

Colbury Care Limited

Colbury House Nursing and Residential Home

Inspection report

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Date of inspection visit:
06 March 2020
09 March 2020

Date of publication:
15 May 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Colbury House is a residential care home providing personal and nursing care to 39 people aged 65 and over some who may be living with dementia at the time of the inspection. The service can support up to 58 people.

During our previous inspection in December 2018 we identified two breaches of regulations. We issued requirement notices in respect of those breaches. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements. The service has been rated as requires improvement as it met the characteristics for this rating in most key questions. More information is in the full report.

The previous provider had gone into administration before our planned inspection. A care consultancy company had been brought in by the administrators to assist in the running of the service and to ensure people were kept safe till a new provider had been sought. The care consultancy company had made improvements to keep people safe while they had been managing the service.

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

People told us they felt safe. However, some environmental risks were not managed effectively. Improvements were needed for the safe management of water.

We have made a recommendation about the management of legionella and water hygiene management.

Overall, improvements had been made to the management of risks to people and safety monitoring, but these needed to be further embedded into practice to ensure that people were consistently kept safe from harm.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective and identifying areas for improvement or where safety had been compromised.

Improvements were still needed to ensure people received person centred care which was responsive to their individual needs.

People felt safe living at Colbury House Nursing Home, and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

There were plans in place for foreseeable emergencies. Staff were able to tell us how to keep people safe.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

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.

The provider's quality assurance system helped the management team implement improvements that would benefit people. Action had been taken to become compliant with one of the breaches of regulation identified at the previous inspection.

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 requires improvement (published 22 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Colbury House Nursing and Residential 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 one inspection manager and one inspector and a specialist nurse advisor in the care of older people and an expert by experience in the care of older people.

Service and service type

Colbury House is a care home. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed at the end of November 2019 and they had applied to become the registered manager of the service and this was currently in process. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, business manager, registered nurses, maintenance, chef, activities coordinator and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now 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

- Improvements were needed to assess and identify risks relating to the management of legionella within the service. This included arranging for a legionella risk assessment to be completed. Management oversight was also required to ensure responsible persons gained the knowledge required through training to ensure safe systems were in place to keep people safe as required by Health and Safety legislation. Water flushing was completed weekly as were water temperature checks. However, we could not see any action taken or recorded when water temperatures were too high for example.
- The manager informed us after the inspection that training had been booked for the end of March 2020 and a water management company had been contacted to complete a legionella risk assessment.

We recommend the provider follows current guidance on 'legionella water management' to ensure people are kept safe and that the service is complying with health and safety legislation.

- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. However, we could only see records from January 2020, so we could not be sure this had always been maintained.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.
- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. These included assessments on the risks of poor nutrition, mobility, the use of bed rails and the maintenance of skin integrity.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I do feel safe here on the whole very good, a lot better now [it] has got more permanent staff [and] has got rid of a lot of agency staff. They used to have a few dodgy agencies, but they are gone now." One relative told us, "I feel he is safe here. I haven't seen anything of any concern."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them, and knew

how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff had responded appropriately to any allegation of abuse.

Staffing and recruitment

- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Since our last inspection the service had recruited sufficient registered nurses and recently it has not been necessary to use agency nurses which had resulted in medicine errors reducing considerably. One person told us, "I get my medicines on time. I'm diabetic so need medicines on time, usually on time or within a few minutes."
- People's medicine was stored securely in medicine cabinets that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- Medicines were administered in a safe and respectful manner and staff, supporting people to take their medicines, did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.
- The service had appointed one of the registered nurses to take the lead in ensuring medicines were safe. They took on this role in January and had put processes in place to improve medication safety. These included self-audits of the signatures on MAR charts, and a running total of each tablet as they are administered.

Preventing and controlling infection

- Staff followed a daily cleaning schedule and most areas of the home were visibly clean. There were no malodours around the home.
- However, we found not all bins in the bathrooms had closed lids in line with best practice for infection control. A recent infection control audit had picked up that foot operated bins with closed fitting lids were required around the home, but none had been ordered at the time of inspection.
- An infection control lead had recently taken responsibility for this role and were looking at improving procedures around the service.
- Staff had completed infection control training.

Learning lessons when things go wrong

- The manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made changes to minimise the chance of the incident happening again.

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 remained the same.

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

At our previous inspection in December 2018 we found staff were not supported by effective supervision and training. This was a continuing breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. The regulation was now being met but improvements will need to be embedded in practice to ensure they are sustained.

- Staff we spoke with told us that supervisions had improved. For those staff who told us they had not received an appraisal yet, they informed us it was booked in very soon. All staff had been given forms to complete prior to their appraisal on what they would like to talk about and review from the last year, with a date booked in. One staff member told us, "Supervisions used to be awful but not since the new manager been here. Now every three months. Definitely see the improvement a slow steady progress".
- Staff we spoke with felt supported in their roles. One staff member told us, "I feel supported. If I feel need help or support with anything, I can ask for anything. Always support you with extra training. Both online and in-house training. At the moment [we have] spoken about coronavirus and the importance of hand washing".
- We spoke to the manager about improvements made to training and supervisions. They told us, "We worked hard getting training levels up and are currently using Social Care TV". A decision was made by the manager to set the pass rate at 75% to ensure the staff could evidence knowledge in the training area. They also told us, "Lots of training. We had the Parkinson's association in for example. Hot on training and trying to find free training but if it's needed, sending on training, for example nursing staff. Always say to staff if something you really want to do just say and will try and arrange".
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people. The manager told us, "The Care Certificate not had here before as no one had done it. Getting all staff to do it except ones that have done NVQ 3".
- We spoke with a registered nurse about their induction and informed us, the induction was very good the registered nurse was supported by one of the longer-term nurses. They had undertaken medication competencies training. They felt confident to be able to discuss any issues and ask any questions.

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

- The home was in need of redecoration throughout the premises. One person told us, "The room and garden do need decorating but it's up to the new owners. It really needs it, looking shabby. Comes across previous owners weren't interested in making it right". One relative told us, "I hope when they get a buyer, they spend some time in the home and upkeep the home. In the summer, chairs don't even get cleaned. Nothing gets done outside as they don't do anything out there and [person's name] likes the outside but they don't even clean the outside chairs". One staff member told us, "The building could be beautiful, so sad to see like it".
- Through our observations we could see the building requires maintenance including; the ceiling in dining room needing plastering, the kitchen in need of improvements, a shipping container was positioned in the drive, the rendering very cracked in places and the flat roof was holding standing water in places. The outside area had broken and stained furniture and dead leaves were not swept up. Carpets were extremely worn and stained. Paint was peeling off in some areas and there was lots of chipped paintwork around doorframes and damaged paintwork throughout other areas of the home.
- Upstairs communal bathrooms were in a poor state and were not fit for purpose, which just left two communal shower rooms for the whole of the service. These were uninviting with the shower floor dirty and stained from ingrained dirt. We spoke to the house keeper who had arranged with maintenance to improve the flooring in the shower rooms.
- There was minimal signage around the home to aid people living with dementia. The environment did not support best practice guidance for dementia. The corridors in the newer areas of the home were like a hospital corridor which could be confusing for people living with dementia.

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

- Most people and their relatives told us they enjoyed the food. One person told us, "Food very good. There's plenty of it, we don't go hungry". One relative told us, "The food very good from what I have seen, always make sure he has got lots of fluids." Another relative said, "Seems to be eating his food better and have a good cook here".
- However, one person told us, "Food not especially good. I was asked yesterday if I would like to join a panel to help with menus as I have been complaining about food for a while". On the second day of our inspection we saw staff sitting with them exploring ideas for new food menus.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Aids to support people to maintain their independence and dignity were available such as plate guards and adapted cutlery.
- The main dining room was not very inviting and in desperate need of redecoration with peeling paint hanging from the ceiling for example. One person told us, "The dining room hasn't been decorated since I've been here".
- A recent meal service audit had an action plan to introduce menus on the table. At present the menu was written on a chalk board in the dining room which wasn't very clear and people with a sight impairment or living with dementia would struggle to see what options were available for lunch.

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

- People had not always received appropriate care to help them maintain their health and wellbeing. We looked at one person's care file where they had been seen by health professionals at the hospital regarding concerns with their right hand. As a result, detailed guidance and an exercise sheet had been provided for staff to complete exercises three times a day in warm water. We could not see a care plan to support staff on following this guidance and records showed that this had not been recorded as completed. We spoke with

management about our concerns who advised us they would update their care plan immediately and that staff were completing these exercises but had not recorded them. However, we saw no evidence to show these were being completed.

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists. However, one person told us, "They don't always tell me about appointments, the other week I found out on Sunday at 10.00 the next day I had an occupational health appointment. I don't like that, I just want to be treated like a human being and kept informed. Must say overall very good just one or two things let the service down at times".

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen provided carers with the person's life history and their desired outcomes and described people's needs in a range of areas including personal care, and daily living activities.
- There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people.
- Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were used to reduce the risk of falls for people.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. One person told us, "Staff always ask for consent".
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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 and their relatives told us they were treated with kindness and compassion. One person told us, "Staff very nice". Another person said, "Staff are good and will do anything for you". A relative told us, "Pleased with the care and can't fault it. Staff are approachable if I need to speak to them about anything, have noticed they work as a team here. If [person's name] needed help another staff member would help. I feel comfortable and quite happy. Staff are lovely".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "Love working here love my job. This is one of the nicest places as we all 'gel' together, all help each other. At the moment we have all stayed even though we are worried about being paid but we didn't want to leave the residents as we are all passionate about the people here and wanted to keep the home going. The care here I think is brilliant as we all work so well as a team it's just the décor that lets it down. Love working with this lot". Another staff member said, "Love working, the best job ever, love all the residents and all the people I work with. I don't class it as working, it's like our second family".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude. For example, one relative told us, "Staff are very caring and because [person's name] doesn't like noise staff will lower their voice. Housekeeper won't Hoover until they are out of room and will make sure it is okay before tidying up. Very respectful due to noise and anxiety".

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

- People's care records included information about their personal circumstances and how they wished to be supported. We received a mixed response about involvement in care plans. One relative told us, "Just had a review of my care plan, it was exactly what I expected. Not just me but as a family all involved". However, one person told us, "Haven't reviewed my care plan, have filled in a questionnaire about care plans as I would prefer to sit down and go through with them. In the past they changed it and did not let me know. Not always sure if staff look at care plans. I do like to be involved". We spoke to management about

our concerns and they immediately arranged to review their care plan with them and informed us they were planning to get to see everyone.

- People told us they could receive visitors at any time. Relatives told us they were made to feel welcome at the home when they visited. This helped to ensure people kept in touch with their family and friends and others that were important to them. People could receive their visitors in the communal areas or could go to their rooms if they wished to have privacy. One relative told us, "Always welcomed here when I come staff put me at ease".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. One relative told us, "The staff are very friendly, and all questions answered. Very caring and polite to family members and residents".
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed, and covered people when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments were undertaken to identify people's individual support needs and care plans were developed, outlining how their needs were to be met. Most people's care plans were person centred and detailed, however further work was required on some care plans.
- For example, one person who has behaviours that may challenge, were funded by the local authority for extra support following a best interest decision. The staff complete daily behaviour charts which they then submitted to the local authority as part of the care package. However, staff were not analysing the charts or reviewing them to see whether the extra support is reducing or effectively managing the frequency and severity of the challenging behaviour. The care plan stated that the person has a learning disability. There is general information on learning disability available within the care plan, however, how this actually affects the person and their ability to function is not clear.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Staff had recently completed training about end of life care.
- We observed one-person's bedroom had an empty bedframe next to their bed in their room. When we enquired why the bedframe was in the room, we were informed that their wife had been nursed in the bed and had passed away recently. We were concerned that seeing the empty bedframe would cause distress to the person living in the room and passed our concerns onto management.

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 had communication care plans in place to support staff which gave guidance.
- The manager informed us they didn't know if they had a policy on the AIS standard and had no accessible formats in place for people with a sensory disability.

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 we spoke with were happy with the activities provided. One person told us, "Recently got a new activity person in. Has tried things out on me like quizzes. Brought in some scents in to identify which was

good and sensory was it good got some good ideas. Do bingo which I think quite like". A relative told us, "Had a donkey come to visit and was asked if they wanted to come in his room but [person's name] didn't want to see it. Lots of animals visit before Christmas as put pens up for them". Another relative said, "Mum enjoys activities get singers in as well and sings along to them".

- During our inspection we didn't see many activities taking place to stimulate the people living at the service. On the first day of our inspection no planned activities took place. In the lounge area a TV was on what appeared to be a channel aimed at younger people and nobody seemed interested in it or seemed to have any choice of what they would like to watch. There was also music being played in one area and a radio in another area which provided different sounds and would not be suitable for people living with dementia. Most people were just sat in their chairs with little engagement to keep them entertained.
- On the second day of our inspection planned activities included games and quizzes and people were enjoying playing a large card game in the lounge.
- The manager informed us how they were improving activities for people and a new activity coordinator was planned to start soon, so activities could happen more often and outside in the community. They told us, "They had no activities when I started, and people wanted some so we employed activity staff. It's nice seeing them do things playing cards and puzzles, it's nice to see. Nothing was happening before and now they go to rooms for one to one and to talk to people and give hand massages. Have a planned activity displayed so people know what's going on, it's only been in place for six weeks. We have a donkey visit every three months and a farm twice a year and outside singers at least once a month or twice. It's been difficult as people weren't paid, so they had lost some trust. Something is going on at least once a month".

Improving care quality in response to complaints or concerns

- People and the relatives we spoke with told us they would know how to make a complaint. One person told us, "Very happy, no complaints". Another person said, "No concerns, if I had concerns, I would go to the manager". A relative told us, "No complaints from relatives, the food is good, the room clean and tidy".
- The complaints policy was displayed in the entrance to the home. There had been two recent complaints about the service, which had been responded to in line with the policy. However, we could not find any records from the previous year to ensure complaints were dealt with effectively.

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. At this inspection this key question 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; Continuous learning and improving care

During the previous inspection in December 2018 we identified the provider did not have adequate systems in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service and poor governance. This was a continuing breach of regulation 17.

At this inspection we found improvements had been made, however, there was a need to sustain the improvements made and to make further improvements.

- A new manager had been appointed at the start of November 2019 and at the time of our inspection they had applied to become the registered manager of the service. This application was currently in process.
- The governance arrangements needed to be strengthened and developed.
- Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified concerns we found during this inspection such as the risks concerning the water hygiene management and oversight of Legionella, as well as the improvements that were still needed to the environment.
- Regular room checks were completed, and issues recorded. However, we could not see any evidence of action taken. A recent bed rail audit in February 2020 showed bed bumpers that needing replacing had now been replaced. However, we found one badly ripped bed bumper in a bedroom even though no one was staying in this room this should have been thrown away in case it got accidentally used for someone causing an infection control risk. Following the inspection we were informed that this had been identified as needing to be disposed of.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that sufficient improvements had been sustained to ensure the service was effectively managed. The above evidence is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

- There was a clinical governance meeting every week to discuss residents weights, wounds, infections and any other clinical information that needed to be discussed. We spoke with a registered nurse involved in the meetings who told us that the home is improving. Although they had seen improvements, they described it

as a work in progress and thought management and whole team were all signed up to continuing to improve and develop the service for the residents. The nurses met every month to discuss both business and clinical issues. The managers chaired the meetings however there was a joint agenda in relation to what the managers and the nursing team would like to discuss.

- People and their relatives were happy with the new management arrangements. One person told us, "Management are definitely approachable. Since they moved the office upstairs, it's been better, more friendly and approachable". A relative told us, "Staff seem to be happier with new management. No concerns seem to be alright".
- Staff felt very supported by the management in the home. One staff member told us, "I feel supported, the new managers good and seems to be getting things done". Another staff member said, "Things have definitely improved here very much, and the managers are wonderful. Feel supported very much so".
- The manager told us, "We are proud of what we have achieved so far, pulling together, staff do care. We have really pulled together since we started and no staff have left the team. Staff are staying because of us and we have promoted people in house."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 previous provider had gone into administration before our planned inspection. A care consultancy company had been brought in by the administrators to assist in the running of the service and to ensure people were kept safe till a new provider had been sought. The administrators had been open with people and their relatives about the service going into administration.
- One staff member told us, "It is currently a worrying time as the home is in administration. We can't just all leave, and the residents need us to stay. It is an improving home and we still want to develop and make it better – it is not the resident's fault".
- The manager notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The service had appropriate policies in place as well as a policy on the Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service, and to ask for their views and suggestions. One person told us, "Have residents' meetings now, having every other month in February had combined with relatives to bring up to speed about what is happening with the home". A relative told us, "Came to a relative meeting a few weeks ago. A lot to do with administration always keeping us informed think quite good here, just happy with the outcome".
- The service also sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. At the time of the inspection this had recently been sent out, so no replies had been returned. We did see many compliments about the service and how improvements had been made.
- The provider also sought feedback from professionals. Three had been returned which showed most were okay to good. One comment stated, 'just think that their carpets need replacing and some paint work done, the care given to the patients is good'.
- Staff told us they felt supported and listened to through staff meetings. One staff member told us, "Keeping us in the know. Staff meeting are on the board, there's always a list of when meetings are available, we just had a senior meeting, it's very open. If you can think of anything to improve something you can say. I

really hope we get a good buyer, no other job would rather do".

- Since our last inspection, the service had been working in partnership with the local authority, safeguarding teams and local Clinical Commissioning Group under a quality improvement framework. For example, professionals were supporting the service to keep people safe and to improve practices.