

Sevaline Care Homes Limited

Glenhomes Care Home

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

Glenhomes Care Home is a care home providing personal and nursing care to up to 21 people. The service provides support to older people, some of whom are living with dementia and/or physical support needs. At the time of our inspection there were 16 people using the service. The service while registered to provide nursing care was only providing support to people with residential support needs and didn't employ any nursing staff.

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

People and their relatives felt care was provided safely. Staff had a good understanding of incidents which would require a safeguarding referral and who they could and should contact if they had any concerns. Medicines were administered safely; however, some issues were identified in relation to audits, paperwork and night time medicine arrangements. Dependency levels had not yet been fully completed and some staff felt staffing levels at night were not sufficient. However, the provider had implemented new systems including an electronic recording system which would support the assessment of how many staff were needed to meet the needs of people. The home was clean and hygienic .

The provider had recently purchased the home from the previous provider and had identified several areas where improvement was needed. This included staff training and all staff had been assigned a training programme they needed to complete within a realistic timeframe. The provider evidenced their oversight of this. Staff had a good understanding of the MCA and how this impacted their roles. Inconsistent record keeping was identified across a variety of records, with some records not being completed appropriately or fully. We discussed this with the provider who demonstrated their new recording system which will promote consistency in record keeping. Training for staff on how to use the system had been scheduled. We have made a recommendation the provider continues to monitor staff's compliance with completing mandatory training courses.

The provider had changed the layout of communal areas within the home to accommodate a bigger office. However, the provider had failed to consult with people and relatives and we fed back to the provider our concerns about the communal space available to the 16 people living at the service being limited. The provider advised they were in the process of purchasing the neighbouring property and communal space would be considered a priority when using this space to extend the home. They were unable to give a timescale of when any work would be completed.

People received care which was warm, attentive and person centred. People and relatives consistently shared positive feedback with us about their experience of the care provided at the home. People's preferences, likes and dislikes were recorded in their care plans. Further detail was needed in some people's records though to ensure all records reflected the person centred care provided by staff.

Care plans and risk assessments were completed to varying levels of quality; some people had plans which

reflected how they wished their care to be provided and how staff could do this safely. However, some plans and risk assessments lacked detail. The new provider had set up a 'meet the management' meeting when they took over the home and relatives reported this being useful to them. However, some relatives felt communication since then could improve. We identified activities needed development and the provider acknowledged this and advised they had included this as part of an internal action plan. We have made recommendations the provider develops activities and continues to work to address the issues they identified when developing their own action plan.

The provider and management team had identified auditing systems were not robust. They had begun to implement new auditing tools and quality assurance assessments and development of these was ongoing. The provider had identified they needed to recruit a new registered manager for the service to address issues, gaps and inconsistencies they had identified following their purchase of the home. A registered manager had been interviewed and was due to start following a notice period. Following this the current registered manager would de-register and continue to be involved at a provider level. Not all relatives knew who the registered manager was with some referencing the deputy manager as 'the manager' and some referencing one of the directors of the home.

Aside from the stated failings in communicating changes to communal space people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 11 May 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 12 November 2019.

Why we inspected

The inspection was prompted in part due to concerns received about neglect, people being administered medication incorrectly by untrained staff and of concerns relating to support provided during night shifts. A decision was made for us to inspect and examine those risks.

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.

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 safe care and treatment and good 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We 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 ●

Glenhomes Care Home

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

This inspection was carried out by two inspectors.

Service and service type

Glenhomes Care Home 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. Glenhomes Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 August 2022 and ended on 12 September 2022. We visited the service on 18

and 31 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. 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 used this information to plan our inspection.

During the inspection

We spoke with four people and four relatives about their experiences of the care and support provided. We also spoke with nine staff members, including a director, the registered manager, deputy manager, senior care and activity workers, care and activity workers and other members of staff who work in the home. We reviewed a range of records. This included four people's care records, medicine administration records and other associated documentation.

We also looked at other records relating to the management of the home and risk management. We looked at safety information and certificates, staff rotas, accident and incident records, menus and meal monitoring, meeting minutes, audits and governance information. The registered manager was also registered as the providers nominated individual. They are responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Staff trained and competent to administer medicines were only on duty during the day. This meant at night people would have to wait for on-call staff to attend should when required medicines be needed. Additionally, there was a lack of choice for example, if people took medicines to help them sleep.
- The staff member administering medicines knew people well and asked about the need for 'when required' medicines. However, there was no individual written information to support staff with this
- People received their medicines as prescribed and a sample of medicines checked demonstrated records were correct. Arrangements were in place to ensure special instructions such as, 'before food' were followed when administering medicines. Additional records were made to ensure enough time was left between repeated doses of medicines with a minimum dose interval, such as paracetamol.
- Medicines were generally safely and securely stored; however, the refrigerator thermometer was not working, we raised this with managers and it was reset.
- Medicines audits were taking place however they did not cover all aspects of medicine handling at the home. Medicines incidents were recorded in individual records, but trends or patterns were not reviewed for example as part of the audit.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we received safeguarding concerns from the local authority's safeguarding team. We identified the provider had failed in the first instance to share information with the safeguarding team in line with their regulatory responsibilities. The provider acknowledged this failing and demonstrated a clear understanding of their responsibilities moving forwards .
- The registered manager said, "We've made one mistake, I think we should have done it differently and we will report any allegations in the future." Please refer to the well-led section of this report for further detail.
- People and their relatives felt care was provided safely. One relative said, "(My relative) has been there a few months. I do feel like they're safe and it means a lot ."
- Staff had a good understanding of when they should raise a safeguarding concern and who with. One staff said, "I'd take it to the management and if nothing was done I'd report it to safeguarding at the council."

Assessing risk, safety monitoring and management

- Risks associated with the provision of people's care did not always contain detailed information about how staff should support people in the safest way possible. However, this had not impacted staffs practice and they demonstrated an understanding of how to support people while considering risks to safety.
- Accident and incident records had not been routinely completed prior to our inspection; however, following recent safeguarding concerns reporting of accident and incidents had improved.
- It was not always clear whether information in accident and incident forms was being recorded accurately. In one person's record a member of staff stated the person had suffered a fall and were subsequently checked and had no injuries; this was then followed with the member of staff stating they carried out first aid which would not be needed if injuries were not observed.
- Safety certificates relating to the environment were mostly in place. Where updates to certificates were needed the provider had arranged for professionals to carry out new inspections. The provider had safety certificates for areas such as fire safety, legionella and electrical appliance testing.
- Although we identified areas for improvement, we felt this was more of an issue relating to overall governance and record keeping. Please refer to the well-led section of this report for further detail.

Staffing and recruitment

- Staffing levels during the day were sufficient to meet people's needs. However, feedback from staff from both day and night teams reported staffing levels while manageable were not always ideal at night. The provider had begun to assess people's dependency level's, but this had not been completed at the time of our inspection.
- The provider reported they were actively looking to recruit senior care staff for night shifts and for a registered manager. The provider reported staffing levels were sufficient to meet the needs of people with contracted staff covering shifts when there were vacancies.
- The provider had identified gaps in some staff's recruitment records. They had begun to address this before our inspection and were able to evidence requests for DBS certificates and provided confirmation in writing from DBS checks staffs suitability to work with vulnerable adults.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 admitting people safely to the service.
- 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.
- 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.
- We identified some staff did not always use wear masks appropriately and did not sanitise their hands following adjusting their mask on our first visit to the service. On subsequent visits this had been addressed and staff wore masks in line with current guidance.
- The provider had an infection control audit carried out by the local infection control team shortly after our inspection. This resulted in no major concerns being identified.

Visiting in care homes

- The provider had robust systems in place to allow for scheduled visits in the event of an outbreak at the home. A visiting pod had been built in the garden and the provider was aware they should liaise with the

local infection control team to ensure safe visiting measures were in place.

Learning lessons when things go wrong

- The provider had worked proactively to identify areas for improvement in the service. They were open and transparent in relation to mistakes which had been made and demonstrated an understanding of how to address areas of concern.
- Accident and incident forms which had been completed did not always evidence what action had been taken. For example, one person's accident and incident form evidenced they had 'hurt their elbow' but no information was recorded on whether medical advice was sought, whether observations were increased or whether pain relief was provided.
- However, we felt gaps and inconsistencies such as this were related to an issue with record keeping and overall governance of how records were completed. Please see the well-led section of this report.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had plans in place to extend the home's capacity to accommodate improved communal space and increase the number of rooms available to people. However, the provider had reduced communal space to improve office space for the management team. Accessible space available to people to socialise, join activities and relax outside of their own rooms had been impacted by this change.
- We observed a group activity which 10 people joined in with. During this activity, space was limited in a separate communal lounge which was still available to people. We had concerns if all 16 people wished to join in with the scheduled activity, they would not be able to. Additionally, we shared concerns in relation to how the provider would make communal space available to people when they reach their full capacity of 21 people.
- We were unable to find evidence people and relatives had been consulted about the changes to the home's accessible communal space. Relatives reported they had not been consulted. One relative said, "I noticed [the provider] moved the office to the front of the building, I'm waiting for feedback on that. I don't know what changes they've made to offset that loss. I don't know what the plans are going forward. There was no consultation before the office was moved and I know [person] did sit in the communal areas."
- People's environmental risk assessments had not been updated to reflect the reduction in space or to evidence any assessment by the provider on the potential impact to people's wellbeing.

The provider had failed to seek and act on feedback in the carrying out of their regulated activity. Additionally, the provider had failed to carry out assessments on how this change would impact people. This was a breach of regulation 17(2e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Staff support: induction, training, skills and experience

- On taking over the home the provider identified gaps in staffs training and implemented a new training programme for staff to complete. Not all staff had completed this and some staff were unsure as to what training they had completed.
- One staff said, "I've worked there for about [time period]. Yes, I did online training last year and I've just got some new training as the new manager took over in May. They've put everyone on a training programme. I'm not sure what I've done in the past."
- Feedback on staff's induction was mixed, some staff reported not completing training as part of their induction but advised they'd completed the care certificate in previous roles or had NVQ's in health and social care. The Care Certificate is an agreed set of standards that define the knowledge, skills and

behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme .

We recommend the provider continues to embed the training programme and continues to monitor staff's compliance.

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

- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered. The provider worked collaboratively with people, relatives and professionals prior to admission into the home, to complete initial assessments.
- Relatives informed us reviews of people's care needs were carried out regularly. However, they also stated they hadn't seen a copy of the reviewed care plan and were not sure if formal reviews had been completed.
- One relative said, "We didn't do a formal review, but I had a conversation a few months after my [relative] went into the home to see how things were going and it was all fine."
- On reviewing people's care plans we identified review dates were often set, but outcomes were not recorded and updates even when there had not been a change in people's needs were not clearly stated.

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

- The provider was not supporting anyone with a modified diet, such as pureed food or thickened fluids at the time of our inspection. Staff had a good understanding of when a modified diet would be needed and understood this information would be found in people's care plans.
- Meals observed during our inspection looked well-made and of good quality. People were able to choose alternatives, but multiple choices were not offered on the menu. The provider had identified the menu needed additional options as part of an action plan they developed prior to our inspection.

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

- The provider had paused placements at the time of our inspection. Prior to this, they had worked closely with external professionals to facilitate new placements into the service, so people's care met their needs effectively.
- People's care and support plans did not always demonstrate this however and detail was missing from assessments. People's basic care needs were identified but detailed guidance for staff to follow was not always included. For example, one person was identified as needing to wear glasses, however, it wasn't clear, where these were kept, when the person needed to wear them or what the glasses were prescribed for.
- People had hospital passports for when they attended appointments or had to attend hospital in an emergency. Hospital passports are a document which supports the continuity of someone's care when they have to attend hospital. Information in hospital passport includes, current medicines, risks professionals should be aware of , people's support needs and their likes, dislikes and preferences.
- The previous provider had attended regular multi-disciplinary weekly meetings to share and discuss details about people's care, raise issues and seek support. Attendance during the change of provider had been impacted, we discussed with the current provider who committed to attending meetings moving forwards.

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 capacity assessments in place for people where appropriate and worked in line with the principles of the MCA. Where DoL's had been applied for, a clear rationale and assessment was present to support the application. The provider stored and recorded confirmation records for people who were subject to DoL's.
- Staff reported receiving training in MCA; however, staff were not always clear if training had been carried out while working for the provider. This had not impacted staffs understanding of MCA and DoL's and staff demonstrated a good understanding of the MCA, DoL's and decisions made in the best interests of people.
- One staff said when we asked about working in line with people's DoL's, "For example if someone was refusing their meal, you'd offer a different option and if they kept refusing, we'd keep going back. I'd have a look if the DoL's covered that and if it did, we'd call the GP and family to see what else we could do. If the person had capacity and didn't want us to contact the GP or family, we would have to respect their decision and report it to [the registered manager]."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People spoke positively about care they received from staff. One person said, "They're really very good. They work so hard for us. No complaints at all."
- Interactions we observed of staff supporting people were warm, caring and attentive. Staff demonstrated a good understanding of knowing the people they were supporting, adjusting their approach to meet the persons preferences.
- There was a culture throughout the staff team which focussed on positive experiences of care for people. This included carrying out one to one activities when time permitted, spending time to sit and talk with people and actively observing people to provide support in a timely manner as and when needed.

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

- Care was person centred and people and relatives felt involved in decisions made about their care. Some relatives reported an improvement in this area since the new provider had taken over the home.
- Some relatives were not sure who the registered manager was. However, they reported there was no impact at the time of our inspection as there was always someone within the management team to speak with about people's care.
- One relative said, "We have a lot of contact with [the deputy manager] and [the administrative co-ordinator], they're great you feel involved and they listen to what you're saying. I don't really have much to do with the manager, I don't even know their name to be honest with you."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote independence, respect people's privacy and ensure their dignity. We observed staff closing people's doors when they were supported with personal care and feedback they provided demonstrated a culture of considering the dignity of people.
- One staff said, "It's about keeping in mind the dignity and respect of the individual, keeping in mind how they wished to be cared for. Considering who they are, like their religion, their culture or their sexuality. And keeping all that in mind."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met through good organisation and delivery.

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

- Care plans included some information which reflected a person centred approach to carrying out and recording assessments. However, some assessments lacked specific details of how people wished to be supported or detail which would provide staff with clear guidance specific to each person.
- Support plans were in the process of being transferred to the providers new electronic recording system. We saw similar information had been transferred to some people's plans, but again this lacked person centred detail. We discussed this with the provider, who acknowledged on taking over the service they identified information was lacking in some people's plans. The provider had included this in the action plan they developed before our inspection.

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.

- People had communication plans in place, and these included basic information for how staff should support people with communication aids. However, further detail was often needed.
- Plans identified areas such as where people wore glasses or used hearing aids but did not detail when people wished to wear glasses or what they'd been prescribed for. Similarly plans did not state when people needed to use their hearing aids, whether they were happy to do so or how often hearing aids should be checked.

We found no evidence this had impacted people's support in relation to communication and we recommend further detail is added into communication plans as the provider transfers information on to their new electronic recording system.

- The provider only shared information when appropriate to do so. Where people had capacity to make this decision, they had signed consent for information to be shared and where people did not have capacity this was decided in the best interests of people.

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 provider had identified activities needed further development. This had been included in their action plan. However, staff were observed throughout the inspection providing support in small groups to engage people in relaxing activities like art or playing cards. We also observed a group fitness activity which was regularly scheduled.

- Some staff felt activities needed further development. One staff said, "We have a senior fitness instructor who comes in on a Thursday, the other days the care staff do them. We don't always have enough time. It depends what's going on in the day. We could do with an activities co-ordinator to come in a few days."

We recommend the provide continues to develop activities in line with their action plan completed before our inspection.

- Relatives reported no concerns in relation to engagement and praised staff for how they supported people to maintain contact with their families and friends. One relative said, "There's definitely been more communication and there are more calls, there's just more interaction overall. There seems to be moving towards more changes as well. They're definitely engaging and support us visiting. I had a phone call from them today about a fundraiser they're doing."

Improving care quality in response to complaints or concerns

- The provider had started to reflect on concerns and complaints raised with them and recorded actions taken in response. Evidence on historical complaints was limited; however, most relatives reported not needing to make complaints to the home.

- Some relatives reported raising issues with the new provider and reported these were addressed in a timely manner. One theme we identified from relative's feedback related to two rooms in the basement floor of the home not being desirable. We fed this back to the provider who said, "That is something we've thought about, how we can make those rooms more desirable or use them for something else once we expand."

End of life care and support

- The provider had systems in place to provide support to people at the end of their life. At the time of our inspection nobody was receiving end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found inconsistencies in the quality of audits and record keeping in general as described in the body of this report. Overall governance in relation to quality assurance was not robust and this caused the stated inconsistencies. The provider recognised this and was developing audits to incorporate their electronic recording system data for an accurate reflection of information recorded in records. However, at the time of our inspection auditing and quality assurance had not been sufficiently addressed.

The provider had failed to ensure the quality of audits informed improvement at the service. Inconsistencies and gaps in people's records had not been addressed at the time of our inspection. This was a breach of regulation 17 (2a)(2c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- The provider had identified they required a registered manager with experience of working to improve a services compliance with regulations and had proactively worked to recruit a new manager. At the end of our inspection the provider informed inspectors a new registered manager had been identified.
- The provider had worked proactively to identify areas of the service which needed improvement. They had generally worked inclusively with people, relatives and staff as well as carrying out their own analysis. They had analysed information and feedback from people to develop their action plan which they evidenced they were working through.

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 provider had not always been open and transparent when things had gone wrong. In response to a recent safeguarding concern the provider had not reported the concern to the local authority's safeguarding team or CQC. The provider had also declined to share information with relevant professionals when it was requested .
- This was addressed before our inspection following the provider consulting with CQC and local authority partners. As part of our inspection we discussed this with the provider further. They said, "We made a mistake, we should've reported it immediately, we wanted to make sure before we reported it because it was an allegation. We didn't want to do anything with our staff until we had determined whether the allegation was accurate. We realise now that we should have focussed on people's safety and making the appropriate referrals and then carried out our investigation. We won't make that mistake again."
- At the time of our inspection the provider demonstrated an understanding of their responsibilities in

relation to duty of candour.

We recommend the provider continues to ensure their responsibilities in relation to duty of candour are met.

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

- Evidence gathered from our observations of care and feedback from people, relatives and staff evidenced a person centred culture throughout the home. We found the home to be inclusive wherever possible and the views of people, their relatives and professionals involved in people's care were sought by staff and the management team.
- Staff demonstrated a commitment to their role and took pride in the way people were supported. This was evidenced in how people were cared for, with people being well presented, settled and relaxed.
- Feedback from staff and relatives evidenced the provider had proactively started to implement positive changes within the home. One relative said, "I do think the provider is trying to make changes. Just from my conversations with staff, they're talking about things that are being changed for the better and they seem happier about things. I think they feel more appreciated."

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

- The provider had worked in partnership with external partners following the recent safeguarding to evidence work they were carrying out to improve the service and to provide information external professional needed to carry out their roles.
- The provider had committed to regular meetings with local partners to discuss people's care and work as part of a multi-disciplinary team.
- People and relatives felt confident the home was improving and this was a reflection of the new provider implementing positive changes to the service including activities, engagement and longer term plans for the environment.
- One relative said, "[The provider] has asked [relatives] to say whatever we thought might help, which a lot of us did. We asked questions and they told us the answers it was quite good. I'm confident things will improve, but that's not to say I'm unhappy now."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for the safe management of medicines. This is a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the assessed, monitored and improved the quality of the service and their systems. The provider had failed to ensure accurate and complete record keeping. This is a breach of regulation 17 (2a) (2c) and (2e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>