

Oldbury Grange Nursing Home Ltd

Oldbury Grange Nursing 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oldbury Grange is a nursing home, which provides care for up to 89 people over two floors in three units. Anchor House on the ground floor provides mostly residential accommodation for people, some who are living with early on-set dementia. Hayes House on the first floor provides nursing care and Remember Me is a unit for people with more advanced dementia care needs. At the time of our inspection visit there were 79 people living at Oldbury Grange.

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

The provider had appointed a new registered manager since our last inspection visit, who was supported by a deputy manager and operations manager. The roles of each manager were clearly described to ensure ownership of their responsibilities. The management team had worked hard to make changes and drive forward improvements. However, some improvements were still required. The provider's infection prevention and control measures were not effective, so people were not consistently protected from the risks of cross infection. Staff did not always follow best practice when giving people their medicines. Improvements that had been made, needed to become embedded into the culture of the home.

There were enough staff on duty to keep people safe and meet their needs and requests. Staff understood the importance of risk management and knew the level of assistance each person required to maintain their safety. However, records to support risk management were not always consistently completed. Systems and processes were effective in managing and responding to safeguarding concerns.

Since our last inspection, staff had received further training and guidance, so they had a better understanding of how to provide effective dementia care. Improvements in staff knowledge and understanding had a positive impact on people's wellbeing. People were supported to maintain their nutrition and hydration needs and access the health care they needed. 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.

People told us they were happy living at Oldbury Grange and made decisions about their daily lives. Staff were seen to be thoughtful and kind, spoke to people with friendliness and humour and took time to acknowledge and encourage people. Improvements had been made to the environment to ensure people felt respected and cared for and to help them orientate to their surroundings.

Staff followed people's personalised care plans to ensure they received the care and support they needed. Staff worked with the same people regularly. They had developed a good understanding of how to respond to people's individual needs as well as the needs of people living together as a group. People could engage in a range of meaningful activities and improvements were being made to ensure they had interesting things to do. When people had made decisions about their end of life care, this was documented in their care plan.

Improvements in the management of the home had improved staff wellbeing and impacted positively on outcomes for people. Staff felt valued because they were listened to and encouraged to share ideas about how the service could be improved. The registered manager had introduced a more open and transparent culture to learn from incidents where mistakes were made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The provider had met the requirements of two of the breaches, however they remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. The service remains rated requires improvement overall.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oldbury Grange Nursing 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 Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors, an assistant inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oldbury Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (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 CQC. 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 local authorities who work with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider had not recently been asked to complete a provider information return. 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 took this into account when we inspected the service and made the judgements in this report

During the inspection

To gain people's views and experiences of the service, we spoke with nine people who lived at the home and four relatives/visitors. We observed the care and support provided and the interaction between people and staff. We spoke with the registered manager, the deputy manager, one nurse, two care supervisors, seven care staff, a chef and the home administrator.

We reviewed a range of records. This included, six people's care records, including care plans and risk assessments, multiple medicine records, two staff personnel files, including recruitment records and the provider's quality audits and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance information. We also spoke with the senior activities co-ordinator by telephone.

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 Requires Improvement. At this inspection this key question has remained as 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; Preventing and controlling infection; Using medicines safely

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment).

At this inspection whilst some improvements had been made, further improvements were still required and the provider was still in breach of regulations.

- Risks to people's health had been identified and plans implemented to manage those risks.
- Staff understood the importance of risk management and knew the level of assistance each person required to maintain their safety.
- However, there were insufficient records to support the management of risks related to skin damage. Some people needed to be repositioned regularly because they were at high risk of developing pressure sores. Records did not always evidence repositioning was being done in accordance with people's care plans.
- Where risks of people not eating and drinking enough had been identified, staff recorded what people had to eat and drink. However, the completion and accuracy of food and fluid charts needed improvement.
- Incomplete records had been identified at previous inspections. The registered manager agreed to remind staff of the importance of accurate records.
- The provider's infection prevention and control measures were not effective, so people were not consistently protected from the risks of cross infection.
- Clinical waste was not always disposed of, or stored safely. Clinical waste bins were overfilled and in various bathrooms we saw full clinical waste bags had been taken out of the bins and stored on the floor. A used PEG feed set was found in a general waste bin in the visitor's toilet.
- Clinical waste and general waste bins did not always have a foot pedal. This meant staff and people had to use their hands to open the bins which presented a risk of cross contamination.
- Cleaning schedules were in place but were not consistently effective because some areas of the home were not clean. A cupboard under the sink of a beverage station in a lounge was dirty and badly stained. A table had dried food on it and some furniture had soft fabric coverings which were badly stained. Some areas of the home had an unpleasant odour, although this improved during the day.

- Staff did not always follow best practice when giving people their medicines. For example, we were told staff did not always stay with people to ensure they had taken their medicines. One person told us, "They give me my one tablet each day, they leave it in a pot on the side here and I take it when I'm ready." This was confirmed when we found a tablet on the floor in the lounge on the 'Remember Me' unit and a tablet on a person's bedside table. Staff should observe people to ensure they have taken the medicines they need to maintain their health, but also to protect against the risk of other people taking medicines that are not prescribed for them.
- Handwritten amendments to Medicines Administration Records (MARs) had not always been signed or countersigned by a second member of staff to confirm their accuracy. This did not accord with NICE guidance for the management of medicines in care homes.
- Staff did not always dispose of medicines safely. Four medicines bottles containing residual medicines were found in an open bin in a corridor. One of the medicines was a laxative and another was a medicine prescribed to reduce muscle-spasticity.
- Some people had been prescribed thickener to add to fluids to reduce the risk of choking. We found more than one occasion where thickener had not been stored safely and was accessible to people as they walked around the home. NHS England issued a safety alert in February 2015 for the need for proper storage and management of thickening powders in response to an incident where a care home resident died following the accidental ingestion of thickening powder.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

- We discussed this with the registered manager. Action was immediately taken to address some of our concerns. The registered manager also assured us they would be carrying out frequent checks to ensure staff were following the provider's policies and procedures for the safe management of medicines and infection control.
- Some aspects of safe medicines practice were managed well. For example, best practice in respect of 'as required' and covert (hidden) medicines was adhered to. Medicines were stored appropriately and medicines that required extra checks were managed in accordance with the relevant legislation.
- Since our last inspection improvements had been made to ensure risks around wound care and catheter care were effectively managed.
- We saw staff consistently implemented their training in safe moving and handling techniques to minimise risks to people's safety.

Staffing and recruitment

At our last inspection there were insufficient staff with the skills, experience and knowledge of people's individual needs to provide safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- During this visit we saw enough staff on duty to meet people's needs. One person told us, "Knowing there are people around to help me helps me to feel safe, they come quite quickly if I ask them to."
- The registered manager was confident staffing levels were now safe because they had introduced a more robust system to assess this.
- The registered manager regularly reviewed people's individual risks and dependency levels to ensure

people's needs could be met safely and timely. They had also completed a full and detailed analysis of the level of care each person required during the night. This ensured safe staffing levels were maintained at all times.

- Staff told us there were enough staff on duty to keep people safe and meet their needs and requests. They told us they now worked consistently on the same unit, so they knew people well. This meant they could more easily identify subtle changes in people's health and well-being, so they could act promptly to manage any emerging risks. One staff member explained, "They are trying to keep staff working in the same areas which is better for everyone, especially the clients. We can spot if people don't seem right and tell the nurses because we know them. When we worked all over the home it was impossible to get to know everyone in the home well."
- Improvements had been made in the implementation of the provider's recruitment process to prevent unsuitable staff working with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives had no concerns about the safety and welfare of their family members. One relative told us, "We love it here, we can walk out knowing she is well cared for and safe; we couldn't look after her as well."
- Staff were trained in safeguarding. They knew how to recognise abuse and understood their responsibilities to report concerns to the registered manager. One staff member told us, "I would report any concerns. If my manager did not do anything I would ring safeguarding. I haven't seen anything at all that I am concerned about here."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Learning lessons when things go wrong

- When things went wrong lessons were learned and communicated within the home to support improvement. For example, a recent analysis had identified an increase in falls during the evening. Staff had been reminded to maintain higher levels of observation at these times as people became more tired.
- Where appropriate, people were referred to other health professionals for support in managing any emerging risks.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff did not always demonstrate they had the skills or competence to deliver good and effective dementia care in line with current best practice. At this inspection we found improvements had been made.

- Staff told us since our last inspection they had received 'virtual' dementia care training which conveyed the experience of daily life for people living with dementia. They explained how this had helped them understand people's experiences and improved their practice. One staff member told us, "The dementia training was amazing, I cried because it was so emotional. We had to put glasses on, insoles in our shoes and we had one big glove and they threw a blanket over our head. To actually experience what it was like to live with a sensory loss was brilliant and I now understand."
- Staff had received more support and guidance from senior staff in how to provide effective dementia care. The care supervisor on the 'Remember Me' unit explained, "The first day, I observed and just watched the staff in there. For three or four days, I didn't do anything but just observed and then I knew what to address with staff and we guided them on the right way to do things."
- During our visit we saw how improvements in staff knowledge and understanding had a positive impact on people's wellbeing. People were calmer and more relaxed and were able to make more of their own choices and decisions.
- Records demonstrated a good level of compliance with training in other areas such as health and safety, first aid and fire safety. Regular training ensured staff were up to date with best practice.
- New staff received an induction when they started working at the service. For staff new to care the induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.

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

- People's needs and preferences were assessed before they came to live at Oldbury Grange and included their physical, mental health and social needs. One relative told us, "When we first were coming in and being assessed they told us not to expect great things all at once. They told us they would take their time getting to know her and that they would only take her if the home was right for her."
- The registered manager had introduced a more robust assessment process since our last inspection visit. The assessment considered the needs of people already living in the home to ensure everyone had a good quality of life and received appropriate care, treatment and support.

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

- Staff communicated with each other and shared information through the electronic care records and during handover and multi-disciplinary meetings.
- People were supported to access routine and specialist healthcare services. Records showed people had access to a doctor who visited the home regularly and referrals had been made to other health professionals such as dieticians and speech and language team.
- People had oral health risk assessments and care plans.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019 and had introduced an audit tool to test staff knowledge and understanding of good oral care. Any gaps in knowledge were to be addressed through further training.

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

- People were supported to eat and drink enough and maintain their nutrition and hydration needs. A relative told us, "[Person] was anxious, not eating and had lost a lot of weight before she came here. They talked us through how she would be cared for and what treatment she could expect. Look at her now, she's calm, still walks a lot but she's eating and so much better."
- At lunch time people were given visual cues as to the different options so they could understand the choices available.
- Different coloured crockery had been introduced to support people living with dementia to eat well. A member of staff explained, "Some people have red plates now which enables them to see the food. It has definitely encouraged people to eat more and increased people's appetite."
- People's nutritional needs were assessed, and any risks related to their eating and drinking recorded. We saw a member of staff assisting a person who was cared for in bed to eat their meal. They assisted at the person's pace and talked with them whilst providing support. The staff member ensured the person remained upright for 20 minutes after they had finished their meal to minimise the risks of choking.

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed.
- Where necessary, best interest decisions were made on behalf of people in consultation with relatives and appropriate others. For example, when people were reluctant to take medicines because they did not understand they were vital to maintain their health, best interests decisions had been made to give them hidden in food or drink.

- Staff worked within the principles of the MCA. They sought people's consent before providing personal care and assistance and worked in the least restrictive way possible. A relative told us, "Here they seem to know her really well and allow her to be herself. She wanders around a lot, so they keep an eye on her but don't interfere too much, we know she's safe."
- DoLS applications had been made to the Local Authority where it had been identified people were being deprived of their liberty.

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

- Since our last inspection, improvements had been made to the environment. Some areas of the home had been redecorated and thought had been given to the arrangement of chairs in larger lounges, so people could sit in smaller groups.
- Improvements had been made to provide cues and clues to assist people living with dementia to orientate to their surroundings. Bright murals in corridors helped people identify where they were.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at Oldbury Grange. They and their relatives told us staff were caring and friendly. One person told us, "I feel settled here, staff are communicative and pleasant, I felt comfortable straight away when I came. They always make sure I'm comfy at night before they leave me." One relative told us, "Here they seem to know her really well and allow her to be herself." Another described the home as, "Caring, warm and friendly."
- People, relatives and staff felt care at the home had improved since the last inspection visit.
- Staff were seen to be thoughtful and kind, checking to ensure people were comfortable and relaxed. One person told us, "I am considering going to stay with my daughter for a couple of days; the staff have assured me they will take care of everything to make sure I can have a stress-free, nice time and they will take care of all the arrangements."
- Staff spoke to people with friendliness and humour and took time to acknowledge and encourage people. We saw one member of staff arm in arm and chatting with a person as they walked along a corridor. As they walked, they started kicking their legs and doing exercises together.
- One person told us how a member of staff had bought them a pair of trousers. This thoughtful gesture had clearly meant a great deal to the person who told us, "I'm keeping them for best."
- Relatives said staff knew their family members who they treated well. One explained, "When we were away in the summer the carers bought her an ice cream every day."
- The provider promoted equality and diversity to ensure the diverse needs of both people and staff were met. This included diverse needs related to disability, faith and lifestyle choices.

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

- People made decisions about their daily lives. One person told us, "I have what I want for my breakfast, it varies according to how I feel." Another said, "I told them right from the start I would like to have my meals in my room and that's fine with them."
- One person who had recently moved to Oldbury Grange had specific requirements that limited some of their mealtime choices. We heard a member of staff say to the person, "We must have a chat about how we can improve your mealtimes."
- The provider had recently re-decorated some areas of the home. People had been involved in making choices about the colour schemes and the furniture.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. Staff were able to explain how they delivered care to make sure they

maintained people's privacy and dignity. A relative told us, "We were going to a wedding and they did her nails, hair and makeup, she looked lovely. Things like that make a big difference to us."

- Improvements had been made to the environment to ensure people felt respected and cared for. One senior member of staff explained how this had improved people's well-being. They told us, "I have a care assistant who makes the most beautiful beds. When people can go to their rooms and get into a bed like that, they feel good. It's like you're making them feel cared about." A relative confirmed, "The cleaner even knows how we like things and arranges things nicely in her room."
- People's information was stored securely to ensure this remained private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- Staff followed people's personalised care plans to ensure they received the care and support they needed. Care plans and risk assessments were reviewed every month or when people's needs, or abilities changed.
- Improvements had been made to the support provided to people who could become frustrated, distressed or anxious. People had very detailed behaviour support plans which guided staff on how to distract or divert people to prevent their anxiety or distress escalating.
- Staff completed detailed records of when people had episodes of distress to inform reviews of their behaviour support plans.
- Staff worked with the same people regularly. They had developed a good understanding of how to respond to people's individual needs as well as the needs of people living together as a group. One relative told us, "Staff are good at diffusing challenging behaviour. There a couple of very strong characters here and staff keep them away from each other really effectively, and in a nice way."

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

- Since our last inspection, improvements had been made to ensure people were offered opportunities to engage in activities and events they were interested in.
- Staff, people and relatives spoke positively about the activities team which was led by a new activities co-ordinator. Comments included: "Activities have improved and there is a lot more for people to do. There is a proper plan now and the new activities lady is very good", "There's activities going on all the time" and, "[Name] can join in with things as much as she likes, but there's no pressure."
- Activity schedules showed people could engage in a range of meaningful activities. For example, physical activities to help maintain manual dexterity and strength, bingo, coffee mornings and cake decorating to promote social interaction and faith visits to support people's cultural needs.
- An interactive activity table had recently been purchased for the home which was particularly beneficial for people in the moderate to severe stages of dementia. The table is an interactive light game which projects bright and colourful images on to a screen. The images respond to hand and arm gestures by moving around the screen and encourage physical activity and social engagement. We saw the table being used and one relative told us, "The magic table is good, especially at night when [name] doesn't sleep, it helps distract her and settle her."
- Improvements had been made to ensure people who were cared for in bed or chose to stay in their room did not become socially isolated. Trolleys with different activities on were taken to people so they could enjoy them with staff on an individual basis.

- Staff told us they had more time to spend with people and respond to their emotional and social needs because shifts were better organised. One staff member explained, "Team work means we can spend time with people. We have good team work so tasks get done well and to a high standard leaving time to talk. You can never have enough time, but it is so much better now." A person confirmed, "Staff seem efficient, and they have time to talk."

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 sensory needs were assessed and recorded in their care plans. This included what equipment they needed to enhance their ability to communicate. For example, whether they needed spectacles to read or hearing aids, so they could better understand what was being said to them. One relative told us, "[Name] lost her glasses and staff have organised a replacement pair without us having to ask."

Improving care quality in response to complaints or concerns

- At our last inspection people did not feel complaints were always responded to effectively or resolved satisfactorily. At this inspection people told us they felt listened to and any issues would be dealt with. One person told us, "I'd go to the manager if I had a complaint, or a carer if it was something small that needed sorting out. They would make sure it was ok for me."
- The registered manager said they had received one formal complaint in the last 12 months. This had been investigated and responded to.

End of life care and support

- The service provided support to people who chose to spend their final days at Oldbury Grange.
- When people had made decisions about their end of life care, this was documented in their care plan.
- Staff understood the importance of ensuring people were able to live their final days well. One staff member explained, "It is really about knowing people and what they would want and doing everything we can to get it right. I am so passionate about 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.

At the last inspection this key question was rated as Requires Improvement because the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

At this inspection we found some improvement had been made and the provider was no longer in breach of these regulations. However, further improvements were still required, and the rating has remained the same. 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

- Improvements had been made to the management of the service. There was a new manager in post and they had become registered with us in October 2019. The registered manager was supported by a deputy manager and operations manager. The roles of each manager were clearly described to ensure ownership of their responsibilities.
- Since our last inspection, the management team had worked hard to make changes and drive forward improvements.
- Staff had received further training to ensure they had the knowledge and skills to carry out their responsibilities effectively. New care co-ordinators had been appointed to support staff and ensure people received care which met their individual needs. Improvements had been made to the environment of the home and people were being given more opportunities to lead meaningful lives.
- However, further improvements were still required. For example, an infection control inspection carried out by the Clinical Commissioning Group on the 2nd March 2019 reported there had been improvements in infection control practices. However, our findings suggested these improvements had not been sustained and the internal arrangements for monitoring infection control were not effective because staff did not always follow good practice.
- Where people were nursed on specialist pressure relieving mattresses, checks of the equipment should be recorded daily on the electronic care planning system. We found there were large gaps in the records which meant we could not be sure the checks were being completed as required. This suggested there was no clinical oversight of the records or the records were not routinely reviewed as part of the evaluation of care.
- The registered manager worked closely with the pharmacist to ensure medicines were managed in line with current good practice. However, they had not identified that staff were not consistently adhering to NICE guidelines when giving people their medicines.
- Whilst managers and staff were confident improvements had been made at the service, those improvements needed to be embedded into the culture of the home to ensure they would be sustained.
- The provider and registered manager understood their responsibilities and the requirements of their

registration. For example, the registered manager knew what notifications were required and their latest CQC rating was displayed in the home.

- Following our last inspection we had imposed a condition on the provider's registration that they must provide us with a monthly summary of their improvement actions and an analysis of their monthly audits. The provider had supplied us with this information.

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

- People, staff and commissioners felt the management of the home had improved. The management team were reviewing how they audited the home and there were new systems in place to improve the quality of the care provided.

- Staff spoke highly about the support they received from the registered manager and their leadership. Comments from staff included: "[Registered manager] tries to do things properly. He is clinically qualified to do the job and that really helps", "Since we have had [registered manager] things are changing, staff morale is a lot better and the amount of staff is better" and, "It is so different now and I feel like I am making a difference."

- Staff told us the improvements in the management of the home had improved their wellbeing and impacted positively on outcomes for people. A staff member explained, "We are really starting to get a good team and things are definitely improving here. I trust and respect the team I work with because they have the best interests of people at heart." Another told us, "I love this home and for the first time I can see it going somewhere."

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 their responsibility to inform people and families, CQC and other agencies when incidents occurred within the service. Where necessary, they co-operated with other agencies to ensure the cause of any adverse incidents was identified and investigated.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to learn from incidents where mistakes were made. For example, following a recent incident in the home, the registered manager had developed an 'escalation protocol' for staff to follow if a person suddenly became unwell. Learning from incidents was shared with staff during staff meetings. One staff member told us, "The manager identifies what is not right, explains why and guides us on how to improve."

- The registered manager had recently established multi-disciplinary meetings in the home. These were planned on a unit basis and attended by a senior manager, the nurse, the unit care co-ordinator and a member of care staff. The focus of the meetings was to discuss each person's needs and identify any actions that could be taken to improve outcomes for people. The registered manager explained this collaborative approach to problem solving helped to promote accountability and improved standards of care in the home.

- The registered manager was responsive when we highlighted areas in need of improvement during our inspection. They took immediate action to address our concerns and assured us learning would be shared across the whole staff team.

- The registered manager kept up to date with the latest good practice guidelines, attended local provider forums and was a member of Skills for Care.

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

- Records showed some surveys had been sent to people and relatives to gather their feedback about the home. People were being invited to meetings and were kept informed about changes in the service through a monthly newsletter.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers. One staff member told us, "[Registered manager] is talking to people and gaining ideas. In the past information has been blasted at us but now it is a whole new approach. He has great ideas and lets us build on those ideas. We are definitely more valued as we are being listened to and it has made such a difference." Another said, "[Registered manager] has made sure we have staff team meetings. A couple of weeks ago I was involved in a bigger meeting to discuss person centred care and how to make the home more welcoming for the residents. It was good to be involved and share my views. I felt listened too and was glad to be invited."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Processes and policies to ensure the proper and safe management of medicines and preventing and controlling the risk of infection were not consistently implemented.