

# Four Seasons 2000 Limited Osborne Court Care Home

## Inspection report

183 West Street  
Bedminster  
Bristol  
Avon  
BS3 3PX

Tel: 01179535829

Date of inspection visit:  
27 August 2019  
28 August 2019

Date of publication:  
21 October 2019

## 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

Osborne Court is a care home that provides personal and nursing care for up to 55 older people. The service is provided in purpose-built accommodation over two floors. At the time of the inspection, 31 people were living at the home.

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

Improvements required from the inspection of September 2018 had been addressed. However, since that inspection we found the arrangements in place to ensure the service was well led from provider level down had been unsatisfactory. There had not been a consistent management approach over the last year and the provider oversight had not always been robust. This had improved in recent months however there was still room for improvement and we needed to be satisfied the short-term strategies now in place would be sustained. These measures had been put in place to help prevent potential risks to people's safety.

There was an element of frailty of the service and a lack of confidence in the service provision from community health and social care professionals including the local authority. Long-term plans would help address this, including a permanent registered manager. Staff told us, "We need a permanent manager, the interim manager is listening and easy to talk to", "It has been frustrating but I do feel the interim arrangements have increased morale and things are improving day by day". One relative told us, "Communication is a bit hit and miss but this hasn't had an impact the care my dad receives".

At the time of the inspection there were no permanent nurses employed and there was a high number of care staff vacancies. The lack of clinical oversight, monitoring and review had compromised effective record keeping and care documentation did not reflect a person-centred approach. Monitoring the quality of the service had not been robust enough to ensure good quality care that protected people's safety.

Despite the improvements required people felt they lived in a caring home. We were introduced to people throughout our visit and they welcomed us. People appeared relaxed and comfortable in their home. We received positive feedback from them and family. One person and a relative told us, "It's nice here, the staff are nice and "They genuinely care. They go the extra mile". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

### Why we inspected

This was a planned inspection based on the previous rating.

### Rating at last inspection

The last rating for this service was requires improvement (published September 2018). The service remains rated requires improvement. They had improved in three out of the five key questions. This service has been rated requires improvement for the last three consecutive inspections.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always well-led.

Details are in our well-Led 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 effective 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** 

# Osborne 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 was carried out by one inspector 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

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

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 this information to plan our inspection.

The service was being monitored and supported closely by various health and social care professionals following ongoing, continuous safeguarding concerns. We referred to the intelligence reports we had received from those that visit the service and from the multi-agency meetings we have attended.

#### During the inspection

We spoke with 14 people who lived at the service and five relatives. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess the quality of care for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. Two area managers facilitated the inspection, we also met with the chief operating officer, managing director and a resident experience support manager. We spoke individually with seven members of staff.

We looked at six peoples care records, together with other records relating to their care and the running of the service. This included six staff employment records, policies and procedures, complaints, audits and quality assurance reports.

# 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. Improvements had been made but we needed to be reassured these would be sustained. At this inspection those improvements continued. However new concerns identified meant that this key question had remained the same.

The frailty of the home and some service provision posed a potential risk where people could come to harm. At the time of the inspection the service was being monitored and supported closely by various health and social care professionals following ongoing, continuous safeguarding concerns.

Systems and processes to safeguard people from the risk of abuse

- The provider had put in place additional measures to keep people safe due to the absence of a permanent manager and nurses. During the inspection we saw these measures had a positive impact this had on people's safety. The 'safe hands' oversight and reports demonstrated the level of scrutiny and management oversight over a 24-hour period. This meant any problems identified could be addressed immediately.
- Responses to raise safeguarding concerns had improved in recent months. When the service suspected an incident or event that may constitute abuse, appropriate agencies were notified including the local authority, the CQC and the police.

Staffing and recruitment

- Staff rotas were well managed and planned. There was a lack of permanent staff. At the time of the inspection there were no permanent nurses employed. There were 116 vacant care staff hours for day shifts and 110 vacant hours for nights. The lack of permanent staff was managed by using agency nurses and care staff. Consistency and continuity of care was managed by 'block booking' the same agency staff wherever possible. Staff recruitment continued.
- Staff explained that some shifts were 'harder' than others for example if people became acutely unwell, if there was a new agency worker or a staff member was absent at short notice.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough staff on duty. Staffing levels had not reduced despite the lower occupancy. Comments included, "There are enough staff, they are brilliant and have a wonderful way with mum", "Oh gosh yes, plenty of staff" and "Yes, there are enough staff, no problems there".
- We asked people if staff responded promptly when they requested assistance. Comments we received included, "I love it here, they are helpful and if I press my buzzer they come straight away", "They answer call bells quickly", "The staff are pretty good, I press the bell if I want them, it's not long before they come, sometimes they say, will be with you in a couple of minutes" and "Yes, I have a call bell. Staff are pretty quick when I press it".
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure

and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

#### Using medicines safely

- We asked people if they were happy with the way their medicines were managed. Comments included, "My medication is on time. They give me my tablets and watch me take them", "They give me my medicines and I'm happy with the way that's done" and "If I need pain tablets there is not a long wait. As soon as they know my leg is painful, they get me a pill".
- Policies, procedures, records and practices helped ensure medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Two administration errors had been found during the homes most recent monthly audit and these had been addressed to prevent further re-occurrence.
- Medicines were administered by nurses who had completed their medication competency assessment and received regular updates based on best practice guidelines.

#### Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Where required equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.
- Records showed all checks, servicing and maintenance were completed.

#### Preventing and controlling infection

- The home was clean, homely and free from any unpleasant odour. One landing carpet on the first floor had an odour and an order had been placed to have this replaced. Comments from people included, Oh yes, it's clean. We've got some wonderful cleaners", "It never smells", "Yes, it's very good. My room and bathroom are cleaned every day" and "It's absolutely clean enough, the bathroom is pristine".
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

# 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 good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience

- At the inspection of September 2018, we found staff supervision was not always consistent. This had improved. In addition to supervisions, spot checks, direct observations and competency checks were being completed.
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.
- Training updates and completion had improved in recent months. Overall compliance at the time of the inspection was 91%.
- We asked people and relatives if they were confident that staff can support them. Comments included, "Oh yes. I have confidence in the staff", "Oh yes, I have no doubts. If the care staff are unsure they get in touch with the nurse", "There is a nurse on duty day and night", "I have confidence in the staff. They know their job" and "They really are amazing. I can't fault any of the girls. They look after me as well".

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

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable.
- Due to the frailty of the service and current concerns from the local authority the provider was not taking new admissions at the time of the inspection.

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

- Staff were working with other agencies to provide consistent, effective, timely care. People told us, "They try and find out what's wrong. I feel looked after", "Yes, I can see the doctor whenever I request it", "If I don't feel well, I see the doctor if the nurse is worried about me", "I usually tell one of the care staff and they pass the message on to the nurse or the doctor for me".
- We saw evidence where the service ensured people had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. There had been one recent incident where a person's feet required a referral to a chiropodist for treatment and this had not been actioned. A

safeguarding alert had been raised due to this act of omission and neglect. Because of this error the area manager deployed an additional senior staff member to complete assessments on foot care for all people living in the home. These were being completed during our visits and subsequent referrals to a chiropodist were being actioned. A system was now in place to monitor and review foot care monthly.

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

- People chose where they wished to receive their meals. The meals prepared and served to people had always been well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available throughout the day.
- Comments from people included, "The food is good. There is a choice of meals and there is definitely enough to eat", "The food is very good, I had scampi and chips and jam sponge", "If you get hungry at night you press your call bell and they will get a cup of tea and something to eat", "Lunch is fine, it's fresh food, nicely done and the tables are laid nicely", "I have breakfast in my room, we get a choice sometimes I will have cornflakes or porridge and I like a cooked breakfast" and "For lunchtime the assistant chef comes in and talks about what I would like".
- People were supported with any special dietary requirements that needed to be catered for. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

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

- The home was purpose built and was suitable in design as a care home.
- Signage was used to orientate people in their surroundings. The environment was under review to further enhance their experience.

#### 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 with appropriate legal authority. 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.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support. People confirmed this when we spoke with them. Comments included, "Oh yes they always ask me first. They wouldn't go ahead without first checking whether it's what you want", "They talk it through with me to make sure I am happy"

and "They always explain what they're going to do".

- Daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

# 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 had good relationships with staff and they looked comfortable and relaxed when approached by staff. The atmosphere appeared to be good and we observed friendly, caring interactions, and smiles. It was a person's birthday during the inspection. We saw people and staff singing happy birthday whilst presenting them with a birthday cake and candles.
- We received positive compliments from people and their relatives about the staff. This included, "The staff are very good", "We all like the kitchen assistant, always smiling and asking if we are ok", "They are very nice and kind", "Oh yes I'm quite happy", "They're very good, they genuinely care and go the extra mile" and "Staff are welcoming when I visit. They are definitely caring and respectful". One person said, "They vary, some I like some I don't".
- Staff told us they wanted the best for people and felt they received care that was caring and respected individual wishes. Staff comments included, "I listen a lot and I do think the staff are kind, people are always offered choices", "I see people as if they were my family" and I am here for the residents and I just want the to be happy".
- During our visit we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conductive to dining. People who required assistance with eating and drinking were supported at their own pace and respectfully. People were asked discreetly whether they wished to wear protective clothing.
- People's needs under the Equalities Act 2010 were considered and respected. These were reflected in people's care records.

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

- People were supported to choose how they wanted to spend their day and routines they preferred. Comments included, "I choose when I get up and when I go to bed. I can choose to have a bath or shower whenever I want", "I choose the times for getting up and bedtime. I had a bath yesterday. I suppose I have a bath every day if I want one", "I choose when I go to bed", "I'm looked after the way I want to be looked after" and "Sometimes I like breakfast in bed, other times I prefer to sit in my chair. I don't go to the dining room; my preference is to have my meals here in my room".

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained.
- Many people chose to have their bedroom doors open, and we observed staff calling out as they entered

their rooms.

- Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given. Comments included, "Oh yes, privacy is no problem", "They close the door when helping me to wash" and "Oh yes they are respectful. The door is always closed when I am undressed".
- People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to visits with the hair dresser.
- Independence was promoted and encouraged. People and relatives told us, "Oh yes they encourage independence. They're very good", "Yes, my relative is encouraged to be as independent as much as they can be", "I like to get up and go to breakfast independently" and "They help me get up because I can be very stiff in the mornings. Some mornings I am more independent and staff respect that".
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met and further work was being undertaken to further enhance this.

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

- As mentioned previously in the report there was evidence that people's choices were respected and they received person centred care. Improvements were required to ensure people's care plans reflected this to help ensure further enhancement and consistency.
- At the time of the inspection positive progress had been made in developing and reviewing care plans on the dementia unit. These demonstrated a holistic, person-centred approach to care. They reflected specific personal preferences, likes and dislikes, they were well written and demonstrated the full involvement of people living in the home. Families where required were invited to these reviews which will further enhance the quality of care provided.
- Care plans and reviews on the nursing unit were yet to be addressed. It was important to ensure the positive impact for people on the dementia unit was afforded to people on the nursing unit. It was imperative there was a measured approach to this so that the quality was not compromised and people and their families were fully involved.

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

- Activity provision was under review. The service recognised that improvement was required to support those people with dementia and to enhance a person-centred approach to everyone. A specialist advisor was currently working with staff in the home to look at new initiatives. This included, more effective one to one interaction and how daily activities can be more meaningful for example enhancing people's experience when receiving personal care.
- People were offered and provided with activities, they handpicked what they liked to do or take part in. People told us, "Activities are quite good. They could be better, could be worse", "I get as much as I want" and "I could join in activities if I wanted to", "I do activities such as painting, drawing and sewing. We have visits from singers and they sing songs I know".
- The service protected people from social isolation and recognised the importance of social contact. One person told us they enjoyed visits from children at a local school. They were happy recounting the visits and said, "The children ask a lot of questions, especially about what its like to be old!". Another person told us how she knitted little pouches to put sweets in for the children's visits. They were very fond of a card a child had made for them and told us they were going to have it framed.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. People told us, "My family come in as they want", "Oh yes the family come in regularly, I love that", "My friends and family visit and they are made

welcome". One person told us their sister lived overseas, staff read the letters received from their sister and they had their own phone so they often rang their sister and son.

#### 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.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard. This was assessed pre-admission and details documented in the communication care plan.
- The speech and language team worked alongside staff to help formulate care plans around effective communication.
- Interpreters if required were requested to support and formulate a communication method whether this was, verbal, visual or written. Bristol is a multi-cultural area with many organisations the home could access for guidance and support.
- Staff had received training to help them understand non-verbal body language and how to interpret how people might be feeling. Some people with dementia had difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they were listened to and concerns were taken seriously and acted upon. Comments included, "If I had any problems, I could find somebody to talk to", "I get on well with the staff so I would talk to them", "If I wasn't happy I would talk to the manageress", "They do listen, I would report things to the manager or the leader if I had concerns" and "I have no concerns and they are all very approachable".
- Formal complaints had been thoroughly investigated by the area manager and interim manager and these had been dealt with in an open transparent way. Where required lessons were learnt, improvements had been made. One relative had contacted us on the second day of our inspections to share some of their concerns about their relative's care. Given the absence of a manager that day they were happy for us to pass the information on to the area manager. After the inspection we were informed a telephone conversation had taken place to relieve any initial anxiety and a meeting had been arranged.
- Informal concerns that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

#### End of life care and support

- People were cared for when they required end of life care, with the support of their GP, district nurses and palliative care nurses. No one was receiving end of life care at the time of the inspection.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.

# 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. Improvements had been made but we needed to be reassured these would be sustained.

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

- Following the inspection of September 2018 there had been a lack of consistent leadership and management oversight of the home both by the provider and at all management levels. This had led to an increased risk to people's safety, compromised the quality of service provision and attributed to low staff morale and ineffective team working. There had not been a clear focus on continually seeking to improve the safety and quality of care that people received.
- Management oversight had improved in recent months. The newly appointed area manager was now based at the service for the foreseeable future. An interim manager had been appointed from one of the providers other homes, they had applied to be registered with CQC. This arrangement would continue until a permanent manager was appointed. In addition, a manager with clinical oversight had been transferred from another service.
- Improvements required had been identified by the service through an extensive range of audits and analysis. It was positive to see how actions had already been implemented, continuing to improve and in some cases had been fully completed. It was agreed that this level of momentum was imperative to keep improving the service provision.
- The service had been criticised for poor record keeping by visiting health and social care professionals. We considered this as part of our inspection. With the assistance of the area manager and a clinical support lead we were able to demonstrate in part why there was a problem with record keeping. This particularly related to room documentation. It was evident that due to a lack of permanent nurse oversight, most people had monitoring charts in place as a safeguard precaution without requiring them. This included positional charts and food and fluid intake charts. The frequency of applying creams also needed to be reviewed. In turn this had a significant impact on the quality of record keeping because there were too many to complete accurately. Following the inspection an audit was completed to cross reference risk assessments to determine where there was an actual risk and subsequently where charts were required.
- Improvements had been made to ensure notification forms were submitted to CQC. These notifications inform CQC of events happening in the service. The quality of the information had also improved.

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

- There were positive examples around person-centred care, supporting choice, promoting independence and staff were caring and kind to people. However, improvements were required around staff culture, values and behaviours so that this would be further enhanced and ensured a consistent service provision and delivery.
- There were longstanding concerns about staff culture, attitudes towards each other and at times a lack of cohesive working. The lack of consistent, effective management and leadership attributed to this. This was evident at the inspection in discussion with management and staff members. However, we were satisfied that staff performance was being monitored very closely and formally. We saw many examples whereby this was being addressed through spot checks, direct observations, ad-hoc 1-1's, supervisions and further training if required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, area manager and members of the interim management team understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- We were satisfied the area manager and interim management team were open, honest and transparent when lessons could be learned and improvements in service provision could be improved. One relative told us, "There is an open culture and you get answers to any questions".
- The area manager and interim manager had developed an action plan where improvements were required and sent these to CQC every month.

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

- People, relatives and staff spoke with us about their views of how the home was managed. It was evident that there was a lack of confidence and staff were frustrated. Comments included, "It was a good home and now it needs to improve", "The managers keep changing however there is always someone to talk to in charge if we have concerns", "I don't know who the manager is now", "They have arranged a residents and relatives meeting and I shall be attending".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports and written daily records.

Continuous learning and improving care

- There were several examples where lessons had been learnt from identified poor practice. This included a recent safeguarding that was raised for a person whose feet were in a very poor condition. This had been dealt with immediately and actions had been taken to prevent this happening again. In the long-term staff were being educated around personal care and the importance of continuous review, assessment and reporting.

Working in partnership with others

- The provider, area manager and interim manager attended local provider and care home forums and Care and Support West meetings.
- The service was working hard to ensure they had effective working relationships with outside agencies such as the local authorities, the safeguarding and DoLS teams and CQC.