Care UK Community Partnerships Ltd

The Potteries

Inspection report

187 York Road
Broadstone
Dorset
BH18 8ES

Tel: 03333210929

Date of inspection visit:
05 September 2019
12 September 2019
19 September 2019

Date of publication:
18 December 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Potteries is a nursing and care home providing personal and nursing care to 68 people at the time of the inspection. The service can accommodate up to 80 people. Each floor (suite) has separate facilities. One of suite provides nursing care and another specialises in supporting people living with dementia.

People's experience of using this service and what we found
People and relatives said they, or their loved one, felt safe at The Potteries. People received the care they needed. Some records of care given were incomplete, but measures were in place to address this. People's individual risks were assessed and managed, as were environmental risks. The premises were kept clean. Medicines were stored safely, and people had the medication they needed, although we have made a recommendation regarding medicines prescribed as necessary. Managers and staff understood their responsibilities for safeguarding adults.

The service had a person-centred culture. The registered manager and staff understood their roles well. Most legal requirements were met, including the duty of candour. Quality assurance processes were in operation to identify areas for improvement and address these.

The registered manager recognised staff morale had been low and was seeking to address this. There were regular meetings for people, relatives and staff. We have made a recommendation in relation to staff meetings and hearing the voice of staff.

People and relatives said their or their loved one's care needs were met. Whilst people had the care they needed, people, visitors and staff told us staffing levels were challenging. Staff looked busy and stressed. We have made a recommendation about assessing staffing levels.

People said staff were kind and respectful. Staff knew and understood people and respected their privacy and dignity. Staff recognised the importance of promoting people's independence, but this was not always reflected in care plans. People could receive visitors any time they wished. We have made a recommendation in relation to recording people's end of life preferences.

The provision of activities was an area of strength. People had the support they needed with impaired speech, hearing and vision. People's care needs were reviewed monthly. People's needs were assessed holistically, as a basis for their care plans. People and their visitors had confidence regular staff were skilled to provide their care. They felt their or their loved one's health needs were being met. The service participated in initiatives with local health services to promote prompt access to healthcare and optimise medicines. People had a choice of appetising food that met their dietary needs.

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
The last rating for this service was good (published 23 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

Follow up
We will continue to monitor information we receive about the service until we 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 effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well-led findings below.	**Good**

The Potteries

Detailed findings

Background to this inspection

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

Inspection team
The inspection team was made up of two inspectors, an Expert by Experience and a specialist professional advisor in nursing older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Potteries 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 sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, suite managers, care workers and the 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 seven people's care records and multiple room records and medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of other records relating to the management of the service.

After the inspection
We reviewed information the registered manager had provided in relation to training, agency staff, safeguarding children and the service's portfolio of successful initiatives.

Requires Improvement

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and included in care plans. Risks assessed included the likelihood of developing pressure sores, malnutrition, falls, moving and handling, and the use of equipment such as bed rails. These risks were reviewed monthly, or sooner if required.
- Information about people's risks was shared with staff through the electronic care planning system, and any changes were flagged up at handovers or through staff communication systems.
- However, whilst people received the care they needed, records of care were not always complete. Daily fluid recordings were not always completed, totalled or reviewed. There were not always records of action taken when fluid totals did not meet people's target amounts. Repositioning charts and night reports were not consistently completed. Some handwritten records were not legible. The management team had already identified that improvements were needed to record keeping and was addressing this.
- Environmental risks were managed safely. There were up to date risk assessments and management plans in relation to fire, legionella (bacteria that colonise water systems and can cause serious illness), gas and electrical safety. Equipment such as passenger lifts, bath lifts, hoists and slings were inspected and maintained regularly by specialist contractors.
- There were arrangements to ensure people were safe in an emergency, such as a fire or power cut. Each person had a personalised emergency evacuation plan, which was regularly reviewed.

Staffing and recruitment

- Whilst people's care needs were met, most people and visitors we spoke with said they had to wait for staff. Comments included: "Staffing levels could be better here. If I need a carer to help me, it can take some time for them to respond when I use the call bell", and, "Even though the staff here are amazing and do as best a job as they can, staffing levels at the weekend are not so good".
- At times some staff appeared rushed and stressed. Staff told us they felt overstretched. For example, a member of staff described how they were often frustrated by being unable to answer requests for care because they were already busy: "Not enough bodies [staff] to answer to their needs there and then". Concern about staffing levels was reflected in some records of staff supervision, a disciplinary meeting, and registered manager's daily walkarounds. The registered manager had authorised additional staff on duty at certain busy times. For example, when staff were on training courses, additional assistance was provided over lunchtimes.
- The registered manager monitored call bell response times. They followed up calls that were not answered within five minutes, the limit set in the provider's call bell policy, although most calls were answered in this time. This included responding to alarms such as pressure mats, which indicated people

were moving around and might need assistance to prevent falling.
● Staffing levels were in line with those indicated by the provider's dependency tool. However, the service's calculations included staff such as suite managers who did not always provide care directly, although they were based on allocated suites to oversee their general day-to-day running. This included liaising with health professionals, organising medication and supervising and managing staff. Where necessary they would support staff with care delivery. The dependency tool created the potential for an overly optimistic picture of the number of staff on duty providing care and support.

We recommend the registered manager and provider review the use of the dependency tool at the service, to ensure it is based only or predominantly on staff who routinely provide hands-on care.

● Satisfactory recruitment checks remained in place to ensure only staff with the appropriate experience and character were recruited. This included a Disclosure and Barring Service (criminal records) check and obtaining references before the person started work. The service obtained confirmation from the suppliers of agency workers that these checks had been undertaken.
● Most, but not all, staff were up-to-date with safety related training including moving and handling people and first aid. First aid updates had been arranged for during and shortly after the inspection. Moving and handling training was planned.

Using medicines safely
● Tablets and liquid medicines were stored safely. There were regular checks to ensure the quantities of medicines in stock could be accounted for; any discrepancies were followed up. Only the necessary stock levels were held, which ensured good stock rotation and minimised wastage.
● There was a robust system for prompting staff to administer these medicines, ensuring adequate time had lapsed between doses, and maintaining complete medicines records. The system included a clear process for checking and administering PRN (as required) medicines.
● Two people did not have plans for PRN medicines to reduce agitation and anxiety, which meant staff who did not know the people might not have a clear understanding of when the medicines were required. These were put in place when drawn to the attention of the management team. However, these PRN protocols, and those already in place for anxiety-reducing medicines, did not include signs that people needed the medicines, as they were not able to ask for them. Staff recognised these medicines were a last resort, and they were used infrequently.

We recommend the service adopts national guidance in relation to PRN medicines in adult social care, to include person-centred PRN care plans that detail what a medicine is for and signs the person might need it.

● Prescribed creams and ointments were mostly stored in people's rooms, out of reach if there was concern that people did not understand how to use them safely. Staff were expected to mark the date of opening on the container to indicate when it should be disposed of. Most, but not all, opened containers were dated.
● Staff who applied prescribed creams were expected to record they had done so. However, this recording was not always complete. The management team had already identified improvements were needed in this area and were addressing this. Where they identified gaps in recording the application of creams, they discussed this with the staff responsible. If a member of staff did not improve their recording, this would be addressed through the disciplinary or capability procedures.

Systems and processes to safeguard people from the risk of abuse

● People and relatives said they, or their loved one, felt safe at The Potteries.
● Managers and staff understood their responsibilities for safeguarding adults, having had training in this area. This training was compulsory and was repeated periodically.
● The service had been open in identifying and raising safeguarding concerns with the local authority and working with the local authority to ensure people's safety.
● Children and young people came to the service for activities, work experience and to visit relatives. Staff training about safeguarding adults included a brief section on awareness and reporting in relation to safeguarding children. The provider was developing further training about safeguarding children in accordance with best practice. The registered manager and an activity coordinator advised us children and young people were always supervised by their accompanying adult, and that those on work experience were always around staff. Following the inspection, the registered manager confirmed that any minor who visited The Potteries was supervised by their accompanying adult.

Preventing and controlling infection
● The premises were clean and smelt fresh, apart from the hairdressing room where the floor was marked and dusty. Any malodours were addressed.
● Staff had training in the prevention and control of infection. They used protective equipment, such as disposable gloves and aprons, appropriately.
● There were ample facilities for people and staff to clean their hands, including hand gel and sinks stocked with liquid soap and paper towels.
● The service had attained the highest rating in a food hygiene inspection in May 2019. Kitchen and care staff had the appropriate training in food hygiene and handling.

Learning lessons when things go wrong
● Staff reported accidents and incidents. Reports were each reviewed by the management team to ensure the necessary action had been taken for people's safety and welfare. They also identified any areas of learning for staff individually or as a team.
● The registered manager reviewed and analysed accidents, incidents, safeguarding and complaints to identify any trends that indicated further action was necessary to prevent reoccurrence.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed holistically, as a basis for their care plans. There was an initial assessment before the person came to the service, to be sure it was suitable for their needs. Once they arrived, there were more in-depth assessments, which were reviewed and updated monthly along with their care plans.
- The areas covered by assessments and care plans were comprehensive. They included communication, eating and drinking, mobility, personal hygiene and sleeping. Care plans were individualised, although some lacked personal detail, such as one person's wishes, preferences and independence in relation to their personal hygiene.

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

- People and visitors felt their or their loved one's health needs were being met. People had access to relevant health professionals for routine monitoring and if there were concerns they were becoming unwell.
- We received positive feedback about people's care from health and social care professionals. A visiting health professional said staff knew people well and had a clear understanding of their current health needs.
- The service participated in a telehealth system that linked monitoring of people's health with electronic devices, such as blood pressure monitoring, to health professionals based in the local NHS hub. This was part of a local initiative that helps expedite people's healthcare.
- The service had also started to engage in a local medicines optimisation for care homes programme. This meant pharmacy professionals working for a group of local GPs and an NHS trust would be visiting the service to review people's medicines with them and ensure they were prescribed and administered in the safest and most effective way for each person.
- People's oral health was assessed and planned for. A member of staff with an interest in oral hygiene had been designated as 'oral health champion', to promote good oral health practice in line with NICE guidance on oral health in care homes.
- People's care records contained summaries that were shared with paramedics and hospital staff in the event someone needed to go to hospital.

Staff support: induction, training, skills and experience

- People and their visitors had confidence regular staff were trained to provide the care and support people needed. A relative attributed their family member's improved health to the support they had received from

skilled staff.
● Staff said they had the training they needed to be able to perform their roles safely and effectively. However, a registered nurse's staff file showed they had repeatedly requested additional training in a topic relevant to their role, but this had still not been provided.
● The registered manager's records of training showed some staff refresher training was overdue, but there was a plan in place to address this.
● New staff had an induction. Care staff without relevant qualifications were expected to attain the Care Certificate, which represents a nationally accepted basic set of standards for health and social care staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food, making comments such as, "It's nice food". We observed people tucking into attractively presented meals that met their dietary needs. For example, someone who preferred to use their fingers rather than cutlery had a plate of finger foods, which they were eating independently.
● People had a choice of meal that met their dietary needs. They made food choices in the way that best suited them. On the Dolphin unit, which supported mostly people who lived with dementia, they were shown a selection of plated meals at mealtimes and chose the one they preferred. Other people who were able easily to make choices in advance did so, although there was always scope for them to change their mind at mealtimes.
● Details of people's dietary needs and preferences were held in the kitchen and made clear to kitchen staff. These included the requirement for mashed or pureed foods due to swallowing difficulties, and people who were at risk of malnutrition and needed higher calorie foods.
● Staff monitored people's weight and risk of malnutrition. If there was unplanned weight loss, staff took the appropriate action such as more frequent monitoring, arranging for foods to be fortified to increase their energy content and requesting the person's GP for a dietitian referral.
● Staff were alert to signs of swallowing difficulties such as coughing. If they had any concerns about someone's ability to swallow they asked the GP to refer for a speech therapy assessment to provide a safe swallow plan.

Adapting service, design, decoration to meet people's needs
● The home opened in 2013 in its purpose-built premises. There was an ongoing refurbishment programme to maintain the high standard of décor.
● Bedrooms were spacious and had ensuite wet rooms. Many people had personalised their rooms with pictures, photographs and memorabilia. Bedroom doors were painted white and had the person's name and room number. Many rooms, particularly on Dolphin suite, had memory boxes outside, containing objects and pictures that meant something to the person, to help them identify their room.
● Each suite had a range of communal areas, including dining rooms decorated to look homely, quieter dining areas, lounges, quiet lounges, seating areas and activity spaces. They included themed spaces, such as a nursery area on Dolphin suite with a cot, clothes horse, baby clothes and dolls; we saw a person busying themselves in this area. Some were used more frequently than others, but people chose where they would spend their time.
● There were also communal areas downstairs, such as a café, a cinema, an animal petting corner and enclosed gardens. We saw people in the café on occasions and were told the cinema was often used at weekends.

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 training about their responsibilities in relation to the MCA, including DoLS. They understood people's choices about their care were to be respected unless there were concerns about a person's ability to understand these. In that case, they knew a mental capacity assessment and, if the person lacked capacity, a best interests decision was required.
- Consent to matters such as care plans, potential restrictions such as bed rails, and photography was recorded. This was from the person or someone who held a valid power of attorney in relation to health and welfare.
- If the person lacked the mental capacity to consent and had no-one with a valid power of attorney, a best interests decision was recorded. Records of mental capacity assessments and best interests decisions reflected people's involvement in the process as far as possible, and consultation with relatives or others who were close to them.
- The registered manager and senior staff had identified where people were deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this. They had applied for fresh DoLS authorisations before the existing authorisations had expired. The registered manager monitored expiry dates to ensure applications were made in good time.
- The registered manager also monitored conditions attached to DoLS authorisations. There were few conditions on current authorisations. One person had a condition regarding their time outside the home. This condition was satisfied.

Good

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 good. At this inspection this key question has remained the same. 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 told us staff were kind and respectful. Comments included: "All the staff are really kind and caring and respectful", "The attitudes of most staff are very caring and friendly, and it's never too much trouble when I need it", and, "I cannot praise the home enough for the staffs' thoughtful kindness displayed to [person]".
- We observed staff interacting with people in a kind, patient and sensitive way. They reassured and supported people who were distressed.
- Staff endeavoured to support people in a compassionate manner, but sometimes felt pressured by the volume of work in relation to staffing levels. For example, whilst most people had a positive mealtime experience, we observed one member of staff stood over someone whilst feeding them. The manner of the interaction indicated they were focussed on the task rather than the person.
- Staff knew and understood people. This was helped by life story booklets in people's room. In these, people or someone close to them had recorded information about their past, their preferences and what was important to them.
- Staff and managers spoke about people in ways that demonstrated how highly they valued the importance of being caring.

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

- People had opportunities to discuss their care during the monthly 'resident of the day' review process. However, some people could not remember having a care plan review.
- There was information available about organisations that could provide independent support and advice.
- Staff endeavoured to support people in a compassionate way, but sometimes felt pressured by the volume of work in relation to staffing levels. For example, whilst most people had a positive mealtime experience, we observed one member of staff stood over someone whilst feeding them. This showed they were focussed on the task and not on the person.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They assisted people discreetly when they appeared to need personal care. Personal care all took place behind closed doors.
- Staff knocked on doors and waited for people to respond and be invited into their room. They then greeted people with their preferred name and checked all was well.
- Staff recognised the importance of promoting people's independence and did their best to do so. However, care plans did not always emphasise this.

● Likewise, staff knew when people might have a preference to receive personal care from staff of a particular gender, but this was not always clear in their care plan. The registered manager advised us care plans would normally only reflect preferences regarding staff of a particular gender providing care where people had a set preference.

● There were no set visiting times. People could receive visitors any time they wished.

● Visitors felt welcome when they came to the service. There were toys and a play area in reception for young children. There were also a water bowl and biscuits for visiting dogs.

Good

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 good. At this inspection this key question has remained the same. 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 and relatives told us their or their loved one's care needs were met. Comments included: "My [relative] receives a good level of support", and, "I feel safe, warm, fed reasonably well and comfortable".
- People's care needs were reviewed monthly. Staff had a good understanding of the care people needed and strove to provide this.
- People, and where appropriate their relatives, were consulted during the care planning process. A person said their care plan had been reviewed recently. However, some people and relatives were not sure there had been a care plan review. Comments included: "I do not know what a care plan is, and I have not had a meeting with anyone to discuss my needs or any changes", and, "[Person's] review was conducted some months ago, but it was not a review meeting as such. It was just a phone call to say all was well by the manager".

We recommend the service reviews its care planning and review process to ensure people, and relatives where appropriate, feel fully involved.

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 communications needs were identified at assessment and were flagged up in care plans and summaries. For example, care plans identified any support people needed in relation to their sight, hearing or speech.
- Staff provided the support people needed with communication. For example, staff assisted a person with a new hearing aid battery, at the person's request. Staff had learned the Makaton (a sign language) signs another person used to communicate.
- Some people had difficulty talking in a way others would understand what they meant. Staff were observant and sensitive to what they might be trying to communicate, and people responded positively to them.

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

● Activities staff organised a range of activities. These included regular group activities and entertainment, trips out and one-to-one activities for people who preferred not to, or were unable to, leave their rooms. Activities were based on people's ideas voiced at residents' and relatives' meetings and in informal conversation, as well researching forums for activities coordinators. People also posted things they would like to do on the 'wishing tree' in the reception area.
● Trips out were both to places of interest and around the local area. Some people had lived locally and enjoyed seeing places they knew.
● A person commented, "There are activities organised daily covering a variety of topics. I attend them if it interests me." Someone else told us how they had loved their evening out with one of the activities staff and enjoyed the visiting dogs. We observed people who initially had difficulty focusing and understanding a game of darts participating and enjoying this with an activity coordinator.
● There had been some innovative activities since the last inspection. A group of people and staff had a short break in London, exchanging with one of the provider's homes in the London area. The two groups enjoyed sightseeing trips in their respective holiday destinations. People had said how much they enjoyed this.
● Other innovations included a befriending scheme with young people in 2018, and the home's range of pets including parakeets, rabbits, guinea pigs and a puppy. Their care was overseen by designated members of the activities team. There were photographs of people enjoying spending time with the animals.
● An ad hoc activity much enjoyed by people was prompted by a power cut that affected the whole building. Staff collected fish and chips from a local shop and people sat in candle-lit lounges reminiscing about the olden times.

Improving care quality in response to complaints or concerns
● People and visitors indicated they would feel able to raise any concerns should they so need.
● The provider's complaints policy and procedures gave clear instructions for how to raise a complaint, described how complaints would be addressed and explained how they could be escalated.
● Information about how to raise a complaint was provided to people and their families and was displayed at the service.
● There had been four formal complaints in the past six months. These had been promptly and thoroughly addressed.

End of life care and support
● No-one was anticipated to be at the end of their life during the inspection. However, the service regularly provided end of life care.
● Staff liaised with health professionals to ensure people had a comfortable, dignified death. They ensured anticipatory pain relief was prescribed and stocked for people receiving palliative care, in case it was needed.
● The service was seeking accreditation for its end of life care. Staff had training in end of life care. It was hoped working towards the accreditation would help staff develop confidence to discuss preferences about death and dying with people and their families.
● Care plans had a section for end of life wishes. For example, one person's care plan stated they wished for cardio-pulmonary resuscitation if it were needed and would want staff to have an honest conversation with them if their health were to deteriorate. However, another person's care plan did not have detail regarding their wishes, or if there had been a discussion with them or their relatives.

We recommend the provider and registered manager review care planning and audit processes to ensure

people's end of life preferences, or lack of preferences, are always recorded.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supervised and supported through the provider's governance structure, including a regional director and a quality team.
- Legal requirements, such as displaying the rating from the last inspection and reporting significant incidents, were met. Quality assurance processes were in operation to identify areas for improvement and address these.
- The registered manager and staff had regular supervision to discuss their roles and responsibilities, how they were finding their work and any issues that had arisen.

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

- There were regular meetings for people and relatives. A person stated there was a residents' meeting every three months; they were on the committee run by the activities co-ordinator. They said the topics were usually the food, activities and outings.
- There were also regular staff meetings at which staff received updates and discussed good practice. Whilst staff generally felt able to raise issues and concerns, for example, during supervision, four staff said they saw staff meetings as an event where they were told what to do rather than to air their views. The registered manager confirmed there was always an opportunity at the end of meetings for staff to raise any issues. Staff could raise issues in other ways, for example, during supervision meetings. The Potteries also had two Colleague Voice representatives, who were able to raise issues directly with the regional director and participated in regional and national meetings to share ideas.

We recommend the provider and registered manager clarify the purpose of staff meetings, and ensure staff are aware of how they can raise issues and contribute ideas.

- The provider also issued annual surveys for people, relatives and staff to gauge their view of the service. People and relatives voiced scepticism as to whether this affected how the service worked.
- The provider had a whistleblowing procedure for staff. Information about this was readily available for staff. Staff know how to blow the whistle on poor practice and wrongdoing.
- The service had embraced opportunities to work in partnership with other organisations to promote

people's health and wellbeing, including the local authority and NHS. We had positive feedback from these organisations about how the service worked with them.
● The management team engaged with organisations such as Skills for Care, which promote current best practice in care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff and managers valued working in a person-centred way, with compassion and dignity. Asked what they enjoyed about their roles, staff spoke about getting to know people and making a positive difference to their lives.
● The registered manager or a member of the management team completed daily walkabouts where they met staff and gauged how things were on each of the suites. There were also daily morning and afternoon meetings for senior staff from each suite and department, to discuss key issues to be aware of that day.
● Morale in some parts of the service was low. Some staff had left, including a clinical lead, senior domestic staff and care workers. The registered manager recognised there were issues with morale. A member of staff who felt there was pressure on staffing levels said they believed the registered manager was trying to support the team.
● People and staff voiced frustration at what they perceived as the frequent use of agency staff, which was necessary to ensure there were enough staff to provide care. The service was actively recruiting new staff. The registered manager pointed out the only agency usage was to cover a vacancy for a registered nurse, and ad hoc sickness if the service's staff were unable to cover this. They sought to use the same agency staff where possible, for continuity of care.

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 understood the duty of candour and ensured the service acted upon it when something went wrong.
● Managers and staff informed people and their families about what had happened.
● Investigations into accidents, incidents and complaints were open and honest.