

Four Seasons (No 10) Limited

# Bamford Grange Care Home

## Inspection report

239 Adswood Road  
Shaw Heath  
Stockport  
Cheshire  
SK3 8PA

Tel: 01614778496  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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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:

Bamford Grange Care Home is a nursing and residential care home which provides nursing and personal care for up to 79 people, including older people, people with mental health support needs and people living with dementia. Accommodation is provided over five units, each of which has its own lounge and dining area. At the time of the inspection, 71 people were living at the home.

### People's experience of using this service:

Improvements were needed to how staff managed people's medicines to ensure they received them safely. The provider's staffing levels were not always achieved, which meant there were not always sufficient staff on duty to meet people's needs. The manager made improvements to this shortly after our inspection. Staff understood how to protect people from the risk of abuse and how to report any concerns. People felt safe at the home. The provider followed safe processes when recruiting staff to ensure they were suitable to support people living at the home. Staff followed appropriate infection control procedures and we found the home clean. The provider completed regular checks of the home environment to ensure it was safe.

Staff did not always support people in a way which met their needs. Improvements were needed to the environment, to meet the needs of people living with dementia. We have made a recommendation about this. People felt staff had the skills to meet their needs. Staff were happy with the induction they received when they joined the service and received regular supervision. Most staff training was up to date and the manager told us outstanding training would be addressed shortly after the inspection. 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. Staff supported people with their dietary and healthcare needs and contacted community professionals when they needed extra support.

People liked the staff who supported them and told us staff were kind and respectful. Staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care. The service provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

Staff did not always document people's hobbies and interests and there was a lack of activities and entertainment on most units at the home. People's care documentation was not always personalised, and staff did not always provide care which reflected people's preferences. People's care needs were not always reviewed in line with the provider's timescales and their care documentation was not always updated when their needs changed. Staff supported people to maintain relationships that were important to them and provided them with any support they needed with their communication needs. We have made recommendations about the need for the provider to improve how people's complaints are managed and ensure people's end of life care wishes are considered.

There had been three managers at the home in the previous 12 months and a new manager had started in post three days before the inspection. Management had regularly completed a variety of checks and audits of the service; however, the audits had not been effective in ensuring appropriate levels of safety and quality were maintained at the home. Necessary improvements had not always been made in a timely way and the home had a lengthy action plan in place, which had been developed internally in response to concerns and provider led audits. Staff worked in partnership with a variety of community agencies to ensure people received any additional support they needed. Some people, relatives and staff felt the management of the service needed to be improved.

Rating at last inspection:

At the last inspection the service was rated good (published 2 November 2018).

Why we inspected:

This inspection was prompted, in part, due to a number of safeguarding concerns raised about the home and concerns raised by the local authority. These related to management arrangements, staffing, medicines processes and the culture within the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. 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.

Enforcement

We have identified breaches in relation to the management of medicines, staffing, person-centred care and governance. 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 from the provider to understand what they will do to ensure improvements are made to medicines processes, staffing arrangements, person-centred care and governance arrangements. We will monitor the progress of improvements, working alongside the provider and local authority. We will 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](http://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 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** ●

# Bamford Grange Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an inspector, two specialist advisors (nurse and medicines specialist) and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 (CQC). The manager had started in post three days before the inspection and was in the process of applying to CQC to become the home's registered manager.

#### Notice of inspection:

This inspection was unannounced.

#### What we did

Before the inspection we reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries and safeguarding concerns. We sought feedback from the local authority quality and safeguarding teams and the local Clinical Commissioning Group. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider

information return prior to this inspection. This is information providers are required to send us with 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 12 people who lived at the home and nine visiting relatives about their experience of the care provided. We spoke with fourteen staff, including care staff, nursing staff, the deputy manager, the home manager and the support manager.

We reviewed a range of records. These included six people's care records and multiple medicines records. We looked at a variety of records relating to the management and monitoring of the service and a selection of policies and procedures.

After the inspection we received updates from the manager about improvements that had been made, in areas such as staffing and medicines. We also contacted the local authority safeguarding team for an update.

# 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 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

- The provider needed to improve their processes for managing people's medicines. Medicines were not always labelled clearly, there was a lack of information for staff about administering creams, room temperatures were not consistently recorded, covert (hidden) medicines were not always managed appropriately and daily medicines audits were not completed consistently.

The provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager, who advised she would seek support from the local medicines optimisation team and the home's pharmacist to make the necessary improvements. She provided an update after the inspection of improvements made so far and further improvements planned.

- Staff who administered medicines had completed the relevant training and their competence to administer medicines safely had been assessed.
- People and relatives were happy with how medicines were being managed.

### Staffing and recruitment

- There were not always enough staff on duty to meet people's needs. Four people living at the home, two relatives and four members of staff told us the service was sometimes short staffed, which meant staff were not always available when people needed them. One person commented, "I can wait up to 15 to 20 minutes [for support] when staff are busy."
- We reviewed the staffing rotas for the week of the inspection and the week before. They were difficult to follow but suggested there were over 20 occasions, during the day and night, when the staffing levels set by the provider had not been achieved, even though agency staff had been employed frequently to cover staff sickness and leave.

We found no evidence that people had been harmed, however, the provider had failed to ensure that sufficient staff were available to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acknowledged the home had issues with staffing and told us she planned to recruit more staff to ensure appropriate staffing levels were maintained on all units. After the inspection, she informed us she

had recruited additional staff and provided evidence of improved staffing levels. She told us there was a culture of staff accepting being short staffed and she was introducing processes to ensure this was addressed.

- Staff were recruited safely. Appropriate checks had been completed before they started working at the home, to ensure they were suitable to support people living there. Some minor improvements were needed to recruitment documentation and the manager assured us she would address these.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe living at the home. Their comments included, "I feel safe and secure, no issues on that score" and "The staff make me feel safe." Staff understood how to protect people from abuse and knew how to report any concerns.
- A number of safeguarding concerns had been raised about the service since the last inspection. Issues identified included poor staffing levels, people being left unsupervised, staff not supporting people with their personal care needs, poor quality and choice of meals, lack of staff training and delays in staff seeking medical advice. The local authority safeguarding team told us a number of safeguarding concerns were in the process of being investigated. They told us the management of safeguarding concerns had been an issue at the home, including delays in management investigating concerns and a lack of improvements when these were needed. They felt this had recently improved under the new manager.

Assessing risk, safety monitoring and management

- The provider managed risks to people's safety and the home environment appropriately. Staff completed risk assessments, which addressed issues such as people's mobility, nutrition and skin condition. We noted the assessments relating to fire safety had not been signed or dated. The manager told us she would address this.
- The provider had processes to record and review accidents and incidents. We found staff had taken appropriate action when people had experienced accidents, including falls. Sensor equipment was in place when people were at risk of falling, to enable staff to monitor them and keep them safe.
- The home environment was well maintained. Systems were in place to monitor the safety of equipment and the premises.

Preventing and controlling infection

- The provider had systems to protect people from the risk of cross infection. Staff followed the provider's infection control policies and 91% of staff had received training, which helped protect people from the risks associated with poor infection control.
- We found the home clean throughout our inspection and people and relatives were happy with the cleanliness of the home. One person commented, "They work very hard here to maintain a clean and tidy home."

Learning lessons when things go wrong

- The provider's systems for investigating and analysing accidents, incidents and concerns and making improvements when things went wrong needed to be improved. When incidents occurred or concerns were raised and the service was found to be at fault, investigations had not always been completed and improvements made in a timely way. The manager told us she was making improvements in this area and this was confirmed by the local safeguarding team.
- The manager planned to share lessons learned with staff through regular staff meetings.

# Is the service effective?

## Our findings

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

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

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

- Staff did not always provide people with care that met their needs. Pre-admission assessments and care plans did not always include clear information about people's needs and how staff should meet them. Care plans were lengthy and sometimes disorganised, making it difficult to identify up to date information. They had not always been reviewed in line with the provider's timescales, which meant staff did not always have access to current information about people's needs. We found gaps in care documentation, such as food and fluid charts and records of repositioning for people at risk of pressure damage to their skin. This meant it was difficult to know if people had received support as they should.
- Summaries of people's care needs were not available to help new staff and agency staff support people effectively. One staff member told us they had not had time to read people's care files and was guided by other staff about how to meet people's needs.
- People did not always receive appropriate care, for example there had been delays in one person's catheter being changed, and two people's health and wellbeing had deteriorated when they had not received their medicines as prescribed. One relative told us staff did not always ensure their family member had access to the supportive equipment they needed.

The provider had failed to ensure staff provided people with individualised care which met their needs. This placed people at risk of harm. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager. She told us she would introduce one-page summaries so that agency and new staff had access to information about people's needs and risks and would ensure all care plans were reviewed regularly and remained up to date. She assured us she would address the issues relating to the lack of appropriate catheter care support and would ensure people received their medicines as they should.

Staff support: induction, training, skills and experience

- Staff were happy with the induction they received when they joined the service, which included training and observing experienced staff. Most staff told us their training was up to date and the number of staff who had completed the provider's mandatory training was over 90% for most courses. The manager assured us the remaining training would be completed at the earliest opportunity.
- Staff received regular supervision. They told us they could raise any concerns and felt listened to.
- People and relatives felt staff had the knowledge and skills to meet their needs. Their comments included,

"The carers are really good and if they need to know something they will ask", "No question in my view, the staff are definitely competent" and "Carers clearly know what they are doing, but there seems to be a lack of direction from management."

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

- The home had been designed and adapted to meet people's needs and support them to maintain their independence. Accommodation was provided over two floors, and bathrooms could accommodate people who required support with moving and transferring. The environment was wheelchair friendly. People had personalised their rooms to make them more homely.
- We noted improvements were needed to the home environment to support people living with dementia, such as dementia friendly signage and furnishings. The manager assured us this would be addressed.

We recommend the service seeks advice and support from a reputable source about meeting the specialist environmental needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about their care, staff had completed capacity assessments and made best interests decisions in consultation with their relatives.
- When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this. We noted the information about one person's capacity was unclear and the manager told us she would address this.
- Staff had not always documented people or relatives' consent to staff supporting them. The manager told us she would address this. During the inspection we observed staff asking people for their consent before supporting them.

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

- Staff recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals where concerns were identified. Staff were aware of people's special dietary requirements, including people who needed their drinks to be thickened due to swallowing difficulties and people who required a soft diet.
- We received mixed feedback about the meals provided at the home. People's comments included, "The food here is good, with plenty of choice", "On balance the meals are a bit hit and miss" and "Fairly good. Not much choice. Sandwiches at teatime. It's alright really." Concerns were expressed about the lack of choice available for people on specialist diets, such as soft or pureed diets. The manager was aware of the concerns raised about meals at the home and provided evidence that this was being addressed with the home's catering provider.

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

- Staff supported people to meet their healthcare needs and referred people to a variety of community healthcare professionals when they needed additional support. These included GPs, hospital staff, community nurses, physiotherapists, speech and language therapists and the community mental health team.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The service planned to take part in the 'red bag' scheme, which aimed to improve communication between care homes and hospital staff when people moved between services. Important documentation, medicines and people's personal items were sent with them in a red bag, to ensure they had what they needed and important information about their needs was shared.

# 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

- Staff treated people with dignity and respect. People and relatives told us they liked the staff at the home. Their comments included, "The staff are nice to us and if anyone is not well, they show real concern", "The staff are kind and polite", "The carers are absolutely brilliant, kind, caring and respectful", and "I like some staff better than others, but I have to say all of them try their best to help."
- We observed respectful, friendly interactions between staff and people during our inspection. Staff were patient when supporting people, for example at mealtimes, and offered reassurance and distraction when people were upset or confused. They chatted with people while they supported them, and conversations were light hearted and friendly.
- Staff considered and respected people's diversity. Care documentation included information about people's marital status, gender, ethnic origin and religion. This meant staff had access to information about people's diverse needs and what was important to them. Religious services took place regularly at the home.

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

- Staff involved people in decisions about their care. We observed staff chatting with people and encouraging them to express their views and make every day decisions about their care when they could, such as what they had to eat and where they spent their time. One staff member told us, "All the staff on the unit are kind and caring. They speak to people respectfully. They take their time and make sure they explain things to people, so that they understand."
- People told us their care needs had been discussed with them, or where appropriate, their family members. This helped ensure people had the opportunity to express their views about their care.
- Information about local advocacy services was included in the service user guide that people received when they moved into the home. These services can be used to support people to express their views if they do not have friends or family to support them, or if they want support from someone independent. The manager told us no-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "Privacy and dignity are respected by staff and I am very grateful for that" and "Staff are discreet. When I am taken into a shower, sometimes I can request a specific member of staff and they would honour it. And they would always safeguard my privacy."
- Staff respected people's wish to remain as independent as possible. One person told us, "My independence is important to me and the staff encourage and allow me to help in the dining area." We saw

staff encouraged people to do what they could, for example at mealtimes or when they were moving around the home. Adapted crockery was available at meal times to enable people to be as independent as possible.

- The provider ensured people's right to confidentiality was respected. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff. Confidentiality was addressed during the staff induction and the provider had a 'records and information management' policy for staff to refer to.

## 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 deteriorated to requires improvement. This meant people's needs were 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 did not always receive support to take part in activities or follow their interests. Staff supported the people living on one unit to follow their interests and go out regularly. However, people's interests were not always documented and there were few activities provided on the other four units. We did not observe any activities taking place during our inspection.
- People, relatives and staff felt activities at the home needed to be improved. Their comments included, "It often feels like no activities take place in this home", "I really think more should be done in promoting activities and wellbeing issues", "Activities could be better, more regular and more variety" and "[Family member] is bored."

The provider had failed to ensure staff supported people to follow their interests and take part in activities. This was a further breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acknowledged the lack of activities at the home and assured us she would address this once the more significant quality and safety issues, such as staffing and medicines, had been addressed.

- Staff encouraged people to maintain relationships that were important to them. We saw lots of visitors at the home during our inspection. Staff welcomed them, and they were free to spend time with their friends or relatives in various places throughout the home. One person told us, "My family know they are welcome to visit anytime and we all like that."

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

- The service did not always provide people with personalised care which met their needs. Agency care staff and nurses were frequently employed to cover staff sickness and holidays, which meant people were often cared for by staff who were not familiar with their needs or preferences. We received mixed feedback from people and relatives about whether staff provided people with individualised care. Their comments included, "The staff know what we like and what we don't like and they really do try to make us happy", "The carers are just fantastic at responding to [relative's] condition and needs", "The turnover of staff is an issue that needs to be addressed" and "I worry sometimes when agency staff are on duty." One relative told us they had spoken to staff repeatedly about their family member's preferences, but improvements were always short lived.
- We observed staff offering people choices throughout our inspection, such as what they had to eat and drink, where they spent their time and whether they wanted support.

- People's care plans did not always include personal information about their likes, dislike and preferences, or how staff should best support them. They were not always reviewed in line with the provider's timescales, which meant they were not always up to date.

#### 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 received any support they needed with communication. Staff assessed people's communication needs. They documented in people's care plans any support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating or explaining information when necessary.

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

- The provider had processes to investigate and respond to people's complaints and concerns. However, these needed to be improved. The log of complaints we reviewed was brief, and it was unclear if action had been taken or when.
- Two relatives we spoke with had made formal complaints which were in the process of being investigated, and two relatives had raised concerns but told us improvements had either not been made or were not maintained. Issues raised included lack of appropriate food, missing laundry and toiletries, and people not receiving support which reflected their preferences. The manager assured us she would improve the recording and management of complaints.

We recommend the service ensures people's complaints are managed in line with the provider's policy.

#### End of life care and support

- Staff had not always completed the end of life care section of people's care plans, which meant staff were not always aware of their end of life needs or wishes. The manager told us she would ensure staff sought people's end of life care wishes in future, as part of care planning and review processes. She also planned to arrange end of life care training for staff, to ensure they could meet people's needs effectively.

We recommend the service ensures people's end of life care needs and preferences are sought and documented.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership and management 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

- The home had had three managers in the previous 12 months. They did not have a manager registered with CQC and the last registered manager had de-registered in August 2019. At the time of our inspection, the existing manager had been in post three days and was still becoming familiar with the home, the people living there and the staff. She was in the process of applying to become the registered manager of the home. She was supported by a deputy manager and one of the provider's support managers, who had become involved with the service in September 2019 and visited regularly.
- Due to a variety of concerns, the local authority quality team were actively involved with the home. Their concerns included a lack of person-centred care plans, low staff morale, lots of recent changes in management team, gaps in documentation, lack of meal choices and a lack of activities and stimulation for people. The local authority felt the main issue was the lack of management at the home and advised this was the first time in over a year that a manager and deputy manager were in post at the same time.
- Management and senior staff completed a variety of regular checks and audits of the service; however, some were not completed consistently in line with the provider's timescales. The regional manager also completed monthly monitoring visits to review quality and safety at the home. The audits completed were not effective in ensuring appropriate levels of quality and safety were being maintained at the home. Audits from September, October and November 2019, identified some of the issues we found during our inspection, including medicines, activities, gaps in care documentation and a lack of information about people's preferences, however, the necessary improvements had not been made. Other issues requiring improvement, such as staffing levels, had not been identified. A lengthy action plan had been put in place by the provider in October 2019, which detailed the improvements that needed to be made. It was reviewed weekly and the local authority quality team received regular updates about its progress. A small number of actions had been completed but most had not.

The provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision and staff meetings. The provider ensured policies and procedures were available for staff to refer to.

- The manager demonstrated a clear understanding of their roles and regulatory responsibilities, including the need to submit statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was being displayed.

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

- The service did not always provide people with individualised care which helped them achieve good outcomes. A lack of consistent management, issues with staffing levels and high usage of agency staff meant people did not always receive person-centred care and did not always have their care needs met in a timely way.

- We received mixed feedback from people and relatives about the management of the service. Their comments included, "I like the place as a home, however, I would like issues that have arisen to be addressed", "Not a chance I would recommend this place. I find it is always me chasing up complaints rather than management responding properly", "Overall the home seems fine, although I think more visible management and leadership would greatly assist" and "The place seems to run smoothly and a lot of that is down to the staff."

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

- The provider had a 'being open policy' which explained their duty of candour responsibilities. We identified three incidents which required duty of candour action. We discussed these with the manager who assured us she would address them under the 'being open policy'. We will follow this up after the inspection.

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

- The service issued monthly satisfaction surveys to people and relatives to gain their feedback about the support provided at the home. We reviewed the results of the feedback received over the last six months. People and relatives had expressed a high level of satisfaction with feeling safe and listened to, the friendliness of the staff, staff supporting them to remain independent and responding when they were unwell. The lowest scoring areas related to the availability of activities and the opportunity to attend meetings about the running of the home. We noted in December 2019 that 67% of people who responded would recommend the home to others, which was lower than previous months.

- Staff also had the opportunity to provide regular feedback about the service. We noted from staff questionnaires, the lowest scoring areas related to staff trusting the manager to do their best for staff and the people living at the home, continuing their career at the service and recommending the service to others.

- We received mixed feedback from staff about the management of the service. Some staff felt management changes had not impacted much on their unit, while others felt management needed to address issues such as staffing levels and activities. One staff member commented, "We're not updated by management about any changes, staff hear it from each other." Most staff we spoke with were aware there was a new manager in post.

Continuous learning and improving care

- A lack of consistent, effective management and issues with staffing had impacted on standards of care at the home. There had been a lack of learning from incidents and concerns, and improvements had not always been made in a timely way when needed. The manager planned to address the issues identified in the home's action plan, which she was confident would improve people's experience of care.

- The manager assured us staff would complete any outstanding training and further training, including end of life care, would be introduced to ensure staff could meet people's needs effectively. She told us processes for managing concerns, complaints and incidents would be improved and lessons learned would be shared with staff through regular meetings.

#### Working in partnership with others

- The service worked in partnership with people's relatives and a variety of community health and social care agencies, to ensure they received any additional support they needed. These included social workers, GPs, hospital staff, community nurses, speech and language therapists, podiatrists and the local community mental health team.

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
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure staff provided people with individualised care which met their needs.</p> <p>The provider had failed to ensure staff supported people to follow their interests and take part in activities.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that staff were managing people's medicines safely.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to ensure the quality and safety of the service.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that sufficient staff were available to meet people's needs.</p>

