

# Raphael Medical Centre Limited (The) Swanborough House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Swanborough House is a residential care home providing personal care and accommodation for up to 31 people with acquired brain injuries. At the time of the inspection the service was supporting 31 people. Accommodation is provided on two upper floors with the ground floor dedicated to communal and therapy spaces.

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

The environment of the service was poor and there had been a lack of investment in the building. Carpets were thread bare in places and heavily stained. The lounge was single glazed, notably cool in areas and its roof was leaking. In people's bedrooms we found examples of torn carpets, damaged furniture, and tired décor. Relative's told us, "It is pretty past it, it is showing it's age" and "The building is not the best, it does not sell itself on how it looks but the people are the priority".

The service's quality assurance systems had identified these issues but there had been a lack of appropriate action and investment by the providers previous leadership to make the necessary improvements.

There have been significant changes to the leadership of the provided since our last inspection. The previous chief executive departed in May 2019 and replaced by a new senior leadership team.

The new leadership team had begun making improvements to the service's environment prior to our inspection. The kitchens and laundry had been refurbished and dangerous areas of glassing replaced. A bathroom was being significantly upgraded and a bedroom redecorated during our inspection. In addition, an extensive remodelling of the service was planned to include an extension and upgrading of all bedrooms. Staff told us, "We are having all these fantastic improvements now which we have been asking for years and years. It has changed a lot" and "There has been a lot of improvements."

The providers failure to invest in the service had impacted on staff morale and culture. During the lunchtime meal people had to wait while staff collected their lunches, and this adversely impacted on one person's desert options. In addition, a failure to support one person to achieve a recognised goal had caused them significant frustration.

The registered manager was well respected by staff and relatives. They told us, "[The registered manager] is very nice, you can ask her anything", "The manager is very supportive, she is very very helpful" and "I have a great deal of respect for the [Registered manager]."

Staff had been recruited safely and appropriate induction training was provided. All staff received regular supervision and training updates to ensure they had the skills necessary to meet people's support needs. We have made a recommendation in relation to specific training for staff on how to support people when anxious.

People told us they were well cared for and staff responded promptly to people requests for assistance.

Care plans were accurate and up to date. They provided staff with enough guidance to ensure people's needs were met. Staff said, "I think there is enough information in the care plan and they are working to make them more detailed." While relatives told us, "I get a copy of the care plan sent to me every month and I go through it and sign to say I am happy with it. It is accurate."

People were able to engage with a range of activities and therapies each day. People told us, "The entertainment is good, there is activities every day" and "I get to choose to go or not, there is a good range [of activities]." There was minibus available to enable people to access the community and visit local sites of interest.

#### Enforcement

We have identified breaches in relation to the environment of the service, the providers quality assurance process and failures to consistently respect people's dignity.

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

#### Rating at last inspection

At our previous inspection the service was rated Good. (Published 30 June 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

## 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 safe.

Details are in our safe findings below.

Good 

### 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 entirely caring.

Details are in our caring findings below.

Requires Improvement 

### 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 

# Swanborough House

## 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 an inspector and a specialist advisor who was a registered nurse with experience of supporting people with acquired brain injuries.

#### Service and service type

Swanborough House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was supporting 31 people on the day of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection including notifications about significant events, inspection reports and information that had been sent to us by other agencies. We also reviewed 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.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We observed the quality of care provided throughout the inspection and observed the lunchtime meal. We spoke with nine members of care staff, the cook, an office administrator, the registered manager and provider's Regional manager and Estates director.

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

After the inspection

We asked the registered manager to provide us with various documents during the inspection and these documents were reviewed following the inspection. In addition, we spoke with five relatives to gain their views on the service's performance.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were generally relaxed in the service and told us, "I feel safe here" and "I am completely safe." Relatives were confident people were safe in the service and while accessing the community and said, "I think [My Relative] is safe" and "I have never seen any aggravation there or had any bad feeling when I have visited."
- Staff understood their role in ensuring people were protected from potential abuse and had received safeguarding training. Staff knew how to report concerns outside the service if necessary but were confident any safety issues they raised with the manager would be dealt with appropriately. Staff told us, "We do our best to keep people safe", "People are safe here, we have good carers here" and "We have safeguarding numbers to call here on the wall and I can email as well."
- The service had systems in place to support people to manage some aspects of their finances and these records were regularly audited. We found people's money was held securely and records balanced.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and managed. Each person's care plans included information for staff on the action they must take to protect people for known risks both in relation to the environment and their specific care needs.
- Staff were provided with guidance on how to support people if they became upset or anxious. This included information on distraction techniques that had previously been used successfully.
- The service hoists had been regularly serviced to ensure they were safe to use and the new leadership had commissioned maintenance works that had improved the reliability of the service's lift. Staff supported people to move around the service safely and encouraged people to mobilise as independently as possible.
- Emergency procedures were well understood, individual evacuation plans had been developed and staff told us fire drills were completed regularly. Fire-fighting equipment had been regularly serviced and improvements were being made to the service's fire detections systems.
- As detailed in the effective section of the report the service was in a poor state of repair. The service was unable to provide documentation to demonstrate the safety of the gas heating systems and recent inspections of the service's electrical circuit had 'strongly recommended' rewiring. These issues had been identified prior to our inspection and significant works were planned to upgrade the services fixtures and fittings. In relation to these missing records staff told us, "There were hardly any records before we came in. We can't give you what we have not got. Every time we do some work it just opens a can of worms"

Staffing and recruitment

- The service's recruitment practices were safe. All necessary checks had been completed to ensure prospective staff were suitable for employment in the care sector.

- On the day of our inspection there were enough staff available to meet peoples' needs and rotas showed planned staffing levels were normally achieved. People said, "There are enough staff" and staff responded promptly to people's needs and requests for support.
- The service had a number of vacancies and agency staff were used regularly to ensure planned staffing levels were achieved. Staff told us, "There are enough staff", "Usually we are fine but sometimes we are one or two short. Two agency staff today" and "[The new senior managers] have said agency staff can be used when we are short, so staffing is better." Records showed the service was using a group of consistent agency staff one of whom had recently been recognised by managers for the quality of support they provided.
- Relatives recognised there had been an increase in staff turnover since our last inspection and reported that the lack of staff consistency, "Has been a bit unsettling for [Person's name]."
- The registered manager recognised this staff retention issue and had raised their concerns with the provider's new leadership. Rates of pay were under review at the time of our inspection and staff told us, "Morale is improving, We are getting a pay rise."

#### Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Medicines were administered safely. Medicine Administration Records had been fully completed and were audited regularly. The service medicine's practice had been reviewed by a pharmacist shortly prior to our inspection and no significant issues had been identified.
- People's medicines record included appropriate guidance on when medicines prescribed for 'as required' use should be used. Records were maintained detailing why each use of these medicine had been necessary.

#### Learning lessons when things go wrong

- All accidents and incidents were documented and reviewed by the registered manager.
- There was a focus with staff on reflective reviews following any incidents to identify any areas of leaning or where improvements could be made. Staff told us, "We always have meetings and debrief with the manager if things happen."
- Information about incidents was shared routinely with relatives and involved professionals and where possible approaches were changed to prevent similar incidents from reoccurring.

#### Preventing and controlling infection

- Staff had completed infection control training and personal protective equipment was used appropriately to help prevent the spread of healthcare related infections. Hand wash gel was available for visitors on arrival.
- The service's laundry room had recently been extensively updated and commercial grade laundry equipment was now in use.
- There were three domestic staff on duty on the day of our inspection and there were appropriate cleaning schedules in place. However, the lack of maintenance and investment in the service's facilities as detailed in the effective section of this report meant the service appeared grubby throughout.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was poorly maintained, and decoration was tired and worn. Carpets in communal areas were heavily stained, worn, thread bare and damaged.
- In the service's lounge the roof was leaking, and water was dripping onto a chair. Inspectors had to ask staff to support one person out of this chair when this issue was identified. In addition, the lounge was single glazed, and it was noticeably cooler when inspectors sat alongside people with their backs to these windows while engaging in activities in the lounge.
- In one person's bedroom there was a large tear in the carpet in the centre of the room. Maintenance records showed this damage had been noted prior to March 2019 when staff had recorded, "Hole in carpet getting bigger, is there anything we can do?" No action was taken by the provider to address and resolve this issue prior to our inspection.
- As a result of the extent of our concerns about the environment we visited the majority of the service bedrooms. Most were in a poor state of repair and in need of redecoration with, stained and worn carpets and examples of damaged furniture and non-functioning drawers. The bathroom and washing facilities in people's rooms were generally tired and in need of updating. Relatives told us, "It is not very appealing to look at but it is more about the ethos and the attitude of the staff", "It is pretty past it, it is showing it's age" and "The building is not the best, it does not sell itself on how it looks but the people are the priority".
- As noted in the safe section of this report records of necessary checks on the safety of the building services were unavailable.

The provider's failure to ensure the premises and its fittings were properly maintained was a breach of regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's new leadership team recognised the service was in a poor state of repair. They had begun improvement works and the service's three kitchens had all been recently replaced. People told us, "The kitchen has been done up, there is a new oven and hob". Staff also recognised improvement were now being made and told us, "The new [leadership] have repaired the lift, now it is better", "The building is starting to massively improve. We have had new windows at the back and they are painting and decorating rooms" and "It looks bad now, but they have a plan to make it better."
- During the first day of our inspection one person's bedroom was being redecorated and a new communal bathroom with accessible bath was being installed. In addition, contractors visited the service on the second day of our inspection to provide a quotation for works to remove identified areas of asbestos from

the home. The torn carpet in the person's room was replaced during the second day of our inspection.

- The new leadership recognised that significant further works were necessary. They had established the extent budget required to make these improvements. At the time of our inspection the possibility of an extension to the service to provide communal spaces was being considered. Managers were identifying how the impact of the disruption associated with the improvement works and possible extension could be minimised.

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

- Meal time experiences for people, at times, was disrespectful. The behaviour of staff not directly providing support at lunchtime demonstrated that the service's culture was not entirely respectful. At the beginning of the meal, some people were served their food by the attentive staff on duty. Off duty staff then visited the dining room, formed a queue at the service hatch and collected their meals. During this process no food was served to the people waiting in the dining room. This meant some people at tables finished their meals before others at the same table had been served. In addition, one person who ate slowly had their choice of deserts limited. We noted that one person who required support from staff to eat did not receive this support until after their staff had eaten. The staff involved seemed unaware of the impact of their behaviour on people using the service.

This demonstrated that people were not consistently treated with dignity and respect. This is a breach of regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were complimentary of the service's food which was tasty and well presented. Comments we received included, "The food is pretty nice", "If I don't like something I can ask for something else" and "I quite often eat there with [my relative] and quality of the food was very impressive."
- The service's kitchen had recently been significantly upgraded and modernised. It had been awarded a five-star food hygiene rating and we found fresh fruit, vegetables and branded dry goods were readily available.
- Kitchen and care staff had a good understanding of the support people required at meal times and choking risks were understood and appropriately managed. People were offered drinks regularly throughout the day.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated and refreshed to give staff the skills necessary to meet people needs. Staff told us, "I have done all my in-house training" and "I think we get enough training."
- Staff had not received recognised training in the use of appropriate techniques to support people when they became upset or anxious. Instead the service's therapists had developed individualised training packages on people's specific support needs. Staff said this training had been useful and told us, "We had specific training from experienced staff on how to support [Person's name]. The therapists developed the guidance. After the training I felt more confident."

We recommend the service sources guidance and support from suitably qualified experts on how staff should support people when they become upset or anxious.

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt sufficiently confident. Recently appointed staff told us, "My induction was 15 days", "I had two weeks of training and shadowing. Reading care plans things like that, getting to know people" and "I am just finishing my care certificate."
- Staff records showed formal supervision meetings had been held regularly and that most established staff

had received annual performance appraisals.

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

- The service had systems in place to assess people's individual needs before they moved into the service. These assessments ensured the service would be able to meet the persons specific needs and expectation.
- People's initial care plans had been developed by combining information gathered during the assessment process, with information provided by relatives, previous care providers and commissioners.

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.

- People's capacity to make specific decision had been assessed and there were systems in place to support and enable people to make meaningful choices.
- Some people who lacked capacity had restrictive care plans in place and necessary applications to the local authority had been made for their authorisation under the Deprivation of Liberty Safeguards. Where authorisations had been granted with conditions these had been complied with.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed appropriate and timely referrals had been made to external health professionals, including GPs and specialist nurses, when changes in people's needs were identified. Staff told us, "In hospital doctors are impressed with the paper work we bring."

## 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 deteriorated to requires improvement. This meant people were not always treated with dignity and respect and involved as partners in their care.

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

- Appropriate and detailed plans that had been developed to support people to become more independent had not been consistently acted upon. For example, one person told us they wanted to go to a nearby shop on their own. This goal had been previously discussed with staff and specific plans developed detailing how the person could gain the skills necessary to achieve this aim. However, there was no evidence to demonstrate this plan had been acted upon and the person was clearly frustrated by this lack of progress.
- People were able to choose how they spent their time and which activities they engaged with. They told us, "They don't tell you what to do they ask, would you like to?" Records showed people had been involved in both the development and regular reviews of their care plans
- Staff sought people's consent and explained their intentions before providing support. People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- The organisation had not ensured the environment supported people's dignity as detailed in the effective section of this report. However, staff respected people's privacy and ensured their dignity was protected. Staff knocked and waited for a response before entering people bedrooms. Some people choose to lock their rooms when they were out, and these preferences were respected by staff.
- The registered manager had acted appropriately to address and resolve a recent situation which could have adversely impacted on people's privacy and dignity. Confidential care records were stored appropriately when not in use

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

- People were complimentary of their support staff and told us, "The staff are OK", "They are looking after me, they do a good job down here", "I am well looked after" and "The staff are good, very good." When people asked for help staff responded promptly and appropriately. One person said, "If you tell a member of staff they will help you out."
- Relatives were confident people were treated as individuals and valued the service's ethos which focused on supporting people to engage with a wide range of activities. Relatives comments included, "I am really happy with my [relatives] care at Swanborough", "It is a little bit scruffy, but the care is excellent" and "I have always been impressed with [the staff] and their positive attitude."
- Staff said they took pleasure from supporting people and getting to know their different characters. Staff told us, "The people are great, I really like the people here", "They are great people" and "I think people are

happy."

## 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 Good. This meant people's needs were met through good organisation and delivery.

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

- Staff understood people's individual needs and provided personalised support. They told us, "There is enough information in the care plans" and "I think there is enough information in the care plan and they are working to make them more detailed." Each person's care plan included information for staff on their specific needs including details on the level of support the person normally required with personal care tasks.
- Care plans had been regularly reviewed and accurately reflected people's current support needs. People said they were involved in the process of reviewing and updating their care plans and told us, "I look through [The care plan] with staff and can have a copy if I want."
- Relatives were appropriately involved in the development and review of people's care plans and told us, "I get a copy of the care plan sent to me every month and I go through it and sign to say I am happy with it. It is accurate", "I attend review meetings and go through the care plan" and "They send me a copy of the care plan every time it is changed, it does reflect [Person's names] needs."
- However, two of the care plans we reviewed only included limited information about the persons background, life history and interests. It is important staff have access to this type of information as it can help them see the persons as an individual and gain an understanding of how their previous experiences may impact on current support needs.
- Accurate records were maintained of the care and support staff provided each day, activities people had engaged with, the person's mood and how they had chosen to spend their time.

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 detailing how to meet people's communication needs was recorded in line with current guidance. Staff knew how to communicate effectively with people in accordance with their known preferences. Specific tool and aides had been developed to support people's communication and staff told us, "We have visual aids to help people make decisions."
- English was a second language for the majority of the staff and managers supported and encouraged staff to develop these skills. Relatives recognised this could lead to some communication challenges but told us, "The language issue with staff is not too bad, on the whole their English is very good" and "They seem to be very good quality staff".

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 was a wide range of activities and therapies available for people to participate in if they wished. On the day of our inspection people engaged with activities including, physio therapy, choir practice, current affairs discussions, art therapies, craft workshops and trips out into the community for shopping and to visit local sites of interest. People said, "There is enough to do", "The entertainment is good, there is activities every day" and "I get to choose to go or not, there is a good range [of activities]."
- Relative's confirmed that people were supported to engage with a range of meaningful and engaging activities. They told us, "There is enough for people to do", "[My relative] still gets physio therapy, she gets involved in art classes and music therapy. She goes down into Brighton to the beach, for shopping and out for a coffee, things like that" and "I think there is enough going on, they do try to stimulate [my relative] as much as possible". The service had a mini bus and people were regularly supported on trips out either individually or as part of a small group.
- People were encouraged to identify goals as part of the care planning process and staff supported people to achieve these targets. One person regularly participated at a voluntary work placement while others wished to develop and expand their independent living skills. One person took pleasure in telling us about their plans for cooking their own evening meal. Staff told us, "We have to keep people busy to make their lives more interesting", "We have a few residents going for wood work today" and "Some people went on a trip to London."
- People's religious and cultural beliefs were respected, and records showed people were supported to participate in religious services and celebrations when they wished.
- Relatives could visit when they wished, and people told us, "My family can visit at any time of the day."

Improving care quality in response to complaints or concerns

- People told us, "I do know how to make a complaint" and relative were confident any issues they raised would be addressed.
- There were systems in place to ensure all complaints received were acknowledged, investigated and resolved. Records showed changes had been made to procedures in response to issues raised. The service's responses to complaints had been monitored by senior managers as part of the services quality assurance systems.
- The service regularly received thankyou cards and compliments from relatives and visiting health care professionals.

End of life care and support

- There were system in place to enable people's wishes and preferences in relation to their end of life care to be discussed and recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. 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.

Continuous learning and improving care and understanding regulatory requirements

- The service's systems for ensuring compliance with the regulation were not entirely effective. Internal audits, maintenance defect reports and the registered manager had identified the issues described in the effective section of this report prior to our inspection. These issues had not been addressed because of a lack of investment by the provider's previous leadership.
- The provider had recently appointed a new regional manager responsible for overseeing the performance of Swanborough House. The regional manager visited the service regularly and was present throughout the inspection process. They recognised there were issues in relation to the effectiveness of current auditing and quality assurances processes. With the registered manager and estates director they were working to prioritise improvements and to develop more robust tools to ensure future compliance with the regulations.

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

- The provider's failure to appropriately invest in the maintenance and upkeep of the service had impacted on the culture of the service. The environment was grubby, staff morale was low and there was sometimes, as detailed in the caring section of the report, a lack of focus on providing person centred care.
- Some bedrooms were being redecorated at the time of our inspection. Standard colours were in use and there was no evidence people had been involved in making decision about how their rooms were decorated.

The provider's lack of effective governance systems meant timely improvements in the service's performance had not been made. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There have been significant leadership changes within the provider since the last inspection. The previous chief executive had departed in May 2019 and a new leadership team appointed.
- The registered manager told us, "It feels more supportive now" and records showed the provider's new leadership team regularly visited the service. Staff also recognised that the service was now receiving increased support from the provider and told us, "We get a lot of support from the management team. They listen and take action" and "The new [leadership team] are brilliant. Finally, now when we do raise a concern



it is dealt with."

- As detailed in the effective section of the report their environment of the home was in a poor state of repair. Since the change to the providers leadership remedial works had been undertaken to address prioritised issues and a full remodelling project including an extension to the building was in development. Staff told us, "We are having all these fantastic improvements now which we have been asking for years and years. It has changed a lot", "There has been a lot of improvements", "It is changing for the better" and "There is a lot happening at the moment. A bit of uncertainty but finally we are getting new stuff, new laundry and new kitchens".
- Relative's also recognised that the changes within the providers leadership were impacting positively on people's experiences of support. Their comments included, "Overall I am pretty positive about it, with the proviso that they keep up the ethos and the quality of staff that they have got" and "I am feeling very optimistic after not seeing much change, to now finally something is happening."
- The registered manager was supportive of staff and provided effective leadership for the service. Staff told us, "[The registered manager] is OK sometimes a bit strict", "[The registered manager] is very nice, you can ask her anything" and "The manager is very supportive. She is very very helpful."
- Relatives also valued the registered manager's commitment and dedication to the service. They told us, "I have a great deal of respect for the [Registered manager]", "[The registered manager] is very knowledgeable and goes out of her way to support the staff" and "[The registered manager] has brought about quite a few changes [ The service] is more open than they used to be."

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 duty of candour was understood by staff and managers. Records showed details of incidents had been shared appropriately with people's relatives and the register manager told us, "I always report and tell families if there is an incident". People's relative confirmed this and said, "They let me know immediately if anything happens" and "If there is ever a problem they call me straight away".
- The Registered manager, staff team and the provider's senior leaders took an open and honest approach to the inspection process and provided all information requested.

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

- Formal surveys seeking feedback from people, their relatives', staff and involved professionals had been completed regularly. Responses to the most recent, survey completed in April 2019, had been positive and records showed where minor concerns had been raised these had been addressed and resolved.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff reported that communication within the service was good and there were appropriate procedures for the handover of information between consecutive care shifts.
- Meetings for residents and relatives were also held regularly. Where suggestions were made they were investigated and where possible introduced.
- Managers and staff had a good understanding of equality issues. Diversity was valued and respected. Staff had supported people using the service to participate in local community events designed to celebrate diversity.

Working in partnership with others

- The service worked collaboratively with professionals to ensure people's needs were met.
- Where changes in people's needs were identified, prompt and appropriate referrals for professional's support had been made.

- The registered manager participated regularly in a number of peer support groups and forums to ensure they stayed up to date with changes in best practice within the care sector.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not consistently treated with respect. This is a breach of regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and its fixtures and fittings had not been appropriately maintained. This was a breach of the requirements of regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's lack of effective governance systems meant timely improvements in the service's performance had not been made. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>