from odours. One person told us, "It always smells fresh and clean, they are always cleaning."
- Hand sanitisers were available throughout the home to mitigate the risk of cross infection. Domestic staff were rostered seven days a week and cleaners were in evidence throughout our inspection.
- The provider used an external contractor to conduct health and safety audits and this included consideration of infection control. In addition, the registered manager conducted her own weekly health and safety audits which included infection prevention and control.

Learning lessons when things go wrong

- Systems and processes were in place to record and identify errors when things went wrong and the registered manager reviewed accidents and incidents every month. The registered manager was open to improving these systems and responded to feedback during our inspection. We have discussed this further in the Well Led section of this report.
- Learning was fed back to staff through daily handovers which the registered manager attended, staff meetings and ad hoc staff briefings or "tool box sessions" designed to focus on specific issues. Minutes from recent staff meetings highlighted the registered manager took a collaborative approach and open discussion was encouraged amongst staff to encourage learning lessons.
- Staff told us they were focussed on making improvements at the service. One staff member said, "We do really want to improve" and another said, "The service has improved, and we are working hard." A person whose spouse had been at the service had chosen Longfield Manor when their own needs changed, "That

tells you how confident I am in the care. I feel truly safe."

- Relatives told us they were kept informed if things went wrong.

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 in March 2019 this key question was rated as Requires Improvement. We found a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 as not all staff had completed training relevant to meet the needs of people.

At this inspection this key question has remained the same. Improvements had been made and the provider was no longer in breach of Regulation 18. However further work was needed to ensure consistently effective care to deliver good outcomes for people.

Staff support: induction, training, skills and experience

- At the last inspection in March 2019, we found not all staff had completed training relevant to the meet the needs of people they cared for, specifically dementia awareness training, pressure ulcer prevention and moving and handling people training. At this inspection we found that permanent care staff were now all up to date with this training. The deputy manager was responsible for moving and handling training and had also carried out training with agency staff and assessed their competency.
- Staff rotas confirmed that the provider relied on a significant number of agency staff to cover shifts. The registered manager told us that recruiting more permanent staff was a key objective and they had taken measures in the interim to mitigate risks by using consistent agency staff. However, profiles for agency staff demonstrated that not all of them had received dementia training. Staff from one agency the service used all had dementia awareness training, but thirteen staff from another agency did not. For example, four out of twelve agency care staff rostered over the two days of our inspection had not received dementia awareness training.
- There was other training available that was relevant to people living at Longfield Manor. For example, seven of the eleven permanent care staff had not received training in positive behaviour support for managing behaviours that may challenge. None of the twelve agency carers rostered on the two days of our inspection had received positive behaviour support training. Only two members of permanent care staff had received training in engaging people with dementia, though neither of the two activities co-ordinators had this training. While the service had improved its training for staff since the last inspection, there were missed opportunities to develop the skills of staff further in areas that would have positive impact for people living at Longfield Manor. The absence of dementia training and positive behaviour support training for agency staff increased the risk of people not receiving effective support.
- We spoke to the registered manager about staffing during the inspection, who told us increasing the number of permanent staff was a key objective for the next twelve months. The registered manager demonstrated they had a clear vision to further develop specialist skills within the service to better support people living with dementia.
- All staff were supported with regular training across a range of other subjects such as health and safety, infection control and fire safety which was delivered combining both online and practical learning. Some

senior care staff had also attended "train the trainer" sessions in order to deliver training to other staff and keep their skills updated, for example in moving and handling as well as dementia awareness.

- Training records were kept up to date and staff told us they thought there was enough training available to help them support people at Longfield Manor. Staff told us they received regular supervision and appraisals and records confirmed this. Staff told us they felt supported by the registered manager and their colleagues. One staff member said, "I get regular supervision, the management support us a lot, they give us a lot of advice."

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

- We observed lunchtime in both the main dining room and the Rosewood unit for people living with dementia. Our observations showed that while staff were friendly and supported people who needed help with eating well, mealtimes lacked atmosphere. There were missed opportunities to make mealtimes a social experience.

- In the main dining room people were seated in groups of three or four at separate tables. The service was disjointed, as some people were given their meals while others at the same table had to wait. The service was not arranged in such a way that each table was served at the same time so people could eat together.

- This meant some people had to wait for their food. Apart from the social experience, this also caused some people to become agitated. For example, three tables had a member of staff seated with people ready to assist them with eating. On one table, a person became agitated that someone else on their table had been given their food and they had not, so the staff member went to the kitchen to get the person's meal. While the staff member was gone the person became more agitated and began taking items off the table and throwing them. Arranging the lunch service around a social experience may have avoided the person becoming distressed.

- People began arriving for lunch at 12 o'clock but it was 12.40 before everyone had their meals. People said this meant their food was not always hot. One person said, "The food is not bad but not always as hot as it should be. It's plated onto cold plates so it's only lukewarm when you get it." Another person said, "The food leaves a bit to be desired. Often only warm when you get it."

- We observed lunchtime on the Rosewood dementia unit on both days of the inspection, and on both occasions a positive mealtime experience was not well promoted. On the first day of the inspection, tables were laid with a tablecloth, but cutlery was not laid, the menu was not on display and condiments were not made available. On the second day of the inspection, a staff member was observing laying cutlery but again the menu was not displayed. We spoke to the deputy chef who told us that people with dementia or communication needs were supported to make choices with the use of picture menus, however this was not supported by our observations.

- For people with dementia, promoting the mealtime experience and orientating them to mealtimes is important to promote an interest in food and maintain a healthy appetite. For example, the Alzheimer's Society advises a range of strategies to help people living with dementia retain an interest in food. This can include a relaxed, friendly atmosphere, using music, involving people in the mealtime (for example people helping to lay the table). Eating and drinking is also an opportunity for activity and social stimulation [such as an opportunity to talk about food from the person's childhood] and can all be used to encourage appetite.

- We discussed the mealtime experience with the registered manager during the inspection as this was an area that could improve. The registered manager told us some issues had already been identified and a meeting had been held for staff to feedback their ideas. For example, minutes from a staff meeting showed that there was consideration being given on how to make meals more appealing to those people on a pureed diet.

We recommend the provider consults with reputable sources to obtain best practice guidance to improve the mealtime experience for all people living at Longfield Manor and to act to update their practice accordingly.

- People were supported to eat and drink a balanced diet to meet their individual needs and preferences. Care plans gave indications of people's food and fluid needs, risks and food preferences, and these were correctly recorded in the kitchen. People were encouraged throughout the day with pitchers of water, squashes and hot drinks available. The service had also recently opened a café area for people to meet and several people chose to spend time there during our inspections when relatives visited.
- Where people had risks associated with nutrition, the provider used best practice guidelines and referred people to other professionals. For example, people's weight was monitored on a regular basis.
- Where people had specific risks around eating, specialist advice was sought and understood by staff and adhered to from our observations. For example, where people required modified diets on the advice of a Speech and Language therapist, staff supported people to ensure they received the correct meal. Where people's risks around food changed, the service took prompt action to keep people safe and referred them to a specialist for advice.
- Some people chose to have their meals in their room. We saw positive interactions with staff, ensuring that if people were eating in bed, they were positioned correctly so it was safe for them to eat. We spoke to one person who was sitting in their room watching TV waiting for their lunch to arrive. The person was happy they could choose what they wanted to do and where they wanted to eat their food, "I like to be on my own."
- The chef ensured that people had a variety of options and people were given a choice of food at mealtimes and alternatives were available. For example, on the first day of our inspection one person was enjoying a cooked breakfast with their relative despite breakfast service having finished. Our observations showed that people were also able to change their minds. The menu rotated every four weeks and the choices were displayed on a menu board outside the main dining room.

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

- Some people living with dementia in the Rosewood unit walk with or without a purpose. While there were some individual personalisation and some adaptations had been made, such as memory boxes outside people's rooms, there was limited stimulation or interaction on the walls or within the corridors to engage them.
- We spoke to the registered manager during the inspection who told us that there were plans to refresh the décor in the home, and to include people in decisions around colour schemes.

We recommend that the provider seeks guidance from a reputable source to consider the needs of people and to ensure dementia-friendly design and layout when undertaking improvements to the environment.

- Consideration had been given to help people orientate to the building, for example there were picture signs to help people find their way to use the facilities such as toilets and bathrooms. Doors to people's rooms were brightly painted in different colours to help people find their way. For example, one person remembered that their door was yellow.
- The home had a warm, friendly and welcoming atmosphere with a garden for people to enjoy, which was wheelchair accessible and was used regularly for social events. The provider had created separate spaces, such as a café, lounge areas and activity rooms so people could choose to spend time together, take part in activities, be with family and friends or enjoy time alone.
- The home had enough room for people to move around safely with their mobility aids. There was a lift to

the first floor to ensure access to all parts of the building.

- People's bedrooms were personalised to people's individual taste with their own possessions. People were given choices such as the colour their room was painted.

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 service 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.

- Staff had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted, and staff had a good understanding of consent and empowering people to make day to day decisions.
- Staff received MCA training and we observed staff giving people choice over everyday decisions and giving people time to respond. One staff member said, "Good dementia care, give people the opportunity to choose what they want to do, offer them choices."
- Mental capacity assessments were observed to be in place along with best interest checklists. Families, health professionals and others with specific legal powers such as Power of Attorney were appropriately consulted.
- DoLS applications had been made where appropriate and care plans were in place.

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

- Pre-assessments were carried out before people moved into the home and this helped identify people's care and support needs. The registered manager spoke to family and the initial needs assessment was communicated to staff at the daily handover meeting for new residents.
- Information gathered about what people's life was like before moving to Longfield Manor varied. The registered manager told us the activities team were working on an ongoing project called "My Life Story" to gather information about the person, their family's memories of the person, places that are important to the person and what is important to them now, their faith, any community links and creative arts they enjoy.
- While not always reflected in care plans, people, their relatives and professionals told us they were involved in this process where possible and that people consented to care and treatment. One person said, "They did a risk assessment when I came in. What could I do all that sort of thing. I think they are very well trained and have total respect for me. I choose how my care is delivered." A relative said, "There is a good loop of communication between us."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, and this was reinforced for staff through training.
- Professionals told us people were involved in decisions about their care where possible. One professional

said. "There are some residents who are unable to verbalise their needs and staff have to rely on body language and knowing the person from their experience and taking input from families. So, I do think that staff understand residents' needs."

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

- Staff worked well with other agencies to provide people with timely care. Records confirmed people's everyday health needs were supported by a range of health and social care professionals such as social workers, diabetes specialist and others. People had regular support from the GP, and records confirmed the registered manager maintained a GP visit log, and recent examples showed details of the GP's visits and action taken.
- People and their relatives we spoke to were happy with the support they received. One person said, "They sort out all my medicines for me, seeing the doctor, appointments, actually they sort everything out for me." One relative said, "They acted quickly to a couple of seizures. Really good communication with the GP, because they always call me after." Another relative said, "The doctor comes every week to see him and he is now being assessed for end of life care."
- People's needs were continuously reviewed and where their needs had changed, specialist advice was arranged. People's oral health care needs were assessed, and care plans were in place. Staff received training to support people with their oral care.
- Professionals told us the service worked with other agencies appropriately to adapt to individual needs and respond to issues to ensure effective care. For example, one professional said, "There were some manual handling issues that staff did proactively seek advice from occupational specialists."

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. We found a breach of Regulation 10 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 as not all staff promoted the dignity, respect or confidentiality of some people. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The atmosphere was generally warm and friendly, and the home felt calm throughout the inspection. Staff had developed positive relationships with people, and we observed caring interactions between the staff and people.
- People told us that the staff were kind and treated them with respect. Staff chatted to people and shared a joke with them. One person said, "The staff are wonderful, I can't think of a thing to say against them."
- Staff spoke affectionately about the people they supported and knew people well, which helped them to meet their needs. One staff member said, "We are really close with people." Staff were able to anticipate people's needs. For example, one person was becoming distressed, and was not orientated to time or place. A member of staff noticed this and asked the person if they were in pain, and the person was able to explain their back was hurting so the staff member supported them to go for a walk. We saw staff engage positively and with simple acts of kindness to people. For example, one staff member came into the lounge and asked each person how they were, one by one. One person said they were cold, so the member of staff went off and got a blanket to go over the person's legs. One staff member said, "We are a family, we do love the service users like family."
- People responded well to the staff and were relaxed and comfortable in their presence. One person said, "The staff are very kind, discreet. If they sense something is wrong, they will quietly get the nurse to see you. They are great care staff."
- Staff understood equality, diversity and human rights and people's differences were respected. People were supported to observe their faith if they wished and this was respected. For example, one person with a faith did not eat meat, and friends that visit also have this faith. Staff were aware of the person's wishes and the care plan reflected this and the person's requests.

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

- People said they were able to express their views and were involved in making decisions about their care, support and treatment and daily interactions. Although care plan documents did not always reflect this, people who were able to confirmed that they had been involved in their care planning and that it accurately

reflected their needs. One person said, "They do respect my wishes. If I say I don't want something they accept that it's my choice."

- Where people needed additional support to be involved in their care, family and friends were involved where appropriate. One relative said, "Everything was done very quickly, getting the assessment and moving him here. It's very good." Some people were also supported in decision making by people with specific legal authority, such as those with power of attorney.
- People and their relatives were also involved via regular meetings and daily discussions with staff, and their feedback was valued. For example, people had asked for a designated space to sit and entertain when relatives visited, and the café had been opened in response. Relatives told us they were invited to convey their views. One relative said, "There's a newsletter every month, family meetings really regularly because I get an email, they are accessible anyway as I am always emailing the registered manager, she always replies."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors and spoke to people respectfully. One person told me "The staff are all really friendly and caring. Very gentle when they are helping me. The agency staff are better now, more caring, more proactive."
- People were supported to remain as independent as possible. People were given time to carry out tasks if they could do it themselves, such as eating, drinking and walking. Where people were able to do some things for themselves, they were encouraged to with support when they chose, so they remained partners in their own care. One staff member told us about one person who really likes to do things for themselves but does sometimes need assistance. The member of staff understood that this person found it difficult as they were very private, so staff supported the person in a sensitive way.
- Staff told us they saw their role as supporting people to be as independent as possible. One staff member told us about a person with a mental health condition that could make the person anxious, "They will often ask to use the commode; however, we encourage them to use the bathroom and walk to the bathroom, it's important that we support people to be as independent possible."
- People were seen to move freely around the home. People living with dementia who may be walking with or without purpose were free to do as they wished and people were supported safely and guided as they needed.
- One professional said, "From my experience from what I have seen, the staff do care, they are kind and treat the residents with dignity."

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. We found a breach of Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 as the provider had not ensured that people received care and treatment that was personalised specifically for them, including providing activities and engagement for people that met their individual needs.

At this inspection this key question has remained the same. Improvements had been made and the provider was no longer in breach of Regulation 9. However further work was needed to ensure people's care was always personalised to meet their needs.

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

- Care plans were variable in quality and were not always person centred. Information in some care plans was not always recorded in a way that made it clear how to support people when people's needs had changed. One person had recently been reviewed and prescribed medication for low mood as it was felt that the person may be experiencing depression. However, this information was not reflected in the mental health wellbeing care plan and there was no guidance for staff on how to support the person.
- At the last inspection in March 2019, we found that expressing sexuality care plans did not always contain relevant information to adequately support the person. At this inspection, we found improvements in some care plans, while others still required work. For example, one care plan contained helpful details of the person's preferences and needs and how to support them. However, another person's care plan indicated that they sometimes expressed their feelings towards care staff. Staff were instructed to inform the nurse in charge. There was no information or guidance on how to support the person express their sexuality in a healthy and safe way. The registered manager told us this was still work in progress.
- Some people's care plans had not been updated when their needs changed, or information was not always consistently recorded. One person's Waterlow score [the tool used to manage risks to people's skin] was recorded with different scores in different parts of the care plan, and neither score considered other important information. Another person had suffered two recent falls and, as a result of an updated risk assessment, the person now needed two care staff to help them mobilise safely. However, the person's care plans for mobility and safe environment had not been updated to reflect this, and nor had the person's hospital passport (a document designed to improving communication between the community, the person and the hospital should they need to be admitted for treatment).
- Care plans did not always reflect people and their families had been involved in discussions. People who were able told us that they were involved, but not all people living at Longfield Manor were able to communicate with us. It was not clear from the care plans how the service involved all people as partners in their care.
- We were assured that despite these inconsistencies in care planning, there was no significant risk to people because current staff knew people well. We checked how care was being delivered to people

through our discussions and observations, and staff discussed people's changing needs daily at handover meetings. However, as the provider relied currently on agency staff, if care plans did not reflect people's current needs there remained a risk that people would not always receive care that always met their needs and preferences.

While the registered manager had worked hard to make improvements at Longfield Manor since the last inspection, there remained a lack of consistent and holistic approach to care planning and review. This is an area of practice that needed to improve, become sustained and embedded. This meant that the provider did not have sufficient oversight and quality monitoring measures to ensure people's care and treatment was always personalised specifically for them. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Other care plans were detailed and reflected current guidance. For example, two people's diabetes care plans were reviewed, and these were detailed with clear guidance on management. Another person's care plan for catheter care was detailed and information was accurately reflected in their catheter passport (a document designed to improving communication between the community, the person and the hospital should they need to be admitted).
- Our observations and discussions with staff showed they were knowledgeable about individual people. For example, one member of staff was talking to a person about the job they used to do and had knowledge of the person's family. Staff demonstrated they understood how some people living with dementia may present. One staff member said, "There are different types of dementia and people present differently. You have to learn about the person, learn how to reassure them. It is their life and we have to learn about their life history." The registered manager's vision for the home was to be a specialist dementia service, and ensuring that care planning is holistic, reflecting the person's individual needs and records are kept up to date as people's needs changed is an area that required improvement.

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.

- Although care plans identified people's communication needs, AIS was not routinely met. Communication care plans addressed how the person was able to express themselves but did not always consider how information could be provided to a person. This is an area of practice that required improvement.
- One person had a communication care plan which detailed their short term memory loss, periods of confusion and guidance for staff on giving the person clear, simple instructions. The care plan confirmed the person could verbalise their wishes. However the communication care plan did not consider how information such as letters or appointments should be provided or how the person and their family should be involved in the design and formation of their care delivery.
- Consideration of other impairments such as people with poor vision had not been made with respect to how people were given information in ways they can understand. For example, one person was registered blind but there was no information in their care plan as to how information should be provided to them. Our observations of people and discussions with staff did not demonstrate that the provider had considered other communication methods or technology to assist people receive information in ways they can understand.

While the registered manager had worked hard to make improvements at Longfield Manor since the last inspection, there remained a lack of consistency and holistic approach to care planning. This is an area of practice that needed to improve, become sustained and embedded. This meant that the provider did not have sufficient oversight and quality monitoring measures to ensure people's care and treatment was always personalised specifically for them. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Other people were well supported with their communication needs. One person had complex communication needs and been seen by a speech and language and been assessed in terms of their ability to talk, understand, read and spell. This assessment included strategies to help the person understand, including ways of communicating with the person to help them have conversations and express themselves using both verbal and non-verbal strategies, such as use of picture communication chart. The person's relative said, "Staff know her really well, they communicate with her well. They can tell when she's uncomfortable, respond to her non-verbal cues like when she's uncomfortable."

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

- The registered manager was continuing to develop activities for people following the last inspection in March 2019. The provider now employed three activity staff and they worked in partnership with a wellbeing organisation called Oomph. While we observed several examples of positive interaction and engagement, this was an area that needed more time to embed further to ensure person-centred activities that reflected people's interests were available to all people living at Longfield Manor.
- Care plans varied in terms of capturing important information around personal history or people's preferences and likes and dislikes. For example, some people's life history was very limited while other people's interests and history were captured. The activity co-ordinator was working on an ongoing project to gather more detailed life history from people and their families, to ensure that activities were tailored to people's interests. This work was ongoing from the last inspection and was not yet fully embedded. This had still not yet resulted in personalised activity plans for people.
- There were periods where our observations showed people were not engaged. For example, on the first day of the inspection there were periods on the Rosewood Unit for people living with dementia when people did not enjoy meaningful engagement, and people were sitting passively, and staff were not able to engage with people so much as they were busy attending to people's other needs. On the second day of the inspection, there was an additional member of activity staff deployed and several people attended an activity in the main lounge. We informed the registered manager during our feedback of the inspection and they took action to deploy an extra member of staff to the unit on a daily basis, to ensure that there were sufficient staff to ensure people were engaged and occupied.
- Some people spent long periods of time in their room, and for some this was their choice. However, for others, it was not clear from their care plan that the risk of social isolation had been fully addressed. For example, one person's care plan stated they preferred to stay in bed watching television or reading newspapers. The person was checked every thirty minutes, but these checks did not consider whether any engagement was promoted. The care planning process did not fully consider the impact on the person of spending long periods of time on their own in one room. Their social care plan referenced the risk of social isolation but there was no plan to address the risk, such as providing one to one activity for the person.
- Some people told us they did not enjoy the group activities. One person said, "I don't join in the activities as they are stupid and babyish and I'm not like them people out there." Another person said, "I don't go to the activities, they are too childish."
- Activity staff were keeping records of people's level of engagement in activities. However, this level of

engagement was not routinely analysed to assess if anything could be done differently for people who remain in bed and/or who do not engage in group activities.

- We discussed this with the registered manager during the inspection and they told us that activity provision remained a work in progress and they understood this needed to improve further.

The registered manager had worked hard to make improvements at Longfield Manor since the last inspection, including to activities. However, this was an area of practice that needed to improve, become sustained and embedded for all at the service. This meant that the provider did not have sufficient oversight and quality monitoring measures to ensure people's care and treatment was always personalised specifically for them. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- A variety of activities for people were offered each day and people had opportunities to join in. A weekly activity planner was devised, and activities included arts and crafts, word games, pampering, bingo and other activities. In addition to these activities, the service engaged with other community groups such as entertainers, a Pets as Therapy dog visited the home every 2 weeks, a local church comes in and undertakes holy communion and a family church visited once a month and they are were also providing companionship for people. The service also had links with a local nursery who came in to do a reading, the café was used once a month by a carer support group and people had recently enjoyed a pub experience.
- On the day of inspection, we observed several periods of activity in different parts of the home. We saw positive examples of people being engaged, laughing and having fun and were involved in both organised activities and simple interactions with staff. For example, activity staff asked people in the lounge what music they wanted to listen to and they chose Vera Lynn, and people were singing along and laughing. Staff were seen to use the television as an opportunity to engage people and talk about what was happening in the news that day. Other staff were seen sitting with people and reading with them, either books or the newspaper. Staff were also seen to help support people when they became agitated, for instance one staff member remained calm and sought to distract the person by introducing a picture book that she knew she liked.
- People were supported to go into the community on occasion. The service did not have its own minibus and used an Oomph bus for weekly trips out. We saw recent examples such as trips into the local town, to a restaurant and a pub. One relative said, "They take her out, goes for breakfast to the Harvester in Crawley. She goes to Brighton to the seaside, the hairdresser comes in too." These trips have to be rostered so the same people do not attend, which meant people were not able to access the community weekly.
- The registered manager had also developed links with local organisations such as a local school where young people volunteered one afternoon every week. This meant people had the opportunity to mix with younger people and share their experiences and this supported people to feel part of the wider community. Giving people more intergenerational social opportunities and accessing the wider community is an area the registered manager and provider told us they are aiming to expand, and we will check this at the next inspection.
- People were supported to maintain relationships with those important to them and relatives told us they were made to feel welcome at home. We saw people have visits from family during the inspection and people were free to visit in people's rooms or communal areas such as the cafe. One relative said, "We have only been here a little while, but the staff are always very kind to us and very gentle dealing with him. We can help ourselves to tea and coffee from the cafe and they never mind what time I come in or how long I stay." Another relative said, "The staff are very nice. At Christmas we came in to have Christmas lunch with her and they laid the table up in the cafe for us so it was more personal, more homely. Similarly, we arranged to have a big family get together on Sunday and all the children came in with her grandchildren and great grandchildren. Again, they made the cafe available to us for the occasion and she had a great

time. They were very accommodating."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The complaints procedure was displayed in the home.
- People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. One person said, "I've never been unhappy with the home and never complained." A relative said, "I was there when they drew the care plan up and they keep me updated and involved on a daily basis. I've no complaints at all. The staff are very helpful and friendly, and I always feel welcome."
- We spoke to the registered manager about any complaints made in the previous few months and reviewed records which indicated these had been responded to appropriately.
- The registered manager attended staff handover every day and any issues were highlighted to staff, and any improvements required were added to an overarching service improvement plan. Staff told us they felt able to raise issues as well. One staff member said, "I feel I can raise concerns and they are acted upon."

End of life care and support

- Staff received training in end of life care and the service received support from outside agencies and specialist care when needed to allow people to remain in their home.
- End of life care was considered as part of care planning and records showed that people had made choices and been involved.
- Advance care plans were in place and people were able to die with dignity. Care staff knew which people had DNACPR orders [or, Do Not Attempt Cardio Pulmonary Resuscitation] so that people's wishes were known and respected.

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 Requires Improvement. We found a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 as the provider had not ensured that systems and processes to monitor quality and compliance operated effectively.

Although some improvements had been made and staff, people and their relatives spoke highly of the registered manager, there was still work in progress that we found at the last inspection. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17. At this inspection this key question has therefore remained the same.

Continuous learning and improving care

- The registered manager carried out regular audits to ensure good quality care was maintained, but these were not always effective in identifying issues or addressing areas that were known to require improvement. Inconsistencies in documentation in several areas identified during our inspection had not been identified despite these audits. For example, there was no effective and systematic approach to regular care plan auditing for all people at Longfield Manor. Several issues were identified during our inspection that had not been identified by quality monitoring processes. For example, neither medication audits or care plan audits had not identified some records were insufficient and lacked guidance for staff with respect to management of covert and PRN [as and when] medicines. Despite regular analysis of accidents, incidents and a new falls log, a change in someone's dependency as a result of falling had not resulted in updated care plans. When one person had been prescribed medication for low mood and depression, their mental health and wellbeing care plan had not been updated as a result.
- Some areas lacked enough oversight and analysis to drive improvement and these were missed opportunities. For example, behaviour monitoring was used for people with behaviour that may challenge, but this was not consistent and was not analysed to develop preventative strategies. Similarly, data was captured in relation to people's engagement with activities, but this was not analysed in order to develop alternative, more personalised activity plans for people and this remained outstanding from the last inspection.
- We have found issues with how people with behaviours of concern are supported at some of the provider's other locations. We had previously imposed conditions on the provider's registration, and this means that the provider must send a monthly report to the CQC, and this includes providing analysis of incidents resulting in harm. While improvements had been made at Longfield Manor, these conditions had not led the provider to ensure similar risks to people with identified behaviours that may challenge were always consistently well managed and reduced.
- We have discussed these issues further in the Safe, Effective and Responsive sections of this report. The registered manager told us they planned to introduce a more systematic process to review care plans and ensure they were more regularly audited and accurately reflected most up to date guidance for staff. The

provider was about to introduce a new electronic care records system and the registered manager felt this would support this and improve the care planning process further.

There remained a lack of consistency with respect to some quality monitoring. This meant that systems and processes to monitor quality and compliance did not always operate effectively. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Some issues identified at the last inspection in March 2019 were still work in progress, such as reviews of expressing sexuality care plans, gathering people's life history and preferences, analysing behaviours that may challenge to develop positive support plans and delivering personalised activities for all people at Longfield Manor. These improvements need to be fully developed, sustained and embedded.
- The registered manager understood the importance of continuous learning to improve the care people received and were responsive to issues identified during our inspection. The registered manager was passionate about improving the service at Longfield Manor. Staff told us they felt the home was improving. One staff member said, "Our attitude has improved, we do really want to improve."

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

- There was a registered manager in post and they were supported by a deputy manager and senior staff who understood their roles and responsibilities. Staff spoke highly of the registered manager and working for the service. One staff member told us, "Management support us a lot, they give us a lot of advice." Other staff members said, "As a team we all muck in" and "Its lively, friendly, welcoming. If it was horrible, would I still be here?" Other staff told us they found the registered manager very supportive and approachable, and felt they had made improvements to the home.
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement. The registered manager was responsive to feedback throughout our inspection and they were open about the aspects of the service that needed to improve.
- The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents. Information was shared appropriately and confidentially.

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

- The registered manager had focussed since the last inspection in March 2019 on improving the culture at the service. They told us they wanted to create an open and positive culture where staff knew people well, "I know what I want, it's our place of work, I want it to be their home. Simple things, sitting talking to people, laughing. A more reflective culture. Trying to work more collaboratively. They know I'm the manager, but they know everyone is of equal standing."
- People and their relatives told us they found the home to have a warm, open and friendly culture. One relative said, "It seems like a good home, homely not clinical." Another relative said, "Coming here is like being at home, I bring my kids, and nobody minds."
- People said they had noticed improvements and thought the home was well run. One visitor said, "I had a relative in here a few years ago when they had problems and I find it's much better here now than then, there's a much more positive atmosphere - I can feel the difference."
- Staff told us that the registered manager led by example. Staff talked about the culture of the service and the fact they were focussed on improving the care delivered to people. One staff member said, "The manager has completely turned the home around, she leads by example and supports with care if we need

her to, she always offers to assist when we are busy. She is not an office manager, very visible and approachable. The culture has changed, and we are encouraged to care and support each other as a team, the manager is always professional and cares for her team.' Another member of staff said, "The culture has changed, and we are encouraged to care and support each other as a team."

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

- People and relatives were given opportunities to be involved in the service, through daily contact with staff and regular meetings.
- The provider published a monthly newsletter which identified as what the home had been doing and what they had planned.
- Regular meetings were also held with staff. Meetings showed that staff were able to provide feedback on which the provider acted. Staff told us they felt valued and appreciation for examples of good practice was regularly shared.

Working in partnership with others

- The registered manager and staff proactively worked in partnership with healthcare professionals and others to promote positive outcomes for people. Professionals we spoke to were complimentary about working with the home and told us the registered manager was helpful and proactive. One professional said, "In my experience, the management team respond quickly to safeguarding concerns providing full and detailed information."
- The registered manager told us about a range of community professionals they worked with, such as nurses, falls prevention, tissue viability, behaviours that challenge, memory testing and support with end of life care, and records confirmed this. The registered manager told us community professionals were often "Great at giving advice."
- The registered manager kept abreast of local and national changes in health and social care, the Care Quality Commission (CQC) and government initiatives, and had access to in house support and training supplied by the provider.

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

- The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they felt empowered to raise concerns if needed. The registered manager used incidents as safeguarding case studies to ensure staff understood the process.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to check the quality of care were not always effective in assessing, monitoring and improving the care provided to service users.