Care Quality Commission

Hutchings & Hill Care Ltd

Seaview Haven

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Seaview Haven is a 'care home' for a maximum of 33 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 29 people living at the home, of which three people were currently in hospital.

People's experience of using this service:

At our previous inspection in September 2018 there was a lack of robust quality monitoring systems in place to ensure the quality and safety of the service and record keeping was not comprehensive. This inspection found improvements had been made.

At our previous inspection in September 2018, people did not have risks assessed relating to their health, safety and welfare and people were not receiving their medicines in a safe way. This inspection found improvements had been made. Robust risk assessments were now in place. People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and skin care. Medicines were now safely managed on people's behalf.

Prior to this inspection, we had received information about staffing levels being inadequate to meet people's needs in a timely way. This information was not substantiated, although it was clear there had been issues with staffing levels up until approximately two months previously.

The service provided safe care to people. One person commented: "I feel 100% safe, they look after everyone with kindness."

Care plans for people had now been brought up to date and detailed people's individual needs, wishes and choices. People's views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate.

Most people informed us that they were not keen on some of the food that was served. We raised this with the manager, who agreed to look into further training for the cooks to improve the foods on offer.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were trained and competent. Until February 2019, staff had not been receiving on-

going supervisions in order for them to feel supported in their roles and to identify any future professional development opportunities. The new manager ensured this was remedied and now all staff were receiving this level of support.

Rating at last inspection: Requires improvement (report published in October 2018).

Why we inspected: The inspection was prompted in part due to both the Care Quality Commission and local authority receiving information of concern about the timeliness of people's care and treatment; pressure area care; staffing levels and training and the general leadership and management of the service. This inspection found that the concerns were not substantiated. Following our inspection, we spoke with various health and social care professionals as part of a safeguarding meeting. At this meeting it was agreed that the service did not meet the threshold for a whole home safeguarding process. This was because we were all assured that the service was working hard to improve the overall leadership and management of Seaview Haven.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective Details are in our Effective findings below	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Care Quality Commission

Seaview Haven

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.

The inspection was prompted in part due to both the Care Quality Commission and local authority receiving information of concern about the timeliness of people's care and treatment; pressure area care; staffing levels and training and the general leadership and management of the service. This inspection found that the concerns were not substantiated.

Inspection team:
The inspection was conducted by one inspector, an inspection manager and an Expert by Experience on the first day, and one inspector on the following two days. It was unannounced. 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:
Seaview Haven is a 'care home' for a maximum of 33 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager was in the process of registering with the Care Quality Commission.

What we did:
Prior to the inspection we reviewed the Provider Information Return (PIR) and previous inspection reports.

The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people receiving a service, one relative and 14 members of staff, which included the new manager and provider. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed four people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

Following our inspection, we spoke with various health and social care professionals as part of a safeguarding meeting.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2018. The concerns related to people not having risks assessed relating to their health, safety and welfare and people not receiving their medicines in a safe way. This inspection found improvements had been made. In addition, we followed up on the concerns about the timeliness of people's care and treatment and staffing levels. These concerns were not substantiated.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
•At the previous inspection in September 2018 we found risk assessments were not in place relating to people's health, safety and welfare. At this inspection robust risk assessments were now in place. People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and skin care.
•Skin care was managed appropriately and assessed on an on-going basis. Where people were at risk of pressure damage, repositioning charts were in place and completed by staff when changing people's position. Health professionals visited the home on a regular basis to oversee pressure area care.
•Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had guidelines in place for staff to follow if a person was feeling anxious. These guidelines had been developed with support from key health and social care professionals to ensure staff were adopting best practice.
•The premises were maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Staffing and recruitment
•We had received information about staffing levels being inadequate to meet people's needs in a timely way. This information was not substantiated, although it was clear there had been issues with staffing levels up until approximately two months previously. People commented: "There used to be not enough staff, it's improved a lot" and "I rang my bell this morning because I was cold, straight away they got me another blanket." Staff said "It was awful three months ago; some people were still in bed till 11am. In last two months it's been much better".
•A change in the way in which staff were deployed over the three floors had led to more efficient ways of meeting people's needs in a personalised way. Staff were happy with the changes. Staff said, "It's more

organised and we can spend more time with people, that's what they like".
•Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visits when people needed support or wanted to participate activities. For example, staff spent time with people engaging in meaningful conversation and supporting them at their pace.
•Staffing levels met people's personal care needs. They had recently been increased due to an increase in people living at Seaview Haven. Staffing arrangements were six care staff in the morning, five in the afternoon, with both shifts supported by a senior care worker and two at night. Night cover was increasing to three care staff due to another person moving to the service. Care staff were supported by a deputy manager, administrator, cook, housekeeping staff, activity coordinator and a maintenance person. The manager was also available and was supernumerary.
•There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. A staff member told us they had a good induction and had been introduced to all the people living at the home. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed.

Using medicines safely
•At our previous inspection medicines were not safely managed. This was due to gaps in records relating to temperature checks and inaccurate amounts of medicines documented for those medicines requiring additional checks. This inspection found improvements had been made.
•People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicines. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines, they were checked and the amount of stock documented to ensure accuracy.
•Medicines were kept safely in a designated locked medicine room. Medicines were stored in an orderly way to reduce the possibility of mistakes happening.
•Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken on a weekly basis to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
•Fridge and room temperatures were monitored on a daily basis to ensure people's medicines were kept at the correct temperature.

Systems and processes to safeguard people from the risk of abuse
•People felt safe and supported appropriately by staff. Comments included: "The staff here make you feel safe, if you are worried they help you. I ring my bell and they come" and "I feel 100% safe, they look after everyone with kindness." A relative commented: "Dad is completely safe here, I cannot give enough praise, I am so pleased he is here."
•Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
•The management team demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Preventing and controlling infection
•We found all the areas of the home to be very clean, fresh and free of malodours. The housekeeping team

said they had a good team and took pride in keeping the home nice for people.
•Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.
•Housekeeping staff had a cleaning schedule to follow. This ensured every area of the home was monitored on an on-going basis.

Learning lessons when things go wrong
•There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2018. The concerns related to deficits in staff training and the décor not being dementia friendly. This inspection found improvements had been made. The concern about staff training was not substantiated.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
•People said they thought the staff were well trained and competent in their jobs. People commented: "Staff are well trained; the standard is good" and "I don't know if they are well trained but they have the right attitude."
•Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service. Also, to check whether new staff were suitable to work with people.
•Staff received training which was current and relevant. This enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness. Further training was scheduled from the community nursing team, including prevention and management of pressure damage, daily notes, hydration and oral care.
•Staff had completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented they had a variety of training and good support from the manager.
•Until February 2019, staff had not been receiving on-going supervisions in order for them to feel supported in their roles and to identify any future professional development opportunities. The new manager ensured this was remedied and now all staff were receiving this level of support. Staff confirmed that they felt supported by the registered manager. Staff commented: "(Manager) is great, fantastic support" and "The management team are amazing." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Adapting service, design, decoration to meet people's needs
•At our inspection in September 2019 we found the colour scheme of the home was not suitable for all of the people living at Seaview Haven. Some of the people lived with a dementia and the décor would not help

them to find their way around the home. At that inspection we recommended that the service considered current guidance on suitable environments for people living with dementia. This inspection found improvement had started to be made to the colour scheme with a redecoration programme in place.
•The home was set over three floors and was accessible by a lift. This was regularly serviced. People had a variety of spaces in which they could spend their time, such as the lounge and dining room and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps.
•People told us the top and middle floors got very hot in the summer and were too hot for people to spend time in. Consequently most people liked to spend time on the ground floor. The registered manager was aware of this and solutions were being sought.
•There were large balcony areas with outdoor furniture on each floor, with lovely sea views. People really enjoyed the opportunity of sitting outside, enjoying the sunshine and views with the staff and their family members.
•There were kitchen areas on each floor, so staff could make people drinks whenever they wanted.

Supporting people to eat and drink enough to maintain a balanced diet
•Most people informed us that they were not keen on some of the food that was served. Comments included: "They have a lot of foreign food that I don't like, I like stews. My daughter brings me in rice pudding because they have a lot of ice-cream here. She also brings me in cake and fruit" and "They seem to be running out of food all the time, I ordered sausages for breakfast this morning, but they had run out. We did not have any blackcurrant juice for two days." However, this person said the full English breakfast was "superb." We raised this with the manager, who agreed to look into further training for the cooks to improve the foods on offer.
•Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
•The chef was aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.
•People were offered a variety of hot and cold drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
•Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
•People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person commented: "I get what I need. They send for the District Nurse if they are worried, who in turn can inform the GP." We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. People commented: "They (staff) always ask permission to do things" and "Yes, of course. They (staff) will always ask."
•People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a residential care setting. This demonstrated that staff worked in accordance with the MCA.
•DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The manager was chasing up the local authority as some had not been authorised due to a backlog. They were aware that authorisations required regular review.

Good

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2018. The concern related to staff not always treating people with dignity and respect, although management and care staff strived to provide a caring and kind service to people. This inspection found improvements had been made.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence
•People said staff were kind and compassionate and treated them with respect. People commented: "They (staff) ask all the time if I am alright and if there is anything they can do for me"; "I like to be in my room alone, doing my knitting, staff understand me but always ask if I want to attend any of the activities that are going on" and "Staff treat me very well they are very courteous, they treat me as an individual, when I first came here they left me alone, now that I need more help, they put my compression stockings on for me." A relative commented: A relative commented: "Since Dad has been here he has improved physically. His mental state is also improving, they (staff) have worked wonders."
•Staff relationships with people were caring and supportive. A person commented: "Nothing is too much trouble." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
•Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. People were unsure whether they had a care plan. However, people felt that their care was focussed on their individual needs. Staff treated people with dignity and respect when helping them with daily living tasks. People commented: "I think they (staff) are very good at treating me with dignity" and "Staff ensure my privacy."
•Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
•Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One person commented: "They (staff) encourage me to be as independent as possible. They encourage me to wash myself as much as possible."
•Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, who liked a particular routine.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2018. The concern related to people not having a comprehensive, personalised and up to date care plan in place. This inspection found improvements had been made.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Prior to starting, the new manager requested that care files were brought up to date. This was due to the previous management team knowing people well. This had not been fully achieved. Staff confirmed this had been a slow process. We established that only six care files had been updated prior to the new manager starting in December 2018. Care plans and risk assessments for people had now been brought up to date and detailed people's individual needs, wishes and choices.
•People received personalised care and support specific to their needs and preferences. Care plans now reflected people's health and social care needs. There were also future plans to move to a more person-centred document to further increase the personalisation of people's care and support.
•Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
•Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
•Care files included information about people's history. This provided a timeline of significant events which had impacted on them and their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. One staff member commented: "The care plans are so much better. When I started here I relied on observing staff to know how people liked to be supported." This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.
•Care plans were detailed and included personal preferences, such as how they liked to have their breakfast and what time they liked to get up and go to bed. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
•Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented: "The care plans are very good."
•Activities formed an important part of people's lives. The service employed an activities coordinator who enabled people to engage in a variety of activities and spend time in the local community. For example, arts and crafts and quizzes. On our first day of inspection people were enjoying a BBQ on one of the large balconies.

•People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.
•One of the staff was changing their role to be an activities coordinator for 30 hours a week. They were looking forward to developing opportunities for people living at the home, such as dancing, knitting, painting etc.
•We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated and the need to speak clearly to ensure they could communicate their wishes. For example, due to hearing difficulties.

Improving care quality in response to complaints or concerns
•There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission.
•A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.
•There had been two complaints since our last inspection relating to the cleanliness of a person's bedroom and staff using medical terminology which led to confusion. Both were dealt with appropriately.

End of life care and support
•People were supported at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GP's and family to ensure people's needs and wishes were met in a timely way.
•The service had recently received a compliment about a person's end of life care. This stated: 'My heartfelt thanks and sincere appreciation for the help, care and compassion you showed Nan and I. Particularly in the final days of her life. You make a difference daily and you all deserve medals for the work you do.'

Good

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2018. At the time, there was a lack of robust quality monitoring systems in place to ensure the quality and safety of the service and record keeping was not comprehensive. This inspection found improvements had been made. In addition, we followed up on the concerns about the management and leadership of the service. These concerns were not fully substantiated.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
•We asked the manager to provide us with a report outlining the timeline of events since commencing in post on 28 December 2018. The provider representative also had input into the report. The findings were that they had identified that care plans and risk assessments were either missing or incomplete resulting in people's needs not being reflected appropriately; the staff structure was not effective; there were gaps in staff training; staff supervisions were not happening and the overall governance arrangements were not robust. As a result, the manager started to attend to the deficits.
•The manager initially focussed on care planning and risk assessments and brought them all up to date, ensuring they were person-centred. Activities were also increased and trips out arranged for each week to local places of interest.
•The manager was now focussing on the overall governance of the service. Audits had been introduced for falls to look at trends and preventative measures. Medicine audits ensured all medicines were followed through as directed, from entering and leaving the home.
•A maintenance audit was now in place to identify any issues and to ensure certain checks are kept up to date, for example, water temperatures. A health and safety audit had been introduced to ensure compliance. Further audits were to be introduced completed jointly with the provider representative. The manager completed a monthly home report for the providers to provide an overall picture of any events which had taken place, for example medicine errors and falls.
•The providers had recognised that in order to ensure full compliance with their governance arrangements, the skill base of the board needed strengthening. As a result, a new director of care was appointed with a wealth of experience of management and leadership in health and social care. The director of care will also provide the manager with professional supervision on a monthly basis.
•Future plans included regular board meetings which include the manager in part to establish a robust governance structure and for the director of care to provide the providers with advice and constructive challenge on all professional aspects of service delivery, best practice and service development.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility
•The service had implemented a duty of candour policy. This set out how providers need to be open, honest and transparent with people if something goes wrong. The manager recognised the importance of this policy to ensure a service people could be confident in.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Staff spoke positively about communication and how the manager worked well with them and encouraged an open culture. Staff we spoke to felt able to raise concerns and were listened to. Staff commented: "I can go to the Registered Manager and deputy if there are any issues"; "The new manager is firm and fair, she knows what she's doing. A lot of things have been sorted out" and "Morale has come on, it's really noticeable."
•Staff meetings were occurring. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations. However, some staff were unhappy about how one of the providers had spoken to them at a staff meeting.
•Additional meetings took place as part of the service's handover system which occurred at each shift change.
•People's views and suggestions were considered to improve the service. Individual meetings were held with residents, with the last ones being on 1 May 2019. The meetings took into account people's views about the food, activities and any other issues. The providers also visited to have informal conversations with people and staff. The manager was also in the process of developing a survey to be completed by people using the service, relatives and health and social care professionals
•People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value.

Working in partnership with others
•The service worked with other health and social care professionals in line with people's specific needs. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.