

Four Seasons (No 10) Limited

Summerdale Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Summerdale Court Care Home is a care home with nursing. It is registered to provide care and support for up to 110 people in one purpose built building. However, the provider had closed two of the units and limited their capacity to 58. Forty six people were living at the service at the time of the inspection. There was one unit which specialised in supporting people living with dementia. There was one nursing unit which provided care to people with nursing care needs. Both of the units were on the ground floor.

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

People described the service's safety as reasonable. However, people, relatives and staff told us there were not enough staff deployed to meet people's needs and that staff did not always have the right knowledge to support them. People received their medicines as prescribed however agency staff did not always record the reason why medicines given on an 'as needed' basis had been administered.

Staff told us they would report instances of abuse and records we reviewed showed allegations of abuse were escalated to the appropriate safeguarding authority to be investigated. The provider had assessed most risks people faced and had plans to keep them safe from the risk of harm. Staff understood how to prevent the spread of infection.

Staff had developed good relationships with people living at the service and treated them with respect. Staff knew people's preferences and most care plans contained personalised information however, records of the care provided each day did not always demonstrate whether or not care had been tailored to their preferences.

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 had enough food and drink but menus and place settings were not dementia-friendly. People had access to health care services and people were supported with their oral care. Similarly, the building was not set up to provide people living with dementia to reminisce about their lives but the registered manager told us they had an improvement plan for the building.

The registered manager had been in post for four months and was supported by an experienced deputy manager. The management team had begun to make improvements in the team culture and care delivery following our previous inspection but these were not yet fully embedded at the service.

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 inadequate (published 30 July 2019) and there were multiple breaches of regulations. The service was placed in special measures. At this inspection we found some improvements had been made but the service continued to be in breach of other regulations. The service remains in special measures because we cannot be assured improvements have been fully embedded at the service.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches of the Regulations in relation to staffing, good governance and safeguarding adults from abuse and improper treatment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Requires improvement'. However, the service is remaining in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place/keep services in special measures. This means we will keep the service under review and we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures, which includes the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

Summerdale Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of four inspectors, a nurse specialist advisor and two Experts 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

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

The service did not have a manager registered with the Care Quality Commission. A register manager and the provider are legally responsible for how a service is run and for the quality and safety of the care provided. The service's home manager was in the process of registering with the Care Quality Commission.

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. 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 13 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, the home manager, the deputy manager, seven care workers and the chef. We spoke with a visiting health care professional. 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 eight 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, rotas and medicine documents.

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 the same. 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.

Staffing and recruitment

- Most people, relatives and staff told us there were not enough staff to meet people needs.
- People told us a lack of staff meant they had to wait in wet incontinence pads for longer than they wanted before they were supported appropriately. One person said, "Sometimes you can wait a long time or [staff] don't turn up." Another told us, "Sometimes they are busy and say they will come back."
- We saw staff were rushed and they focussed on the task at hand rather than the wellbeing of the person. For example, a person was distressed and a care worker's response was to move them in front of the television because they did not have time to sit and reassure them. We saw people were sat alone in a lounge and one person was scratching the arms of a chair in an agitated manner. We observed that staff did not have the opportunity to follow up the reasons why one person did not eat much lunch even though staff told us they normally ate more food.
- The provider assessed people's level of need and dependency and used these to calculate the number of staff needed. Staff acknowledged staff numbers on duty matched people's assessed dependency needs but told us there was an over-reliance on the use of agency staff that impacted on people's care. Staff told us agency staff could not always meet people's needs when they had behaviour which challenged the service. One staff member said, "For some people you have to phrase things in a good way, she understands us. I think there are enough staff, but sometimes agency are coming and that means it's probably not enough." Another staff member told us, "No, there's not [enough staff] to give good quality care. I'm talking care staff and I think we need at least another two. There are a lot of agency nurses. It is very very hard with agency staff."

The above issues with staffing amount to a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager told us they were undertaking a programme of recruitment for nurses and care staff.
- Staff recruitment records showed relevant checks had been completed before staff began working unsupervised at the service. We saw completed application forms, proof of identity, relevant professional registration numbers, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Systems and processes to safeguard people from the risk of abuse

- People and relatives thought the safety of the service was reasonable. One relative said, "It's safe, definitely secure. There's always things that can be improved about [person's] care but happy they're living here."

- At the last inspection in July 2019, the local authority told us they did not always receive the safeguarding information in a timely way. At this inspection the local authority told us the provider had not informed them of two safeguarding incidents as they were required to do.

The above issues regarding the provider's systems about protecting people from the risk of abuse amount to a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed where allegations of abuse had been escalated to the appropriate safeguarding authority the provider cooperated with investigations providing information and taking action to ensure people were safe.
- Staff understood how to report concerns if they thought people were being abused. One staff member said, "We have to report to the manager and write it down. If they don't do anything then we have to go to the CQC."

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Learning lessons when things go wrong

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from risks to their health and wellbeing. Risk assessments included comprehensive guidance for staff about how to mitigate identified risks. For example, effective risk assessments were in place for people who needed support with eating and drinking to prevent choking and about how to support people to move safely.
- There were plans in place for staff to follow to support people at risk of behaviour that put themselves or others at risk of harm.
- The provider had developed personal evacuation plans which stated how people should be supported in the event of a fire. Staff told us they felt confident they could carry them out.
- One person had a pressure sore but their care records did not clearly state how often they should be turned in order for the wound to heal. The deputy manager consulted the relevant health care professional during the inspection and told us they would re-draft the person's care records with their advice.
- Other people who were identified as being at risk of developing pressure wounds had clear plans in place to mitigate the risks associated with developing wounds. Records showed these risk assessments were being followed.

Using medicines safely

- Staff ordered, transported, stored, and disposed of medicines safely and securely. Staff kept records of medicines stock and we saw that medicines were given as prescribed.
- Medicines were administered by registered nurses and care workers who had been trained and assessed as competent.

- When medicines were prescribed to be given when required, staff had adequate protocols to guide them on how and when to use them.
- Medicines administration instructions were clear including those for the administration of medicines to people with swallowing difficulties.
- Blood glucose readings for people living with diabetes were not always documented clearly, and the care plans were not always clear about how often the blood glucose should be monitored. The home manager said they would take immediate steps to address this issue.
- Agency staff had not accurately completed medicine administration records to demonstrate why people received medicines that were prescribed to be administered on an as required basis. The provider told us they would address this issue.

Preventing and controlling infection

- The provider had a system to control the spread of infection and staff had a policy to guide their practice.
- The service was clean and free from malodour. We observed clinical waste was disposed of appropriately and staff were following appropriate laundry procedures. We saw staff using gloves and aprons when administering personal care.

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

- Not all staff had the right training, skills and experience to meet people's needs.
- Staff did not always have clear and accurate knowledge about people's clinical care needs and how they needed to be supported. For example, a staff member did not know how often to take people's blood sugar levels and to change a person's dressings and their wound care programme.
- Records of clinical observations were inconsistent and the quality was mixed depending on the expertise of the individual staff members.
- A visiting health care professional stated it would be beneficial to the service for staff to be more proactive and have a better understanding of when to escalate concerns. The local authority told us there were two concerns about people's clinical care that had not been reported to them as required.
- The provider had not ensured nurses and the chef had completed the provider's mandatory face to face nutrition and hydration training. This may have helped staff address the issues we found during the inspection about acting effectively on dietitian's advice.

The above issues amount to a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they received regular supervisions to discuss their roles which they found useful but these were not always being recorded to provide a trail of staff support.
- Staff told us they received online training that helped them carry out their roles, such as moving and handling equality and diversity and adult safeguarding training. Records confirmed that most staff were up to date with the training programme.

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

At our last inspection the provider had failed to robustly assess needs relating to the health safety and welfare of people. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had reassessed the needs of everyone living at the service since the last inspection and had

completed new care records to reflect people's individual needs.

- The provider continued to use their standardised forms but the service had worked hard to ensure they were detailed and contained personalised information.
- People and their relatives told us they were involved in planning their care during the reassessment process. One person told us, "I signed off the care plan." A relative told us she participated in their family member's care planning and that their recommendations were being carried out by care staff.

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

- The service is based in a purpose-built care home. The provider had decided to close the upstairs units two years ago and people remained living on the ground floor only.
- The service had a sweet shop and bar area but the management team told us these were underused and there was a plan of action to increase the opportunity to provide therapeutic spaces within the home for people living with dementia to reminisce about their lives.
- People's bedrooms were personalised and people had photographs to remind them about their lives before moving to the service.
- Bathrooms and en suite wet rooms were adapted for people's needs.

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

- Most people were happy with the food and drink provided and records showed people were supported to eat and drink enough.
- We observed people being supported appropriately at lunch time to receive food in line with their dietary requirements and preferences.
- People were shown two dishes and were able to pick what they wanted but the written menu did not include photos of the food on offer.
- Records demonstrated referrals were made to a dietitian and speech and language therapist as appropriate.

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

- The provider worked in partnership with other agencies to ensure people got access to healthcare services.
- A GP regularly visited the service and relatives told us their relative could readily see a doctor or other professionals such as a chiropodist when required.
- People's visits to health professionals were recorded in their care files, such as tissue viability nurses and physiotherapists to help meet people's needs.
- The home manager had recently started recording minutes of multi-disciplinary meetings where people's care needs were discussed, and treatment plans agreed. However, the filing system for the minutes were not always well organised meaning some recommendations were not incorporated into people's care plans and there was a risk these were not being acted upon.

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.

- The provider had assessed people's mental capacity appropriately and had made applications to the local authority for DoLS authorisations as required.
- Where people had legally appointed decision makers in place there were copies of the records confirming this within their files.
- The provider had assessed people's capacity to call for help and use the necessary equipment. We saw that where people were unable to use call bells this risk had been assessed and appropriate observations put in place.
- Staff were instructed to gain people's consent before delivering care and staff understood the importance of giving people as many choices about their care as possible.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Permanent staff developed caring relationships with people living at the service and knew them well. However, staff and people told us agency staff did not always know people well enough to help them in the way they needed.
- The service was not always set up to be as caring as possible because they had not always followed their safeguarding processes to ensure people were protected from the risk of abuse.
- People and their relatives told us staff were friendly. One relative said staff were "absolutely amazing." A person told us, "Everything is alright as far as I am concerned. They're very good to us."
- Staff spoke to people politely and calmly. Their mannerisms included touch and tone that were gentle and supportive. Staff interacted with people with interest and told us they knew people well.
- Staff told us they treated everybody equally and respected people's protected characteristics. One member of staff said, "We would enable the resident to follow their faith or sexuality." Another member of staff said, "I treat everyone as a human being, I treat them equally. We are all the same."
- The home manager and deputy manager told us "this home is welcoming to all people regardless of their sexuality, faith and culture." Meeting minutes demonstrated this approach to care was discussed with all staff.
- Records showed and relatives confirmed the service explored the support people needed to maintain their faith and appropriate support was offered to people.

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

- People were supported to express their views and were involved in making decisions about their day to day care.
- People's views were captured in their care plans and staff understood how to give people choices during personal care.
- Staff gave examples of how they supported people to eat what they wanted and to maintain their preferred daily routine.

- Staff also told us they respected people's decisions not to do certain things like shower every day or join in some of the activities.

Respecting and promoting people's privacy, dignity and independence

- Staff now treated people with respect and dignity. However, not all relatives felt their concerns were not taken seriously, investigated and responded to meant that they were not always treated with respect.
- Staff gave examples of how they protected people's privacy during care tasks such as closing curtains and knocking on their door for permission to enter.
- Staff referred to people by their chosen name and understood the need to keep their personal information confidential.
- Staff encouraged people to do things for themselves where they were able. One staff member told us, "Some people can support themselves. They don't like it if we go in there. For others we encourage them to do their personal care. When we give them a shower they can start to wash themselves. They like to do it."

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 remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints and concerns were not always captured and used to improve the quality of care.
- Relatives told us they knew how to raise a complaint but feedback about the response to their concerns was mixed.
- For example one relative said, "You don't seem to get a complete answer to questions for example bruising on [my relative's] arm – They say 'It's in the book' but they can't explain [it]... I don't want to upset anybody here." Whereas another said, "If I have a problem and I speak to someone it gets sorted. [Relative is] very fussy about [their] food and I had a word with them."
- Records showed the registered manager investigated complaints and recorded that complainants were satisfied with the results.
- However, feedback suggested that not all complaints were recorded and investigated. For example, two relatives told us they had raised concerns about the care of their family members. While we could find this had been recorded in one person's care file, it had not been escalated and was not included in the registered manager's log of complaints. Records demonstrated that the staff member who did not escalate the concerns no longer worked at the service and the provider told us they would review their complaints.

We recommend the service seeks advice and guidance about dealing appropriately with complaints and concerns.

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

- Care plans had been redrafted since the last inspection and now contained information about people's personalised needs. We noted there had been vast improvements in the level of detail in most of the care plans such as their clothing and dietary preferences. However, some still lacked the detail needed to provide care. For example, only one of the care plans reviewed explained what continence products the person used.
- Records of care did not always demonstrate that people's preferences were respected. For example, one person's care plan contained detailed information about their dietary preferences which linked to their cultural background. However, records did not show whether or not they were supported to eat it.
- Care plans were reviewed regularly and relatives told us they reflected changes in people's health and wellbeing. Staff told us they read the care plans and they always reflected any changes in care that needed to be made. A staff member said, "We read the care plan, we read how they are. If the residents change they will change the care plan."
- We observed that staff knew people well such as which cakes and drinks they liked to have at certain times. A staff member told us "If someone doesn't like something we make sure all the carers know. I pass it

on." This ensured people received care in line with their preferences.

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

- There were a range of activities available to people to support their interests such as pet therapy, a baby singing class and gentle exercises.
- We saw group activities being conducted at the home and staff supported people to take part in them.
- Sensory activities were taking place in some people's rooms if they were not able to join in with the group activity.
- Relatives told us they were happy with the available activities and people's cultural needs were met by visiting religious leaders. A relative told us, "[Person] is always doing activities."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were captured in their care plans, for example, maintaining eye contact, keeping sentences short, and ensuring listening and visual aids were well maintained and in use.
- Staff gave examples of how they communicated with people who could not verbalise their needs or were visually impaired.

End of life care and support

- The provider had an end of life policy to guide staff about how to support people on palliative care.
- Staff spoke sensitively about the people they cared for who had passed away
- One member of staff said, "I will treat them with dignity, refer them to the Palliative Care Team and always would want somebody to be with them."

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership.

Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had not ensured governance systems operated effectively to identify and address issues with the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The new home manager had begun to make improvements to the standard of care delivery. The service had a history of non-compliance, improvement and then deterioration. The improvements had not been in place long enough to fully assess the scalability and sustainability of these recent improvements. The service was operating at less than 50 per cent capacity so we could not evaluate whether the improvements could be embedded and sustained should the occupancy level increase.
- The provider had not assured all staff had the right skills and relationship with people to always provide effective care and to respond appropriately to complaints. The provider told us they were undergoing a recruitment drive that they said would address some of these concerns.
- Meetings were not always recorded in an organised way. For example, multi-disciplinary team (MDT) meeting minutes were recorded on loose scrap card instead of in an ordered filed system. In one instance this meant one person's health care plan had not been accurately added to their care records.
- The home manager understood their legal responsibilities under the duty of candour, however, the local authority told us they were not always kept informed of all safeguarding incidents.

The ongoing concerns regarding quality assurance and governance amount to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager had been in post for four months and was supported by an experienced deputy manager. The managers told us they worked well as a team and supported each other.
- The management team had completed a range of audits into the quality of care delivery. The audits tracked and reviewed incidents, falls, wounds and infections. Some of the audits had been completed to a

higher standard than others with more analysis of the lessons learnt.

- The provider had redrafted all care plans to ensure they were of a higher standard. The provider continued to audit care files and people's experience of care. These identified some shortfalls in care plans, finding that 10 per cent required further work to improve them. This aligned with our findings during the inspection and there was a plan of action in place to make improvements.
- The home manager had started MDT meetings to ensure the information was discussed with healthcare professionals who could create people's healthcare plans.
- The home manager cascaded the information through clinical governance meetings, audit meetings and flash meetings with appropriate staff teams. Care staff told us they were kept up to date with all relevant information through monthly meetings and handovers in order to best support people on a day to day basis.
- The provider was aware there was a gap in clinical knowledge at the service and the deputy manager was working with staff members to increase their knowledge and improve their recording of clinical provision and care planning. We saw evidence that this was discussed during team meetings.

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

- The new home manager's improvements had begun to create a more positive culture at the service. There was consensus amongst staff that they were happy working at the service. A staff member told us, "It's good, we work as a team, we help each other. Things have got better."
- Staff believed people living at the service were happier and we observed staff to be more confident and happier when engaging with people living at the service.
- Relatives and staff spoke highly of the new home manager and the deputy manager and reported they were friendly and approachable.
- One relative told us, "[The new manager] is lovely. I really, really like her. It's just what was needed... She's more approachable." A staff member said, "The new manager is good, she is friendly, we can talk to her she will advise."

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

- The provider engaged with people, their relatives and staff through meetings and surveys.
- Relative and staff feedback was analysed and the reasons for negative comments were considered.
- However, relatives did not always find their concerns were treated seriously and responded to appropriately. We found that not all complaints were dealt with in line with the provider's policy.
- The activities staff worked in partnership with a baby group and religious groups so that people were supported to maintain some links with their local community.
- The new manager had begun to develop more effective links with healthcare professionals in order to better meet people's needs.