

Bavani Care Home Limited

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bavani Care Home Limited is a care home providing personal care and support to 7 people aged thirty and over at the time of our inspection. The service can accommodate and support up to 9 people in one adapted building. The service specialises in supporting adults with mental ill health needs.

People's experience of using this service

Most people using the service and their relatives told us the service had begun to improve in recent months since the new manager had taken over. However, although the new manager continues to take the service in the right direction the provider acknowledges the service remains a work in progress and that further improvement is required.

At this inspection we found people continued to receive their medicines as prescribed, but some issues regarding the management of medicines persisted. For example, some medicines records were not signed, there were no processes in place to receive and act on medicine alerts and people's allergy status was not recorded. We also observed fire resistant doors in the communal areas would not close automatically should the fire alarm be activated, contrary to fire safety regulations. In addition, the provider's governance systems had not picked up all the new issues we identified during this inspection.

Other issues we found at this inspection, included people not having enough opportunities to engage in meaningful leisure, educational and vocational activities that reflected their social interests and wishes. We have made a recommendation about improving activities. We also found staff working performances was not being formally appraised at yearly intervals and people were not being actively encouraged and supported enough to maintain and develop their independent living skills.

All the negative points described above notwithstanding, we found a number of positives during our inspection, including some improvements the provider had made.

The number of staff on duty at night in the service had been increased in the last six months. We saw sufficient numbers of staff whose suitability to work in adult social care had been checked were available to meet people's needs. People were cared for and supported by staff who were kind and compassionate.

We received positive feedback about the inclusive and approachable leadership style of the new manager from most people using the service, their relatives and staff. The new manager promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The new manager also recognised the importance of learning lessons when things went wrong and working in close partnership with other health and social care professionals and agencies.

People were encouraged to make decisions about the care and support they received and have their choices respected. 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's privacy was respected and their dignity maintained. People were treated equally and had their human rights respected. People's care plans were personalised and up to date. Staff knew how to manage risk and keep people safe from avoidable harm. The training staff received remained relevant to their roles and responsibilities. We saw the premises was clean and staff followed relevant national guidelines regarding the prevention and control of infection. People were supported to maintain a nutritionally well-balanced diet. People were supported to stay healthy and well and have access to the relevant community physical and emotional health care professionals.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 14 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, but the provider was still in breach of some regulations. The service continues to be rated requires improvement for their first two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns we received about a higher than expected number of police incidents and complaints made by neighbours about this service. This resulted in the local authority holding a provider concerns review of the service and imposing a placement embargo on the care home. This embargo remained in place at the time of our inspection. A decision was made for us to inspect and examine the risks and concerns described above by bringing the services next scheduled inspection forward by six months.

Enforcement

We have identified two new breaches of regulation that relate to the unsafe management of medicines, poor fire safety arrangements and the ineffective operation of their quality monitoring and governance systems.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, the local authority and police 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 safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Bavani Care Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a lead inspector, a Care Quality Commission (CQC) pharmacist specialising in the management of medicines, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bavani Care Home Limited is a 'care home'. People in care homes receive accommodation and 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 did not have a manager registered with the CQC. Since our last inspection the former registered manager had resigned and a new manager appointed in August 2019. The new manager is in the process of applying to be registered with us. This means they will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This two-day inspection was unannounced on the first day. Inspection activity started on 19 November 2019 and ended on 21 November 2019.

What we did

Before this inspection, we reviewed all the information we had received about the service since their last inspection. This included any statutory notifications the provider had been required to send us. This information helped us plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with six people who used the service, a visiting GP and three relatives about their experience of the care provided at the care home. We also talked with five members of staff including, the new manager, the manager of the provider's other care home in the area, two support workers, and the nominated individual/owner. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also observed the way staff interacted with people using the service and performed their duties, including the way staff administered medicines.

Furthermore, we looked at a range of records that included six people's care plans, eight medication administration records and four staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection, we received email feedback from a community psychiatric nurse about their clients' experiences of using the service and their working relationship with the provider.

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.

Using medicines safely

At our last inspection we found the provider 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.

At this inspection we found some improvements had been made to the way medicines were managed, but not enough to ensure the provider was no longer in breach of regulation 12.

- We found a few new issues in relation to the way the provider managed medicines. For example, staff had handwritten some MARs which they had not signed, contrary to recognised best medicines practice. There was no process in place to receive and act on medicine alerts and people's allergy status was not recorded.

Although we found people continued to receive their prescribed medicines as they should, all the issues described above demonstrate medicines were not always safely managed. This placed people at risk of harm. This represents a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection it was identified that controlled drugs (CDs) were not stored securely and accurate records were not kept of their administration. At this inspection we found the provider had new provisions to store medicines safely and at appropriate temperatures. No recording errors or omissions were found on completed medicines administration records [MARs] we looked at. People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.

- In addition, records showed all staff had completed online and in-person safe management of medicines training in the last 12 months and protocols were now in place to help staff safely administer 'as and when required' medicines. The new manager told us staff's competency to continue managing medicines safely would be assessed at least annually from now on.

Assessing risk, safety monitoring and management.

- There were plans in place to help staff deal with emergencies, including fire. For example, we saw personal emergency evacuation plans (PEEP's), which clearly set out what support people would need to safely evacuate the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises with people who lived there.

- However, despite checks of the building and fire safety equipment being completed monthly by the new

manager, we found some fire safety issues had not been identified. For example, we observed some fire-resistant doors would not close automatically or flush into their frame when the fire alarm was activated, contrary to recognised fire safety regulations.

We found no evidence that people had been harmed however, the providers governance systems were clearly not robust enough to demonstrate fire safety was always effectively managed. This placed people at risk of harm. This represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed all the faulty fire door closing devices had been fixed, ensuring these doors would automatically close flush into their frames when the fire alarm was sounded.

- People had risk management plans in place that ensured staff had access to all guidance they needed to reduce identified hazards people might face and keep them safe from avoidable harm. For example, we found risk assessments and management plans associated with people's mental health, oral hygiene, eating and drinking, smoking, behaviours that may be considered challenging and travelling independently in the community.
- Staff demonstrated a good understanding of the risks people might face and how to prevent or manage them. Several staff told us risk management plans were easy to access and follow.

Staffing and recruitment; Learning lessons when things go wrong.

- The provider operated robust staff recruitment procedures. This enabled them to check the suitability and 'fitness' of all new employees, which helped them make safer staff recruitment decisions. These pre-employment checks included proof of identity, right to work in the UK, previous work experience and performance, health and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- People received safe care and support from adequate numbers of staff who were 'fit' to work in an adult social care setting. Staff were available when people needed them. For example, we observed staff respond quickly to people's requests to unlock the front door and go out or be given a lighter from the office to have a cigarette.
- Since our last inspection the number of staff on duty at night had been increased to include a sleeping-in member of staff who would be available to work alongside the waking night staff as and when required. One person told us, "There is always two staff on at night now, which is better."
- Managers told us staffing levels were increased as a direct consequence of the higher than expected number of police incidents and complaints received from neighbours in the last 12 months about anti-social behaviour of some people using the service. This showed the provider had effective systems in place to learn lessons when things went wrong and were able to use their findings to improve the safety and quality of the service they provided.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if abuse occurred. One person told us, "We are safe here", while a second person's relative remarked, "Without a doubt my [family member] is safe at the service".
- The provider had effective safeguarding policies and procedures in place.
- Staff had completed safeguarding adults training and knew how to recognise abuse and respond to it. One member of staff told us, "I received training on how to spot abuse as part of my induction and know I must tell the manager straight away if I ever saw it happening here."

- The provider had notified the relevant local authority and the CQC without delay when it was suspected people using the service may have been abused. The allegations of abuse were not substantiated following safeguarding investigations. At the time of our inspection no safeguarding incidents were under investigation.

Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
- The service looked and smelt clean.
- Records showed staff received ongoing infection control and food hygiene training. The provider had been awarded the top food hygiene rating of 5 stars (very good) by the Food Standards Agency in August 2018.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had the right knowledge, skills and support they required to effectively carry out their roles and responsibilities. We recommended the service find out about suitable training for staff to help them meet the needs of people with a learning disability, had epilepsy or whose behaviour might be considered challenging.

At this inspection we found enough improvement had been made.

- Staff now received the right levels of up to date training they required to effectively meet people's needs. For example, records showed since our last inspection staff had received positive behavioural support, learning disability and epilepsy awareness training.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was always relevant and on-going. One member of staff said, "We've had lots of training since I started... I think the new manager is really good at explaining what we need to do so we can look after the mental health of everyone who lives here."
- Staff were given opportunities to review their individual work and development needs. Records showed staff regularly had individual supervision meetings with the manager and group staff meetings. One member of staff said, "I have a meeting with the manager every two months to talk about how I'm getting on and what training and support I need."
- However, we found staff had not had their overall working performance appraised by their line manager in the last 12 months, contrary to recognised best practice and the provider's own staff appraisal policy.

We discussed this issue with the new manager during our inspection. They responded immediately by acknowledging this failure and confirming an action plan had already been agreed for staff to have an appraisal within the next three months. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

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.

- People consented to the care and support they received from staff working at the service. For example, we observed staff gain people's permission before they gave them their prescribed medicines.
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks. One member of staff said, "I always ask people what they want to do and never do anything for them without getting their expressed permission".
- Care plans detailed people's capacity to make their own decisions.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests to keep them safe.

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

- People's care and mental health support needs were assessed prior to them using the service. These initial assessments were used to develop people's care and risk management plans, which were regularly reviewed and updated to reflect any changes in people's needs.
- Staff were also aware of people's diverse support needs and preferences. Several staff told us people's care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet their individual needs and wishes.
- This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

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

- People were supported to access food and drink that meet their dietary needs.
- People told us they remained happy with the overall quality of meals. One person told us, "I sometimes go out with staff to buy food, so I can eat what I want at home", while another person remarked, "The staff always ask me what I would like to eat before they make it for us".
- People's care plans included assessments of their dietary needs and preferences.

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

- People were supported to stay physically and emotionally healthy and well.
- People's care plans detailed their emotional and physical health care needs and conditions, which set out clearly for staff how these should be managed.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPNs), community dentists and opticians who regularly visited the service, and consultants overseeing people's specialist physical and emotional health care needs. One person said, "Staff help me keep my GP appointments and will take me if I want them too." A community professional also told us, "When I visited my client, the staff were able to provide us with very detailed feedback on their mental state."

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

- People lived in a suitably adapted and reasonably well decorated care home that meet their needs.
- Several people told us the service was a quite relaxed, warm and comfortable place to live.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not supported to be as independent as they could and wanted to be. Several people told us they would like to learn to be more independent, so they could move on and live more independently in the community. For example, one person said, "The staff always unlock the front door whenever I ask them to, so I can go out whenever I want, but it would be nice to have my own front door key, so I could let myself out." Throughout our inspection we observed several people come and go as they pleased and travel independently in the community.
- However, care plans did not set out clearly people's different dependency levels and what they were willing and able to do for themselves or what tasks they needed additional staff support with. Managers confirmed people's willingness and capacity to have their own front door key, self-medicate or manage their own finances for example, had not been discussed with people using the service or risk assessed.

We discussed this issue with the new manager who told us it was essential for people using the service to develop the necessary knowledge and skills to move on and live more independently in the community. They agreed to involve people in discussions about what they were capable of doing for themselves, and to take appropriate action to help people maintain or develop their independent living skills. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. We observed staff call people by their preferred name and knock on bedroom doors and wait to be invited in before entering. People told us they had been given a key to lock their bedroom door if they wished.

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

- People had their human rights and diversity respected and were treated equally and with compassion.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described staff as "caring" and "friendly". For example, one person told us, "Staff are very helpful and friendly here", while a second person's relative said, "They [staff] look after my [family member] very well...The staff are just fabulous".
- Staff had received equality and diversity training and knew about people's diverse cultural heritage and spiritual needs, as well as how to protect people from discriminatory behaviours and practices. For example, managers and staff demonstrated a good understanding of the specific dietary needs and customs of people who held certain religious beliefs. One member of staff told us, "I know a few people here don't eat

pork or beef on religious grounds, so we make sure we always offer them an alternative meat-free dish at mealtimes."

- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected.
- People told us staff listened to them and acted on what they had to say. One person said, "We've had a few house meetings with everyone who lives here and the new manager recently". Another person remarked, "To be honest I can go out whenever I want and I often buy my own food to cook at home." During our inspection we observed a person having a late breakfast in the communal lounge, which they told us they often did because they preferred to get up late and eat their breakfast on their own.
- The service used people's individual needs assessments and care planning reviews, and group house meetings to ensure people were able to routinely make informed decisions about the care and support they received. People were also given a guide to the service when they first moved-in, which contained detailed information about the standards of care and support they could expect to receive there.
- Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan to show they agreed with its contents.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were now not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not actively encouraged or supported enough by staff to participate in meaningful leisure, educational or vocational activities at home or within the local community that reflected their social interests and needs.
- Throughout our two-day inspection we observed several people go out independently to the local shops and another person go to college to attend numeracy and literacy classes. Staff also told us some people often went out with staff in the services van to have a meal in a local pub or café, or watch a film at the cinema.
- However, despite this we received negative comments from people and their relatives about opportunities to participate in any structured or fulfilling activities in or outside the service. Typical feedback included, "I get so bored here... There is a van and sometimes staff take us out shopping, but that's it really", "My [family member] is just sitting in their room or in the living room all day... The only thing they seem to do these days is buy cigarettes and smoke" and "The lack of structured activities to join in with is having a negative impact on my [family members] mental and physical health".

We recommend the provider should find out more about how to plan meaningful leisure, educational and vocational activities, based on current best practice, in relation to meeting the social care needs and wishes of people using the service.

- The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them at the care home whenever they wished.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- The provider had an end of life policy and standalone end of life care plans for everyone using the service to record their end of life care needs and wishes.
- Managers told us end of life care discussions had happened between themselves and people using the service, but no records were kept of the outcome of these meetings. For example, managers were aware several people using the service would want to be cremated in the event of their death in accordance with their religious and cultural norms and beliefs, but this information was not recorded in their end of life care plan.

We discussed this issue with the new manager who agreed to talk again to people about their end of life care

needs and wishes and record the outcome of these discussions in their end of life care plan.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to their individual needs and wishes.
- Each person using the service had a care plan. These plans were person-centred and contained detailed information about people's unique strengths, likes and dislikes, and how they preferred staff to provide their personal, social, medical, health care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- People, and where appropriate their relatives and professional health care representatives, were encouraged to help staff develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

- People's information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard. 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.
- Staff understood the Accessible Information Standard. For example, we observed that staff knew people very well and communicated with them effectively.
- People's communication needs were identified, recorded and highlighted in their care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- The manager had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months the provider had dealt with their concerns or formal complaints they had received and taken appropriate action to try and resolve the concerns raised to the satisfaction of the complainant.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the services management and leadership was still 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; and continuous learning and improving care

At our last inspection we found the provider's safety and quality monitoring systems were not operated effectively. This was because they had failed to pick up or take appropriate action to address all the issues we identified during that inspection. We discussed these oversight issues with the former registered manager at the time, who agreed to improve the effectiveness of how their governance systems were operated.

At this inspection although we found some improvements had been made to the way the provider oversaw and scrutinised the service, not enough had been done. This meant the provider was now in breach of regulation 17.

- Although the new manager routinely carried out audits to check various aspects of the service's operation, which included medicines management, care planning, infection control, staff recruitment and training and fire safety; we found these governance systems had once again failed to pick up or act to resolve all the new issues we identified during their latest inspection. For example, at this inspection we identified several new concerns regarding managing medicines, fire safety, promoting people's independent living skills and access to meaningful activities, and staff appraisals.

We found no evidence that people had been harmed however, the provider's governance systems were still not being operated effectively. This placed people at risk of harm. This represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not have a manager registered with the CQC. The former registered manager had resigned six months previously and a new manager had been appointed in August 2019. Our records showed the new manager had applied to be registered with us. This is the third new manager the service has had in the last 18 months. The new manager told us such high rates of manager turnover had inevitably adversely affected the continuity and standard of care and support people using the service had received.
- There were clear management and staffing structures in place. Since our last inspection another new manager of the provider's other care home in the area had been appointed. Both new managers confirmed they were permanently based in the service they were recently employed to manage, and often worked

together to improve the experience of care and support for people living in these services. The manager told us they were supported every day by the nominated individual/owner and two senior support workers.

- People using the service, their relatives and staff all spoke positively about the way the service was now run by the new manager. Comments included, "The new manager is very nice" and "We really like the new manager...He's very easy to talk to and I think he's had quite a calming influence on the place."
- During our inspection we observed staff ask the new manager for advice and guidance, which they did not hesitate to give on both occasions.
- The new manager understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.
- The provider had a clear vision and person-centred culture that was shared by the new manager and his staff team. The manager told us they routinely used group and individual supervision meetings to remind staff about the provider's underlying core values and principles.
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the service.
- People told us the new manager was more open and approachable than previous managers and felt they had greater opportunities to express their views.. One person said, "The office door is always open so you can have a chat with the manager whenever you want."
- Records showed people had regular opportunities to express their views to managers and staff during day-to-day contact, monthly house meetings, regular care plan reviews and an annual satisfaction survey. The results of the most recent satisfaction survey indicated people and their relatives were generally much happier with the standard of care and support received at the service than before.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their co-workers.

Working in partnership with others

- The provider worked in close partnership with various external agencies, including local authorities, clinical commissioning groups (CCG) and the police.
- The manager gave us an example of how they had recently worked in close partnership with a person's GP and community psychiatric nurse after this individual's mental health began to deteriorate. An external health care professional told us, "They [staff] contacted me straight away when they were concerned about my client's deteriorating mental state. I was able to liaise with them and get all the information I needed to organise my client's readmission to hospital for treatment." Several staff also told us how the service had begun to work much more closely with the local authority, the police and neighbours to try and resolve an several ongoing disputes with the local community.

- The manager also told us they regularly communicated with these external bodies and health and social care professionals and welcomed their views and advice.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines at the service. Regulation 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate governance systems effectively to routinely assess, monitor, and mitigate the risks relating to the health and welfare of people using the service, or improve the quality and safety of the care and support they received at the care home. Regulation 17(1)(2)(a)(b)</p>