Somerset Care Limited

Calway House

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

Calway House is a residential care home providing personal and nursing care to up to 92 people. The home provides care and accommodation to older adults including people living with dementia.

The building was divided into five suites. Maple and Spruce cared for people who required support with personal care, Laurel and Cedar provided nursing care to people and Sycamore supported people who were living with dementia. At the time of the inspection there were 88 people living at the home.

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

People lived in a home where quality audits were carried out but were not always effective in ensuring improvements were made. Shortfalls identified at this inspection had not all been identified and addressed by the provider's own quality assurance systems.

People did not always receive person centred care to support their needs and promote their well-being. The mealtime experience was poor and there was limited social stimulation particularly for people who were unable to occupy themselves. There were activity staff, but they did not always encourage and support people to continue to pursue their hobbies and interests.

Each person who lived at the home had a care plan, but these did not always give clear guidance to help staff to effectively support people. Where people showed behaviour, which may indicate they were not content there were no consistent plans to support them. This meant their care plans could not be fully evaluated to promote the person's well-being and identify what caused or alleviated the person's anxiety.

People generally received their medicines in a safe way, as prescribed for them. However, there were a few areas for improvement to ensure best practice guidance was followed.

People felt safe at the home and with the staff who supported them. People told us staff were always kind and respected their privacy and dignity. Visitors said they always felt welcomed at the home and staff kept them informed about the care of their loved ones.

People lived in a comfortable home which was well-maintained and regular checks were carried out to promote people's safety. People had bedrooms where they could spend time in private or with visitors. There were ample communal spaces and garden areas for people to use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff asked for their consent before assisting them.

The new management team were committed to making improvements to the quality of life people

experienced and supporting staff to provide more person-centred care.

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

Rating at last inspection.
The rating at the last inspection was good (Published 14/03/2017)

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

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.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Calway House

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by three inspectors and an Expert by experience on the first day, three inspectors on the second day and a medicines inspector on the third day. 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
Calway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and had applied to the Care Quality Commission to be registered.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-
We spoke with 20 people, 15 visitors and 16 members of staff. Throughout the inspection we were able to observe staff interactions with people in the communal areas. The manager and operations manager were available during the inspection.
We looked at a selection of records which included;
Nine care and support plans
Records of staff meetings
Medication Administration Records (MARs.)
Health and safety records

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We asked the provider to send us a copy of their current action plan for the home and this was forwarded to us.

Requires Improvement

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.

Assessing risk, safety monitoring and management

- Risks to people were assessed but we found there was not always clear guidance for staff to follow to minimise risks. For example, some people required support to reposition themselves to minimise the risks of pressure damage to their skin. People had charts for staff to complete when they repositioned a person, but these did not give details of how often people required this support. This could place people at risk of not receiving the care required to meet their needs.
- Risks were minimised in the least restrictive way. For example, the staff had carried out risk assessments to reduce the use of bedrails which could be restrictive of people and pose a risk of entrapment. Where people were assessed as at risk of falling out of bed, but did not require bedrails, tumble mats were placed by beds to minimise the risk of harm to people.
- People lived in a home where checks were carried out to maintain their safety. This included testing the fire detection system regularly, testing water temperatures and all lifting equipment

Using medicines safely

- Medicines were administered in a safe way. People received their medicines in the way prescribed for them.
- People could look after their own medicines after it had been assessed as safe for them, which helped promote their independence. Safe storage for medicines in each room was provided.
- There were suitable systems in place for ordering, storing and the disposal of medicines, including those requiring extra security. Temperatures were monitored to check that medicines were suitably stored. However, in two units the refrigerator thermometer appeared not to have been re-set between readings, and in one unit an oxygen cylinder was not stored safely. Both issues were addressed immediately during the inspection.
- Where medicines were prescribed 'when required' there were written protocols available to help guide staff as to when it might be appropriate to give a dose. These were in the process of being updated and transferred to the new electronic system. We found one person's records were confusing as several medicines had been prescribed for the same reason with no guidance for staff as to which to choose if they were needed. Managers told us they would be arranging a medication review for this person to get clear guidance for staff.
- There were systems in place to guide staff how to apply any non-medicated creams or external

preparations and to record when these were applied to people. However, the individual named preparations used were not always recorded. Managers told us they were reviewing how these preparations were recorded and were planning to introduce separate records to guide staff.

● Regular medicines audits were completed, and we saw that when some issues were identified, action was taken. However, some of the areas for improvement that we found at the inspection had not been identified by the internal audits. New plans had been put in place to arrange detailed audits by the supplying pharmacy. Medicines incidents were reported, managed and investigated to try to prevent them reoccurring.

Staffing and recruitment

● The provider's systems to minimise the risks of abuse to people included making sure all new staff were thoroughly checked before they began work. Staff told us they had not been able to start work in the home until all checks had been carried out.

● There were adequate numbers of staff on duty to keep people safe and meet their physical needs. People and visitors told us the home was well staffed and they never waited long for support.

Systems and processes to safeguard people from the risk of abuse

● People felt safe at the home and with the staff who supported them. One person told us, "The staff are kind and considerate." Another person commented, "I feel safe because the treatment is very good. They are very friendly." A visitor said, "I know I am leaving them in a safe place and can go away without worrying."

● Risks of abuse to people were reduced because staff had received training and knew how to recognise and report abuse. Where concerns had been raised with the provider they had worked with other organisations to investigate concerns and make sure people were protected. There were posters around the home giving details of who to contact if people had concerns but felt unable to raise them within the home.

Preventing and controlling infection

● People lived in a clean environment. All areas of the home were clean and well maintained by a dedicated housekeeping team.

● Staff had access to, and used, personal protective equipment such as disposable gloves and aprons, and there were handwashing facilities throughout the home. This helped to minimise the risks of the spread of infection.

Learning lessons when things go wrong

● The provider had systems in place to collect and analyse information regarding incidents, falls and infections. Any trends identified were highlighted and any lessons to be learnt were shared with the staff team and wider organisation if appropriate.

Requires Improvement

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.

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

● Improvements were needed to make sure the meal time experience was a pleasant social occasion for people. On the first day of the inspection we observed lunch being served in all areas of the home. There was limited social interaction from staff which did not promote a good experience for people. In some areas the serving of meals was disorganised meaning people sitting together did not receive their food at the same time and some people waited an unreasonable amount of time for their meal.

● People did not always receive the support or encouragement they required to eat a good meal. For example, we observed one person ate the parts of the meal they were able to eat without cutting up the food and left anything that needed cutting into smaller pieces. No staff offered to cut up food or encouraged them with their meal meaning they did not finish their lunch. In some instances, people were not positioned correctly to enable them to eat their meal in a dignified way.

● Care plans regarding the support people required to eat and drink were not always reflective of the support they received or were contradictory. One care plan said the person needed 'full support with food and fluid intake' and the next sentence said, 'eats well when left to own devices.' At lunch time this person was physically assisted to eat by a member of staff. Another care plan said the person required 'modified cutlery' which was not provided to them on the day of the inspection. Staff said they were unaware the person required modified cutlery.

● The kitchen staff ensured snacks were available to people, but staff did not always support people to have these. For example, on Sycamore suite which cared for people living with dementia, crisps and chocolate snacks had been provided in the morning, but these were left on the bottom of a trolley and not offered to people. These snacks were still covered up on the trolley in the afternoon.

The lack of personalised care and support for people was a breach of Regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People who had been assessed as needing their meals to be served to them at a specific consistency received their meal as recommended. One person told us how they needed their food to be served and we saw they received this.

● People were complimentary about the food. One person told us, "The food is very nice." Another person

commented, "Always plenty to eat here." A visitor told us how well their relative had been eating since they moved to the home. They said, "I'm very impressed with the food. [Person's name] is eating so well now."

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

● People had their needs fully assessed before they moved into the home. Visitors praised the comprehensiveness of the initial assessment saying staff asked about people's likes and dislikes as well as the person's physical needs. The initial assessments helped to make sure Calway House could meet people's needs and expectations. Care plans were written following the assessment.

● Care plans were not always detailed to ensure staff were able to support people in a consistent manner. For example, where people were reluctant to accept help with their care needs the action that staff should take was not detailed. This meant staff did not have clear guidance to ensure a consistent approach. The effectiveness of the care plan could not be fully evaluated to promote the person's well-being and identify what caused or alleviated the person's anxiety.

● People could be placed at risk of not receiving care in accordance with their assessed needs because communication between staff in different areas of the home was poor. For example, one person had moved between suites within the home. The care plan for this person stated they needed to sleep on a pressure relieving mattress to promote their skin integrity. When they moved to their new suite this information was not highlighted and therefore the person spent their first night in the new suite without the correct equipment. This was rectified by the second day of the inspection.

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

● People's day to day physical healthcare needs were monitored by senior care staff and trained nurses. During the inspection we attended handover meetings between staff. We heard how they observed changes in people's health and sought advice and support from other professionals such as GP's, community nurses and speech and language therapists. One person said, "They get the doctor if you need it and a chap comes to do your feet."

● Staff did not always work together to make sure people received support with their mental health and emotional well-being. One person displayed verbally abusive behaviour during the inspection and records showed this was not an isolated incidence. Care staff told us they felt the person required more occupation and stimulation. However, care staff and activity staff were not working together to provide the support needed. Records showed they were seldom involved in activities and spent a large amount of time sitting with no stimulation.

● Where people were referred to professionals outside the home care plans were not always clear about the advice given and how this should be put into practice by staff. For example, one person's records showed they had been seen on a number of occasions by mental health professionals. Although the care plan stated they at times displayed physical aggression and anger there was no plan in place to show how staff may alleviate this person's distress. During the inspection this person became unsettled and care staff did not respond. However, when a senior member of staff arrived they were able to comfort the person and minimise their anxiety.

● Visitors commented on how well they felt their relatives were being cared for and the improvements they had seen in people's health and well-being. One visitor commented, "Their health has really picked up since being here." Another visitor said, "I think they are being looked after very well and they are much brighter than before."

Staff support: induction, training, skills and experience

● People were supported by trained nurses and care staff who had received training to enable them to safely care for them. All staff completed an induction programme when they began work and there were opportunities for staff to maintain their professional qualifications and obtain nationally recognised qualifications in care.

● Staff did not all have the skills and experience needed to meet people's specialist needs. For example, staff who provided activities to people did not all demonstrate the ability to engage people with age appropriate activities. Although staff had received some training about how to care for people living with dementia this training was not always put into practice and staff teams did not work together to enhance people's quality of life.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We saw people were asked for their consent before staff assisted them with tasks and made sure they were happy to be helped. One person said, "They talk it through, and I give my permission."

● Where people were assessed as lacking the capacity to make specific decisions, staff acted in their best interests. Care records showed that family members had been involved in making decisions in a person's best interests.

● A representative of the provider had carried out an audit of how the Mental Capacity Act was being implemented in the home. An action plan was in place to make sure all staff were fully competent in this area and all care plans were reflective of the legislation.

● The manager had made applications for people to be legally deprived of their liberty where they required this level of support to keep them safe.

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

● People lived in a home which had been purpose built to meet the needs of older people. Accommodation was set over three floors and there was a passenger lift to enable people with all levels of mobility to access all areas.

● People had their own bedrooms with en-suite showers and toilets. People had been able to personalise their rooms to their own tastes and needs. There were a number of rooms which were large enough to accommodate couples if people chose to share a room.

● There were communal bathrooms with adapted bathing facilities which could be used by people who preferred a bath to a shower.
● The home was surrounded by pleasant gardens which were safe for people to access. Some people's bedrooms had doors out to the garden and people had been able to place furniture and plants outside. One visitor said, "We have created our own little piece of garden with plants in pots outside the door."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now 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

- People told us they were supported by kind and caring staff. One person said, "They [staff] will do anything for you." A visitor commented, "The staff are genuinely kind and sweet."
- During the inspection we saw staff were kind and friendly when they helped people. People appeared comfortable and relaxed with the staff who were supporting them. When staff assisted people to move around they did not rush people and walked with them at their pace. Interactions between people and staff were mainly restricted to when staff supported a person with a task.
- Staff spoke affectionately about the people they cared for and had built trusting relationships. We heard conversations which showed some staff knew people very well and were able to chat about family and friends when assisting them. Staff did not wear uniforms which helped to promote inclusion and a home like atmosphere.
- All staff received information about equality and diversity during their induction period to make sure their practice was respectful of people as individuals. People were given choices about the gender of staff who supported them with personal care and staff respected people's choices.
- People lived in an environment which was calm and relaxed but there appeared to be limited opportunities for fun. During the inspection we did not hear staff and people laughing and joking together which created a quiet and subdued atmosphere.

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

- People and/or their representatives were involved in the assessments of their needs and people who were able, could express their wishes on a day to day basis. One person said, "You tell them what you like." One visitor said, "They show them things to help with choices. They respect things like when they don't want to get up."
- People had not all routinely been involved in reviewing their care needs. The new manager told us they were planning to arrange meetings with people and their representatives to enhance their involvement.
- People were invited to meetings to share their views and make suggestions. Minutes of meetings showed people were asked for their views about subjects including housekeeping, activities and food. One person who lived at the home attended the regular heads of department meeting as a representative of the people who lived at the home.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. Each person had a bedroom where they could spend time in private or with visitors. People were able to have keys to their rooms if they wished. One person told us they liked to lock their door when they were not in their room and showed us their key.

● People were treated with dignity. During the inspection staff were friendly and polite to people. We asked people if they were always treated with respect, one person said, "Oh yes, gentle when they help me. Of course, they help me keep my dignity." Another person said, "Yes, they are sensitive and gentle." One visitor told us, "One thing I find very impressive is how dignified everything is. They don't judge people or make a fuss they just go with the flow in the most dignified way they can."

Requires Improvement

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.

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

● Improvements were needed to ensure people received social stimulation and had opportunities to take part in activities according to their interests and hobbies. There was an activity programme in the home which was given to people daily. There was no weekly plan which would have enabled people to plan their days around the activities that interested them. We were informed that, following feedback from people at a meeting, a monthly plan was going to be put in place.

● People were not supported to continue their hobbies. One person told us they had attended an art group but when they got to the group they were the only participant and it was colouring not art. One visitor told the new manager their relative had always enjoyed gardening and the manager said they would arrange for this person to take part in some gardening activities. The person had lived at the home for almost a year and had previously not been supported to pursue their hobby.

●There was limited social stimulation for people who were unable to occupy themselves and a number of opportunities to engage people in conversation were ignored or missed. When staff entered lounge areas they provided limited social interaction to people outside the task they were supporting with. This resulted in people sitting in front of the television or sleeping in their chairs. One visitor commented about their relative, "They seem very content but need more stimulation."

● Activity sessions catered for a small number of people which meant people were not always able to participate. For example, on the first afternoon of the inspection activity staff supported three people to go out shopping, another three people spent time with another worker watching a reminiscence film, colouring and chatting and a small group of people living with dementia took part in a quiz.

● People were encouraged to keep in touch with friends and family. There were no restrictions on visiting and visitors told us they always felt very welcome. One visitor said, "I can come and go whenever and there is always a warm welcome." Another visitor told us, "I can come in twenty-four seven. They always welcome me like they want me to be here." There was skype facilities available for people to keep in touch with friends and family who were unable to visit.

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

● People and visitors told us they thought care was provided in a personalised way and they could follow their own routines. One person told us, "I think you can probably have and do whatever you like." Another

person told us, "I choose my bed and getting up times. I shower myself. Sometimes the girls ask if they can help. I say yes because it's rude to say no!" A visitor said, "The actual care is very good, and they do treat people as individuals and take account of different personalities."

● During the inspection care was kind and sensitive but staff appeared task focussed rather than person centred. For example, at lunch time staff focussed on ensuring people had a meal. The majority of people were not asked about what vegetables or condiments they would like. The hot dessert was served with custard without asking if people wanted it. One person was offered sauces to go with their main meal. We asked staff why this wasn't offered to anyone else and they told us no one else had asked. A number of people were living with dementia or had communication difficulties so would be unable to ask if not offered.

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.

● Staff told us all information could be made available in any format to suit people's needs. They told us that one person who was visually impaired preferred to have information read to them and another person who had lived at the home communicated with a tablet computer.

● Information around the home was not always in easy to read formats or was not available at all. For example, the names of staff on duty were written on a board in one area but the handwriting was not easy to understand. During the inspection a staff meeting was held, and staff asked for photos to be reinstated so people would know who was working with them each day. The day's menu was not on display leading to some confusion about what the meal on offer was.

Improving care quality in response to complaints or concerns

● People and visitors said they would be comfortable to raise a complaint if they were unhappy about any aspect of their care. One person said, "I'd just tell the staff and get it sorted." A visitor told us, "I have no complaints. If I did, I wouldn't be backward in coming forward." Another visitor told us, "I would be totally comfortable to complain. I really feel they want to get things right."

● People could be assured that complaints were taken seriously and fully investigated. One person told us about a complaint they had made and said that it had been fully resolved and improvements had been made.

End of life care and support

● People could be confident that at the end of their lives they would receive compassionate, high quality care. The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Calway House was a 'Platinum home' which means they had been re accredited after a three-year period which demonstrated sustainability of standards and high-quality care for people.

● People's care plans contained information, including where they would like to be cared for, if they became very unwell. The manager informed us people's relatives were able to stay with them at the end of their lives if that was people's wish. One visitor, who told us their relative was receiving palliative care said, "Totally comfortable with the care they are getting. Nice to know there are always trained nurses here."

Requires Improvement

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; Continuous learning and improving care

- People lived in a home where quality monitoring audits were carried out but were not always effective in ensuring improvements were made. A number of audits were carried out on a regular basis, but it was not always clear what actions had been taken to make improvements to people's care. For example, care plan audits were undertaken with 10% of care plans being audited each month. From these audits actions to be undertaken were allocated to specific staff but there was no evidence that these were followed up. We found a number of care plans did not give clear information for staff to follow or were not reflective of the care people were receiving.
- Records regarding people's day to day care were not always effectively monitored to make sure people received the correct care and support to meet their up to date needs. For example, some people required records to be kept of their repositioning or food and food intake. There was no clear system for checking these on a daily basis to make sure people had received the correct care. This could mean issues were not picked up and acted on promptly.
- Action was not always taken promptly when shortfalls were identified. The provider told us in their provider information return in February 2019 that concerns had been received regarding the mealtime experience. In response to this they had ensured additional staff were made available to host and support meals. During the inspection we found the mealtime experience continued to be poor. People did not always receive the support and encouragement they required, and some people waited an unreasonable amount of time to be served.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. This placed people at risk of harm. This is a beach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager, but a new manager had been in post for a number of weeks and had

applied to be registered with the Care Quality Commission. The new manager had already identified shortfalls in the service and had created their own action plan to address issues and improve the service people received. The provider had allocated a peripatetic manager to the home to support the new manager in making improvements.

● There was a staffing structure which provided clear lines of accountability and responsibility. There were always senior staff and trained nurses available to monitor people's health and well-being and be available to less experienced staff to offer advice and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The new manager was committed to creating a staff group who all worked together to ensure people received good quality person centred care. Previously staff had been invited to small meetings but on the second day of the inspection the new manager had held a full staff meeting to bring everyone together and outline their expectations.

● People had opportunities to make suggestions and share their views. Review meetings were being arranged for people and their representatives. This would give people a chance to be more involved in planning their care and making their wishes known.

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

● People and staff felt the new manager was open and approachable. One person said, "I know the manager [named them]. Is very friendly, very good and well organised. Yes, able to speak if any problems." Staff told us morale was low, but more than one member of staff said they were optimistic about the future and felt they would be better supported.

● People benefitted from a management team who acknowledged shortfalls in the service and were committed to making improvements to enhance people's quality of life. The new manager was supported by a new operations manager, a clinical lead and a peripatetic manager. All were available during the inspection.

● Where things went wrong in the service the provider was open and notified appropriate agencies, such as the local authority safeguarding team, and co-operated fully with investigations. This helped to ensure lessons were learnt and changes made to practice.

Working in partnership with others

● The staff team worked with other agencies and other homes owned by the same provider to share good practice and learning. For example, staff were working with the local hospice to make sure people received high quality end of life care. They held monthly video conferences where speakers were invited to talk about various subjects.

● The home had two qualified nurse mentors and were able to provide placements for student nurses. The home had also piloted a new scheme, Listening And Responding to Care Homes (LARCH) This has involved working with other healthcare professionals to make sure people have the best quality care at the end of their life, in a place of their choosing and to avoid unplanned hospital admissions.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care and support which met their individual needs and preferences. Regulation 9 (1) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. Regulation 17 (1) (2) (a) (b)