

Macleod Pinsent Care Homes Ltd

Gracelands

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gracelands is a residential care home for older people, most of whom live with dementia. The home is registered to provide accommodation and personal care for up to 31 people. At the time of our inspection 25 people were living in the home.

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

The provider's quality assurance systems were not fully effective in identifying concerns in the service and driving the necessary improvements in a timely way.

Medicines were not always managed safely.

A new manager had been appointed and was in the process of improving the service, however, more time was needed to fully embed improvements and make the sufficient progress. They understood the responsibilities of their role and were working hard to provide an effective service to people. Feedback about the manager demonstrated they listened and took any feedback as an opportunity to make improvements for people. Staff felt the manager was open, approachable and supportive.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Recent improvements had been made to the cleanliness of the home, however some areas of the home had damaged paintwork. This made it harder to clean these areas effectively. Staff practiced safe infection control procedures. Improvements were needed to the environment. Some areas of the home needed decorating and work had just begun to make the home dementia friendly.

We received mixed feedback about staffing levels and the manager was reviewing these. The provider recruited staff safely. Relatives and staff thought the service was safe. Staff understood how to identify and report concerns about people to protect them from harm and abuse.

Not all staff had been provided with training to undertake their role effectively. However, staff demonstrated skill and knowledge and relatives thought staff were competent. Staff were supported through supervision.

People's dietary needs were met and people were encouraged to drink well. People were supported to access other healthcare services in a timely way and staff worked with professionals effectively to ensure people received good, joined up care.

People were cared for by kind and caring staff and we observed positive interactions between people and staff. People's privacy and dignity were protected.

The planning and provision of meaningful activities for people needed to improve and the manager had plans in place to address this.

Relatives and staff felt listened to and knew how to raise concerns.

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

Rating at last inspection

The last rating for this service was good (report published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracelands on our website at www.cqc.org.uk.

Enforcement

We have identified breaches of Regulations in relation to governance and the management of medicines. 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 and 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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gracelands

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

One inspector carried out the inspection.

Service and service type

Gracelands 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 did not have a manager registered with the Care Quality Commission. A new manager had been appointed and had started employment in the service in September 2019. They told us they had just begun the registration process with CQC. A registered manager, along with 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, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We were not always able to communicate with people, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We spoke with eight members of staff including the provider's representative, the manager, senior care workers, care workers, a chef and a maintenance person. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives by telephone and received email feedback from one relative. We spoke with one professional who regularly visited the service and one professional provided us with email feedback.

Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Not all people had protocols in place to guide staff when administering 'as required' (PRN) medicines. This meant staff did not have appropriate guidance as to when people may need these medicines. A relative told us that they were not "convinced" their relative always got their PRN medicine when they needed it. The provider's representative put PRN protocols in place at the time of the inspection.
- Some people were prescribed creams to alleviate skin conditions. Not all people had topical cream medication administration records (MAR) in place. This meant it was not always possible to determine whether these creams had been applied as prescribed. Despite this, people had creams in their rooms and it was evident they had been used. Staff additionally confirmed they used creams for people. The manager attributed this to the new pharmacy that had recently began providing medicines to the home and told us of their plans to ensure they had the correct documentation in the future.
- Some oral medicines had been handwritten onto the printed MARs from the pharmacy by staff administering medicines at the home. Most had not been signed by the member of staff adding the medicine or checked by another member of staff to confirm the instructions were correct, as is best practice considered by The National Institute for Health and Care Excellence (NICE). The manager told us they would ensure this was done in the future.
- Some tablets were prescribed to be taken as either "one or two". Staff had signed the MAR but had not always recorded whether they had given one or two tablets. This meant that it could not be determined how many tablets people had taken. This put people at risk of having too much or not enough of their medicines. The manager told us of their plans to ensure this was done as required in future.
- The arrangements for recording and monitoring the use of boxed medicines was not robust. Staff had not always recorded the number of tablets in stock and carried this forward from the previous month. This meant they were unable to account for the number of boxed medicines in stock at any one time, so would not know if any went missing. This was again attributed to the new pharmacy and plans were in place to address this.
- Staff had mostly signed oral MARs accurately which reflected people received their medicines as prescribed. On the two occasions where there was a gap, we found the medicines were no longer in stock which assured us the medicine had been given as prescribed.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely. Medicines that required extra control by law, were stored securely and audited weekly. The ordering and disposal of medicines was safe.

Preventing and controlling infection

- Staff and relatives told us that the cleanliness of the home had recently improved. One relative told us, "Cleaning used to be a bit hit and miss, it's fine now and I'm glad they have got a new cleaner starting."
- Overall, we observed that the service was clean. However, some areas of the home were in need of attention such as marked carpets and damaged paintwork. This made it harder to clean these areas effectively.
- The manager had implemented cleaning schedules and had recruited cleaning staff. In the interim, they had arranged for this staff vacancy to be covered by existing care staff.
- Most areas of the home were free from odour but the entrance hall, one communal room and a bedroom smelt of urine. Cleaning of the carpets had been arranged but the manager, staff and relatives felt new carpets were needed. Records demonstrated that the replacement of carpets had been planned.
- Staff were seen to follow infection control procedures, such as washing their hands and wearing personal protective equipment, appropriately. The service's kitchen had received a five-star (the maximum) hygiene rating.

Assessing risk, safety monitoring and management

- Systems were in place to monitor the safety of the environment. Independent specialist advisors had carried out audits of areas such as health and safety and Legionella management. Areas of risk or improvement had mostly been actioned although some were still outstanding. For example, it had been identified in May 2019 that the fixed electrical installation was unsatisfactory and should be rectified 'without delay'. We discussed our concerns with the provider who provided us with evidence that they were working on the outstanding areas and would have completed the works by spring 2020.
- A fire risk assessment had been recently carried out and the provider assured us they would complete any remedial action as soon as possible. In the event of a fire, people had a personal emergency evacuation plan (PEEP) in place to guide staff on how to assist people safely. Staff had received training and took part in fire drills.
- Equipment such as hoists and fire safety equipment were serviced and checked regularly.
- Risks to people's personal safety had been assessed, monitored and managed so they were supported to stay safe.
- Risk assessments informed people's care plans and had detailed guidance for staff to follow. For example, guidance was available regarding behaviour support. We observed staff supporting people throughout the day who displayed behaviours that could challenge. Staff gave people reassurance, spoke calmly and used diversion techniques to support people and keep others safe.
- Staff's knowledge of the people they supported was good and they were aware of risks associated with their needs and how to reduce these risks.

Staffing and recruitment

- Relatives and staff we spoke with told us of the recent improvement in staffing levels and were pleased the service no longer used agency staff. However, two relatives felt the service still needed more staff to ensure people's needs were fully met.
- The manager told us they were reviewing staffing levels continuously. Staffing levels were determined by the number of people using the service and the level of support they required. They also told us that staff were beginning to work in a more effective way, and as a team, which benefitted people.
- Throughout our inspection our observations reflected that staff responded to people's requests for support promptly.
- Safe recruitment practices were followed before new staff were employed to work with people. The

relevant checks were made to ensure staff were of good character and suitable for their role.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place and followed to protect people from abuse.
- Relatives and staff thought the service was safe.
- Staff could identify different types of abuse and knew how to raise concerns. They were confident that if any concerns were brought to the manager's attention they would be investigated appropriately.
- Records confirmed that safeguarding concerns were investigated and referred to the local authority as required.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- Measures were put in place to prevent similar incidents from occurring. For example, a sensor mat had been put in place for one person who had fallen. This alerted staff as to when they were on the move so they could support the person appropriately.

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 now 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

- Numerous areas of the home required decoration. For example, in a communal toilet there was peeling paint and stained tiles. Corridors, the hairdressing room and some people's bedroom doors also had chipped and peeling paint.
- Staff, relatives and health professionals corroborated our observations in relation to the décor of the home. One professional told us, "The environment is really tired, it needs money spent on it and a lick of paint. The carpets need to go, they are so old."
- The main lounge had chairs around the edge of room which detracted from the idea that it was a lounge and limited social interaction between people.
- The environment of the home was not dementia friendly. There was a lack of signage, contrasting colours, themes and landmarks to help people orientate themselves around the home. Sensory, comfort items and points of interest help to stimulate thoughts and memories for people living with dementia were also lacking .
- The manager agreed the environment was not conducive to people's needs and had undertaken a nationally recognised environmental dementia audit to create an action plan for improvement. They told us they would be sharing this with the provider and had begun to make signs to help people navigate their way around. A professional told us, "We are trying to help them (provider) to become more dementia friendly, with a change of manager I think it will happen, she's making some good strides."
- An health and safety audit was used to improve the environment and in some instances this had been effective. For example, it had been identified there was a tear in a carpet and this had been replaced.
- Other areas of the home were more suited to people's needs. For example, two lounges were light, spacious and welcoming. People rarely used these lounges and the manager had plans in place to help people utilise them more.
- People's rooms were personalised and reflected their interests and preferences.

• 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.

We checked whether the service was working within the principles of the MCA.

- We found decisions had been made about people's care without the correct steps being followed under the MCA. People had a 'MCA Level Determination' document in their files. This stated whether the person was able to make decisions about certain aspects of their life. It was often recorded that they were not able to make decisions such as leaving the service independently or looking after their own money and medicines. However, there were no capacity assessments to demonstrate how these conclusions had been reached.
- The provider had documented why some of these restrictive practices were in people's best interests but records lacked detail about who had been consulted in relation to these decisions and were generic in nature. The manager had identified that records relating to mental capacity needed improving and had planned work to address this. They told us they had completed some mental capacity assessments following the inspection.
- DoLS had not always been applied for where people were under continuous control and supervision, in line with the requirements of the MCA. The provider's representative was unable to fully explain the reasons for this. They acted swiftly and made DoLS applications for seven people following the inspection. They also introduced a matrix to ensure DoLS were applied for when appropriate in the future.
- The staff we spoke with did not know which people were subject to a DoLS. This meant there was potential for people to be unlawfully deprived of their liberty. The manager devised a document during the inspection so staff had this knowledge.
- A professional told us, "Gracelands weren't very good at MCA and DoLS stuff under the previous management. I offered assistance, but it wasn't taken up. I'm confident [Manager] will sort it out."
- Staff were observed seeking consent before providing care and care was planned to ensure least restrictive approaches were taken.
- Staff we spoke with were able to talk to us about how they applied the MCA principles to their day to day practices. They were aware of the need to gain consent.

Staff support: induction, training, skills and experience

- The provider's representative and the manager were not able to provide a clear overview of the training staff had completed or when it needed to be refreshed at the inspection. Action was taken to address this and a training matrix was developed and subsequently sent to us following the inspection.
- Gaps were evident in the training matrix. For example, approximately 56% of staff had either not had or were not up to date with infection control training and 37% of staff with safeguarding training. However, most staff had achieved a vocational qualification in health and social care which covered these areas. Staff demonstrated they had a good understanding of the requirements of their role. Relatives shared this view. One relative told us, "The staff do a good job. On the whole they [staff] seem like they know what they are doing."
- The manager had booked staff on training courses to update their knowledge. One member of staff told us, "[Manager] is dealing with updates, she's booked me to do more training, she's on to it."
- Staff told us they were well supported by the manager and senior staff. The manager had undertaken individual and group supervisions since they had started employment. They also undertook observational supervision to ensure staff were working to the required standard. The manager told us, "This is so I can see how staff are doing. If they have any gaps in their knowledge, I can then offer my support or extra training."

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their

needs and preferences. People described the food as "good".

- Staff demonstrated they knew people's needs, likes and dislikes regarding what they ate and drank. For example, on one person's care plan it stated, "Staff to be aware that [Name] has never had a good appetite at supper time but to encourage small alternative finger foods. Where people needed a special diet, such as a low sugar diet, this was provided to them.
- Staff monitored the amount people ate and acted if people started to lose weight. For example, they referred people to GPs or specialists for advice and offered meals fortified with extra calories.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way. However, we found that mealtimes were not a 'protected' time as people were given their medicines at this time. The manager told us they would adjust the timings so people could eat their meals without being interrupted.
- People had a choice of meals and drinks. However, we noted that people with dementia were not always supported with making a choice in a way that was meaningful to them. The manager told us they would provide people with a visual choice in future so they had a better understanding of their choices.
- Staff encouraged people to drink well and ensured people always had access to drinks.

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

- People's needs were assessed before the service started supporting them. This assessment was used to form a plan of care which was updated as the staff learnt more about the person.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Staff made appropriate use of technology to support people. Falls sensor equipment was used effectively to help prevent people falling. Pressure relieving equipment was used safely and in accordance with people's needs.

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

- Staff worked well with external professionals to ensure people had access to health services and had their health needs met. One professional told us, "If they (staff) identify problems they ring the right people from a range of health professionals, it's always an appropriate referral, they (staff) always try and get ahead of what we might need. If we give guidance, they (staff) follow it."
- Records confirmed people had regular access to GP's, district nurses and other professionals. A relative told us, "They (staff) get a GP for mum if she needs it."
- Handover meetings between staff took place to ensure they were kept up to date about everyone's needs.

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

- Relatives and health professionals told us people were supported by kind and caring staff. One relative told us, "The staff are nice and friendly and very kind and caring."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- People were relaxed in staff's company and we saw heard a lot of laughter between people and staff.
- Staff told us they cared about the people that lived at Gracelands and enjoyed supporting them. For example, one staff member told us, "Caring is my love, I'm very honoured and like to know I've looked after these people to the best of my ability."
- The manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

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

- Staff supported people to make decisions about their day to day care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff understood people's communication needs and this information was recorded in people's care plans. For example, care plans highlighted when people may need glasses or hearing aids to help them communicate.
- People were supported to continue in their faith and a regular service was held in the home.
- Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. We saw people were asked discreetly if they needed help with anything, including using the bathroom.

- Care records were kept securely and confidential information was only accessible to staff who needed to view it.
- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, we observed a staff member supporting a person to walk with their mobility aid, they were encouraging and praised the person when they achieved their goal.
- Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

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

- At our last inspection in March 2017, it was identified that monitoring records were not always accurately maintained. At this inspection, we found this was still the case. For example, one person was being supported to reposition on a regular basis, but the monitoring records did not always reflect this had been done. Despite this, the person's pressure sore had healed, and staff confirmed this was done. The manager told us of their plans to ensure monitoring records were completed accurately.
- The manager was making improvements to ensure people were provided with personalised care that met their needs and preferences. This work included; further development of care plans, developing a stable staff team and increased activities.
- Care plans had been developed for each person and provided enough information to enable staff to provide support to people. However, at the time of our inspection, the manager was working on making care plans more detailed and person centred. They were including information about people's preferred routines, life history and health conditions. This would help staff to further enhance their knowledge of people and provide meaningful, person centred care.
- Staff demonstrated they understood people's needs and could tell us what support people needed in relation to different aspects of their lives. A professional told us, "Staff can always tell me about people which is a huge step forward."
- Staff worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and if there was anything they wanted to do. A relative confirmed they were involved in reviewing people's care plans and their views were sought where appropriate.

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

- The provider had arranged for outside entertainers to provide activities in the service. The feedback from relatives and staff about this was positive. However, relatives, staff and professionals told us that more creative, frequent and person-centred activities would benefit people. A relative told us, "There's not much engagement. When I visited [relative], I wanted to find something to do with [relative] but there was nothing to be found. I've never seen anyone be taken outside either."
- The manager had acknowledged this and had recruited an activities coordinator who would be starting at Gracelands soon. They had also organised staff to support people with activities. A relative told us, "There wasn't a lot of stimulation. It's got a bit better now."
- During the inspection, we saw that staff had organised a word game with people and overall, this was

enjoyed and created a lot of fun and laughter.

- The manager had discussed activities and accessing the community with the provider. They had arranged the use of the organisation's mini bus and had planned to take people out and about. A professional told us, "I suspect [Manager] will improve activities over time, [Person] needs to go out. [Manager] has said she will make this a priority."
- Some people had been asked to name a wish, and the provider had helped them achieve it. Examples included, wanting some sweets and 'dancing with a handsome man'. There were plans to continue this so more people's wishes could be achieved.
- The manager and staff team were in the process of organising Christmas events and activities and the manager told us they wanted to ensure the people who lived in the home really enjoyed it.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw the identified information and communication needs were met for individuals.
- The manager had a good understanding of the AIS and told us they would be cascading this knowledge to the rest of team. The manager had implemented surveys for people in an accessible format and confirmed they would support people with meal choices in a more meaningful way.

End of life care and support

- The service supported people and their families in relation to end of life care although no one was receiving end of life at the time of our inspection.
- However, there was limited information in people's care plans to show that people's end of life wishes, and preferences had been discussed with them or their families. The manager was working on this at the time of our inspection.
- The manager acknowledged that further work was needed in relation to end of life care. They told us they had previously undertaken the 'Six Steps' programme and would be cascading this knowledge to the care team. They had also organised for more staff to attend this training. 'Six Steps' is a nationally accredited course which aims to develop staff knowledge and enhances end of life care for people.
- The manager was confident that if anyone required end of life care, they would gain support from external health professionals and arrange appropriate equipment and medicines to ensure people were cared for effectively and with dignity at this time.
- Records demonstrated that families of people who had passed away were grateful for the care that had been given to them. One thank you card stated, 'In the end you gave [Name] a safe place to die, you gave [Name's] final year a genuine dignity and quality of life ... a shining example of humanity'.

Improving care quality in response to complaints or concerns

- A system was in place for people and their representatives to raise concerns and make complaints. The complaints procedure was displayed in the home.
- Relatives knew how to make a complaint and told us they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- Records of complaints that we saw had been handled and responded to in line with the provider's policy.
- The manager told us they would use complaints to learn from and drive improvement in the service.

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 now 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.

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

- Although numerous improvements had recently been made and were in the process of being made, a number of shortfalls remained. Standards had fallen in the service since the last inspection and these had not always been addressed in a timely way.
- The provider had a quality assurance system in place consisting of a range of audits including; medicines management, the environment, care plans and infection control. In addition, a representative of the provider conducted regular overview audits.
- However, the systems had not always been effective in identifying and addressing all of the concerns we identified. For example, the systems had not identified concerns in relation to the management of medicines, complying with the principles of the MCA, and the environment. This has been detailed in the Safe and Effective sections of the report.

The failure to operate effective systems and processes to ensure the safety and quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's representative and the manager demonstrated an enthusiasm to ensure the necessary improvements were made to ensure the service provided safe, high-quality care. They told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They attended managers' forums to learn from others and share good practice.
- Staff were clear about their roles and their knowledge was being enhanced about understanding quality performance and regulatory requirements. Records demonstrated that these areas had begun to be discussed during staff meetings and supervision. Robust action had been taken when staff had not adhered to good practice. The manager had planned to introduce champion roles for staff, so staff would have extra responsibility in certain areas such as infection control, nutrition and end of life care.

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

- Throughout the inspection, staff demonstrated that they provided people with person-centred care and cared about achieving good outcomes for people. One staff member told us, "I love helping people, if I can get some smiles each day I'm happy, it's really fulfilling. I just want to do my best for everyone here."

- A relative told us, "Staff are just so good, even down to laundry ladies. There's a friendly, nice, happy atmosphere and I think mum is happy here."
- Feedback from staff consistently reflected recent improvements in the service and a positive change in culture since the manager had commenced employment. Comments included; "[Manager] is the type of manager we were crying out for. She's changed a lot since she's been here, she's proactive and if I go to her with any worries, she'll act on it." and "[Manager] is there for you, she makes you feel better, I feel valued by her."
- Relatives and professionals echoed this sentiment. A relative told us, "The new manager is like a breath of fresh air, she's hands on and enthusiastic. There's a completely new atmosphere. It needed it but it's working."
- Although the manager had made a lot of positive changes in a short space of time, further work was needed to continue this. The manager was very much aware of this and told us, "There's a lot that needs doing, it's a work in progress."
- Staff, relatives and professionals had faith in the manager and felt they would succeed in driving improvement. A member of staff told us, "It's a happy place but it will be even better when all the things are put in place, I've got faith in [Manager]. A health professional echoed this and told us, "I knew [Manager] from another home, she had it just right there and I'm sure she'll do the same here, she'll give it a good crack."
- Staff told us that team work had recently improved. One member of staff told us, "It's (team work) has got so much better since [Manager] came in, she's worked really hard on this, it's good."
- Staff told us that people and staff were treated fairly and were confident that discrimination due any protected characteristics would not be tolerated.

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 manager understood their responsibilities under the duty of candour. They described how they had an open and honest approach when things went wrong and used incidents to improve practice. CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people.

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

- Systems were in place for gathering people's views of the service and those of people acting on their behalf. Surveys in an accessible format had recently been distributed and the manager told us they were waiting for responses and would then analyse the information given.
- Staff were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- The staff team worked closely with other professionals to ensure people received effective, joined up care.
- There were links with the local church which supported people's faith. The manager had begun making further links with the local community such as a local nursery, so people could feel part of the community they lived in.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure the safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service and the failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (1)(2)(a)(c)(f)