

Dimensions Somerset Sev Limited

Dimensions Somerset Spring View

Inspection report

Springview
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Yeovil
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Tel: 01935474303

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Dimensions Somerset Spring View is a residential care home registered to provide accommodation and personal care for up to six people. The home specialises in the care of people with a learning disability and a physical disability. At the time of the inspection there were four people living at the home.

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

People were supported by enough staff to ensure they were safe, however safe staffing levels were being reassessed due to people's changing care needs.

There were vacancies in the staff team; recruitment was ongoing. Staff spoke of often feeling under pressure due to staffing issues and not always being able to provide the quality and consistency of care people needed. Relatives did express some concern about staff turnover and the use of agency staff; they thought people were not always cared for by staff they knew well. Staff supervisions and appraisals were not being carried out regularly to support staff in their roles and professional development.

People received their medicines in a safe way. However, there were improvements needed to some aspects of the way people's medicines were managed and recorded.

Risks to people had been assessed. There was ongoing work to improve risk analysis and risk assessments. Not all staff were familiar with or were following all safe eating and drinking plans which could place people at risk.

Staff training on core subjects was good. Training on some service specific topics needed completion by some staff. Agency staff did not always have a thorough induction into the service.

People were supported to make choices, although accessible information and communication systems were limited in the home. Relatives told us they were involved in decisions about their family member's care. People were supported to eat meals of their choice.

The last registered manager left the service the week before the inspection process commenced. A new manager had started work in the home and was involved in the inspection process. Some relatives were concerned that the manager had changed again; there had been a number of changes over recent years.

People were protected from abuse and avoidable harm. Staff knew how to identify and report any concerns.

Accidents and incidents were reviewed both within the home and by the provider to try to prevent recurrence. Infection control policies and procedures were up to date, including COVID 19 measures.

Staff were dedicated and committed to providing the best care for people they could. They had clearly worked very hard throughout the pandemic. Kind and caring interactions were witnessed between staff and

people throughout the inspection visits. Relatives commented on the kindness and dedication of staff.

People were supported by a wide range of health professionals to meet their complex needs. People were supported to maintain contact with their friends and relatives. Relatives thought their family member was supported to take part in activities both inside and out of the home.

Relatives told us they knew who to speak to if they were unhappy or if they needed to complain. No complaints were raised with us during the inspection.

The auditing of the service identified the improvements which were needed. There was a clear improvement plan and there was good support from senior staff within the organisation to help improve the service. The service worked in partnership with other agencies and professionals to help meet people's needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture, although further improvements were needed.

Right Support: Spring View is a small care home, based in the community. People had their own rooms, but shared communal areas appeared popular, with people enjoying spending time together. Some people had lived at the service for many years and clearly felt comfortable and relaxed living there. When a new person had moved to the home, this had been well planned to make sure it was suitable for them and they were happy with the move. People were supported to make choices and to take risks.

Right Care: People received personalised care, although staffing shortages impacted on the quality and consistency of care. There was a reliance on temporary staff who did not always have the opportunity to get to know people well or provide all of the care people needed.

Right culture: There was a positive culture at the service. Staff were committed to the provider's values, aims and objectives. People, staff and relatives were involved in the running of the home and ideas for improvement were welcomed. There was an honesty and openness about things which needed to improve.

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

Why we inspected

We carried out a focused inspection of this service on 6 August 2020. We only inspected the safe and well led key questions at this inspection. This was therefore the first inspection of all five key questions of this service since its registration.

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.

We have identified a breach in relation to staffing numbers and staff not receiving regular supervision to support them in their professional development.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Dimensions Somerset Spring View

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.

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

Inspection team

The inspection was carried out by two adult social care inspectors, one pharmacist inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type

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

The last registered manager left the service in October 2021. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager started working in the home on 1 November 2021.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we had received about the service and took this into account when we inspected the service and made judgements in this report. We also used this information to plan our inspection

During the inspection

Most people were not able to tell us about their care or life in the home. We therefore spent time observing care and support in communal areas throughout the first day of our visit. We did communicate with one person who lived at the home using a picture-based communication system so they could share their views with us. We spoke with two visiting relatives and five members of staff about living and working at the home. We also spoke with the newly appointed manager, the provider's local operations director, the provider's good practice lead and with an experienced locality manager who was also supporting the service.

We viewed a range of records. These included three people's care plans and medicine records, staff rotas, staff training records and two staff supervision records.

Following the inspection

An Expert by Experience contacted three relatives by phone to gain their views on the quality of care provided to their family members. We also requested a range of records from the provider including examples of good practice, quality audits and action plans, compliments, complaints, staff meeting minutes and staff rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relatives thought the home was a safe place for their family member to live. Comments included: "I think [name] is very safe there" and "Generally, I think [name] is safe, yes. He did have a fall recently and banged his head; acted upon immediately and they kept me informed."
- Risks to people had been considered and ways to manage them had been found. However, some measures to reduce the risk of aspiration and choking were not always followed. One person required oral care after eating meals. A staff member supporting this person failed to do this until an inspector intervened and reminded them as other staff who were present had not. This person did not come to any harm on this occasion.
- The provider was in the process of improving risk analysis and risk assessments for people, such as completing a location risk analysis review. Recently, bespoke chairs had been purchased for people to allow repositioning to reduce risks of pressure damage to people's skin. Repositioning guidance was detailed in care plans, including the types of equipment to use and how to complete the task. Staff were aware of this guidance and followed it.
- Personal emergency evacuation plans had been completed for people. These gave information about how people would need to be supported emotionally and physically if they needed to be evacuated from the building in an emergency.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked by staff and was also serviced by outside contractors.

Using medicines safely

- There had been several medicines incidents and errors recently. These had been identified through a system of regular checks. They were reported and investigated, and some new systems put in place to prevent recurrence.
- From the current records we checked, people were receiving their regular medicines in the way prescribed for them. However improvements were needed to the way people's creams and external preparations were recorded.
- When medicines were prescribed to be given 'when required' there were protocols in place to guide staff when it would be appropriate to give a dose. Staff were aware of the 'STOMP' initiative (to stop over medication of people with a learning disability, autism or both).
- Medicines were stored securely in locked cupboards in people's rooms, although access to the keys was not restricted to authorised staff. This had been identified and we saw that key safes had been obtained and were waiting to be fixed to the walls. The manager confirmed that these have now been fitted. Medicines were stored at suitable temperatures and there were suitable arrangements if any medicines needed cold

storage.

- Some people's medicines were administered with food or yogurt to help them to be taken easily. We saw that this had been checked with the pharmacist to make sure this would not adversely affect the medicines. However this information had not been updated when new medicines were started or changed.
- Staff received training in safe medicines management and were checked to make sure they gave medicines safely. More staff were in the process of being trained and assessed to increase the number of staff who were authorised to administer medicines.
- Medicines audits were regularly completed, and we saw that areas for improvements were identified. For example the need to improve creams and external recording had been identified and the manager told us that they were making plans to improve this.

Staffing and recruitment

- Relatives told us they thought the provider recruited the right type of staff.
- People were supported by staff who had been safely recruited. Staff recruitment records showed thorough pre-employment checks were carried out before staff joined the service, including checks to ensure staff were suitable to care for vulnerable people. Gaps in employment were explored and documented.
- There were enough staff to keep people safe. Safe staffing levels were being reassessed due to people's changing care needs. When staffing levels fell below optimum levels, people were safe but their overall care could be affected. This was a concern shared by all of the staff we spoke with. One member of staff said, "There are quite a lot of times we only have minimum staffing levels. It's not something we like to do, only supporting people with the basics like personal care, food and medication. I hope this is going to change as the staff we have is not always enough to provide all the care people really need. People here rely on staff to support them with everything."

Systems and processes to safeguard people from the risk of abuse

- Relatives said staff made sure people were protected from the risk of abuse. People looked comfortable and relaxed in the company of staff.
- Risks of abuse were minimised because staff knew how to recognise and report issues of abuse. Staff had received training about safeguarding people and told us they had never witnessed anything in the home which they felt was abusive. They all felt the home was a safe place for people to live.
- The manager would work with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep people safe.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager and the provider monitored incidents and accidents at the home and took action to prevent re-occurrence. There was an audit of all accidents which looked at trends to ensure improvements were made where appropriate.

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

Staff support: induction, training, skills and experience

- People living at the home had a range of complex needs including communication, mobility, healthcare and personal care needs. People may not have their needs met if care was not provided by suitable numbers of competent staff.
- There were five full time vacancies in the staff team; recruitment was ongoing. One relative said, "Staffing is an issue here. It's a shame that good staff leave and take with them all that experience." Staff spoke of often feeling under pressure or feeling "stretched" due to staffing issues and not always being able to provide the quality and consistency of care people needed. This frustrated staff.
- There was a reliance on temporary staff, either the provider's own relief staff or staff provided by care agencies. This meant the staff caring for people did not always know them well or had not always undertaken training to make sure they could meet these different needs.
- Agency staff were not always given a thorough induction when they first started working in the home. This meant they may not fully understand people's care needs and abilities, which sometimes led to inconsistent care being provided. One member of staff told us, "My induction? I have to say it was very, very brief. Staff here are very welcoming but often don't have time to show you things or explain things as they are under pressure because of staff shortages."
- The provider planned to provide staff with a minimum of three supervision meetings and one annual appraisal each year. These were not being provided. The records we looked at showed 13 staff member's supervisions were overdue, some by several months. One staff member said, "Because of low staffing levels, my supervision was skipped three times. I can't remember when my last one was. I don't know when I will have one." (Their last recorded supervision was seven months ago.)
- The supervision meetings which had taken place recently were brief and poorly recorded. One staff member said, "I wouldn't really call it a supervision as such as it was so quick." The records we looked at were little more than a few lines. There was no accurate record of discussions and no outcome or learning points recorded.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff told us they completed both on-line and face to face training courses which they found informative and helpful. Records showed staff training was up to date in most areas. Some face to face training had not taken place during the pandemic; new dates for this were being planned.
- There were regular team meetings and handovers when staff commenced their shift so staff could share

information and be kept up to date with any changes in people's health or in their care needs.

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

- People saw a range of healthcare professionals. Relatives and staff told us prompt referrals were made and professionals advice was acted upon.
- Each person had a health plan. These described their healthcare needs and how these were being met. We saw evidence of regular consultations with doctors and other healthcare professionals when people needed them. Guidance from these professionals had been incorporated into people's care plans. One relative said, "Are health needs looked after? Yes. They will take him to the dentist and for his hair cutting. Also, they take him to any hospital appointments."
- Staff told us they were not always able to follow people's care plans if they were short staffed. For example, staff could not always follow one person's physiotherapy plan if there were insufficient numbers of competent and trained staff working in the home on a particular shift. Whilst this was not regular, this did happen.

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

- People's needs were assessed before they moved to the home so that care could be designed to meet their needs and choices. Staff undertook regular reassessments to make sure changes in people's needs were identified and planned for.
- One person had recently moved into the home. This move had been well assessed, planned for and supported by staff from their previous home and by a locality manager who continued to support staff at Spring View to understand this person's history and current care needs. Their relative told us, "We did discuss [name's] care before he moved in. [Name] is a lot happier than he has been for a long time."

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 carried out assessments of people's ability to make specific decisions. These assessments had been regularly reviewed and updated.
- The provider had made applications for DoLS and reviewed when these needed to be renewed. Conditions on DoLS were monitored and met.
- People consented to their care and made decisions as far as they were able to. Staff consulted with others if more complex decisions needed to be made. They met with family and professional representatives to make decisions in people's best interests when this had been needed. One relative said, "We have always been asked when decisions need to be made about [name's] care. Always listened to."
- There was ongoing work to improve this area such as ensuring decision making agreements are reviewed

for each individual supported and that a best interest process is completed for any new decisions made for a person who may lack capacity.

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

- The design of the building was suitable and met people's needs. There were high levels of 'wear and tear' due to people's care needs and the use of specialist equipment in the home. This meant that some areas would benefit from redecoration or some minor repairs; these were being planned.

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

- People were supported to have enough to eat and drink. There was a planned menu which incorporated people's preferences and provided a balanced diet. Comments from relatives included, "[Name] is very happy with the food there. If, by some chance he doesn't like something (which is very rare) they will offer him another choice" and "[Name] will eat anything so it's not a concern at all."
- Some people required specialist diets, or their food prepared in a specific way in order to meet their needs. There were detailed care plans describing what people should eat and how they should be supported.
- People were able to have snacks and drinks outside of mealtimes. People also went out for meals or snacks, either with their family members or with staff.

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 of this key question for this service since it was registered. 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's relatives told us staff were kind and caring. Comments from relatives included, "Yes, I have always thought they [staff] are kind and caring people. They make sure [name] is happy and content as far as possible", "They [staff] are very concerned when something does go wrong and look after him very well" and "[Name] always seems very well cared for."
- We saw only positive and respectful interactions between people and staff during our visits to the home. Throughout, staff were checking on people, interacting with them and offering support. Staff acknowledged people when they came into rooms; there was a good rapport between people and staff. We saw people and staff were comfortable and relaxed in each other's company.
- Staff talked about the people they supported with compassion. Each person was clearly seen as an individual and treated as such.

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

- People were encouraged and supported in making decisions about their care. Relatives told us staff encouraged people to make as many decisions as they could, but they were also included in decision making, which was important to them. One relative said, "I know staff communicate with [name] all the time. We also have meetings and [name] takes part."
- We saw people were supported to make choices. For example, staff asked people what they would like to eat and drink and how and where they wanted to spend their time. One person chose to spend time in the ball pool, and this was acted upon by staff.
- The provider ensured people knew about their right to advocacy support. People were supported to keep in contact with a range of professionals involved in their care. Staff also knew they could advocate for people, if and when this was needed. A member of staff told us, "We really care for the people here and do our best to speak up for them if they are not able to. That's part of our role, to make sure we do really well for people, supporting them holistically."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One relative told us, "Yes they do respect [name's] privacy and he does spend time in his room when he wants to. I have never heard anyone be disrespectful towards him; quite the opposite in fact." Another relative when asked about privacy and dignity said, "I'm sure they [staff] do treat him very well."
- Staff encouraged people to be as independent as possible. Experienced staff knew people's strengths and abilities and provided good support. However, it was more difficult for inexperienced staff (such as agency

staff) to be as confident or consistent in promoting and supporting people's independence as it took time to get to know people well as much of their communication was non-verbal.

- People's personal information was respected. We did not see or hear staff discussing any personal information openly or compromising people's privacy in any way. Staff we spoke with understood the importance of confidentiality and we saw confidential records were always kept secure when not in use.

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 of this key question for this service since it was registered. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care; however, consistency of care had been affected when staffing levels were reduced. Relatives told us they felt their family member's needs were met and they were able to make choices about their care. One relative said, "There is nothing I would like to change about the home. [Name] is very happy there and therefore so are we." Three people had lived at the service for many years and clearly felt at home. One relative said, "[Name] is very happy living there. He has been there years now. He is settled and content."
- Each person had a care plan. These included information about people's daily routines, their likes, dislikes and preferences, as well as guidance about how to meet their specific needs or any risks to people. Some people's plans included photographs of specific aspects of their care or how to use equipment so they would be easy for all staff to follow.
- Staff told us they discussed individual people's needs informally each day and at team meetings, and we saw evidence of this. Staff shared ideas about how to improve the quality of care and support.

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.

- People's communication needs had been assessed. There were plans to describe how people communicated and the support they would need. Staff described how people used different forms of communication. One person communicated verbally; others used non-verbal communication, including body language, vocal sounds and their physical responses.
- Staff who knew people well understood them; this was much more difficult for newer or less familiar staff. There was little practical use of additional communication systems such as pictures, picture symbols or sign language to support spoken language. This was an area the new manager wished to improve.

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

- People were supported to see friends and family. During the COVID-19 pandemic, the provider had updated their visiting procedures in line with government guidance. People's relatives explained they were able to see each other in person, as well as staying connected through phone calls. One relative said, "Communication has been good, and I don't expect it to change."
- People enjoyed in house activities as well as going out. One person went out with their parents on the first

day of our visit. Their relatives told us, "We come up every Thursday to take [name] out. We take her for a walk into town and have some lunch out."

- People's ability to get out and use community facilities had been affected during the pandemic. They had started going back out now but some staff felt people should be able to do more as long as it was safe. One staff member said, "I think there are still too many restrictions on people. We have had no restrictions in our own lives for months, but the people here still are not allowed to do certain things."
- People did not have their own vehicle, nor was there a communal vehicle for people to share. Staff supported people to use taxis or people used wheelchairs when they went out more locally. This did restrict people as they could not easily plan days out or have more 'ad hoc' trips out of the home. The manager was looking into this issue when we inspected.

End of life care and support

- No one was receiving palliative care at the time of our inspection. People's care plans were being improved to include information about any specific wishes people had for care at the end of their lives, or religious needs.

Improving care quality in response to complaints or concerns

- The provider had suitable procedures for dealing with concerns and complaints. Relatives knew how to make a complaint; people living at the home would rely on staff to make a complaint on their behalf. Staff understood this responsibility and said they would be happy to raise concerns on behalf of people. One relative said, "I would speak to the manager [if they needed to complain]. We had an incident with a member of staff a while ago and they [the manager] kept us in the loop all along the way. They did all they could to address the problem and we were satisfied with the way they handled the matter."
- The provider kept a record of all complaints, including how these had been investigated and responded to. No complaints were raised with us during this inspection.

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 good. At this inspection this key question has now deteriorated to 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.

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

- There was no registered manager in post. The last registered manager left the service the week before this inspection started. There had been concerns about the management of the service during their tenure.
- A new manager had been appointed but had only started work in the home three days before our first visit. They were being supported in their role by the operations director and by an experienced locality manager from another of the provider's services.
- Relatives knew there was a new manager for the home and there was some confidence expressed in them. One relative told us, "I do know the new manager from a previous service. I found her very helpful there." Two relatives were concerned about the changes in management; they felt this was unsettling for people, relatives and staff. They told us, "That means we have had 11 managers here in the last 10 years, so it's very unsettling. You just get to know someone and trust them and then they leave again. We always worry though when things change with the manager. Not every change has been a good change."
- Staff were also hopeful that the change in manager would be positive for the service. One staff member said, "I'm putting [future plans] on hold as we have a new manager, so we'll see what changes she makes."
- People were not always receiving consistently high-quality care. Staff were not receiving consistent support in their roles. The manager, operations director and locality manager supporting the service, had implemented clear action plans of areas where the service needed to improve. This included areas such as risk management, care planning, record keeping, staff induction, staff support and supervision and medicine administration. Some improvements had been made or were in progress. Other improvements were medium or longer-term goals, but there was a clear plan with timescales for completion.
- The new manager had already started to make some positive changes. Following our inspection visits, they told us they had reviewed minimum staffing levels following discussions with staff. These had been increased from a minimum of three staff to four on each shift. They had also improved the induction process for new staff, including agency staff. This included a named staff member to induct them and they were only to support one individual until they were confident and ready to support another person.

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 demonstrated a good knowledge of the duty of candour. The manager and operations director knew the duty of candour was being open and transparent when things went wrong and to provide an apology to those concerned.

- The duty of candour was considered for incidents, accidents, complaints and safeguarding matters.

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

- The manager understood their role and responsibilities. They were enthusiastic about their new role but were also honest and open about the improvements which were needed. They told us they had a good, supportive network of colleagues to help them in their role. This included senior staff within the staff team, who each had their own responsibilities.
- Staff supervisions had not been carried out but monthly staff meetings had been held this year (other than in August and September), where information was shared, staff discussed issues and put forward ideas. Staff told us that during the last year things were discussed at staff meetings but there was often no real outcome. One staff member said, "We discuss things at meetings, but nothing really changes, or things are not followed through. It can be frustrating and sometimes staff can put a lot of time and effort into things which is wasted. I hope this is going to change."
- The manager and operations director understood their regulatory responsibility to send CQC statutory notifications of significant events within the service. We saw these had been completed promptly and appropriately.

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

- The manager told us they wanted to involve people and their relatives as much as possible in the running and future development of the home. Their ambition was to make the service much more 'person centred', providing each person with an individual service which met their needs and aspirations. They told us, "I think I have the right skills and experience to take the service forward."
- The manager knew it was important that staff felt listened to and that their ideas were acted on wherever possible. They had already met with staff and felt they all had the right values but needed much more support which they would ensure was provided.
- People's relative's felt involved, but some commented they had not been so involved in the service during the pandemic. One relative said, "We have not been in the home for a long time now due to Covid, which is our choice. So, it's just not the same, as we don't see the other people who live with [name] or sit and chat to staff as we used to do. So, we are quite happy, but we have to say we haven't actually been in the home for 18 months so it's difficult to say what it is really like now." Another told us, "We have always felt listened to here. Communication has been good."

Working in partnership with others

- The service had good links with a range of health and social care professionals to make sure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing numbers and staff mix did not always ensure safe and consistent care for people. Staff were not receiving regular supervision to support them in their professional development.