Bramlings Limited

# Brambling Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 9 and 11 July 2018 and was unannounced.

Brambling Lodge 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. Brambling Lodge is registered to provide care and support for up to 27 people who may be living with dementia. At this inspection there were 25 people living at the service.

The registered manager had left the service in January 2018. There was a manager in post who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following the inspection the manager's registration was confirmed.

We last inspected the service in June 2017 and we found three breaches of regulations, the provider had failed to deploy sufficient staff to meet people's needs and medicines management was unsafe. The provider had failed to use feedback to improve the service, audits had not been effective, records were not always accurate and complete. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the regulations. At this inspection, improvements had been made and two of the previous breaches had been met. There was one continued breach and a new breach of regulation was identified. This is the second consecutive time the service has been rated Requires Improvement.

Potential risks to people's health and welfare had not been consistently assessed. Some people's health conditions had not been assessed and there was no clear guidance for staff to mitigate risks and recognise when people were unwell. Care plans had been reviewed but were not consistently accurate or did not reflect the care and support being given.

Audits had been completed on all areas of the service, any shortfalls found were rectified. However, the manager had not completed an audit on the care plans reviewed during the inspection and the shortfalls found had not been identified.

At the last inspection, the provider had failed to have sufficient staff to meet people's needs. At this inspection improvements had been made. There were sufficient staff to meet people's needs, call bells were answered quickly and staff were always available in the lounge to support people.

Previously, medicines had not been managed safely. At this inspection, improvements had been made. There were systems in place to monitor the administration of medicines and previous shortfalls had been

rectified.

People's needs were assessed before they moved into the service following current guidelines. Staff monitored people's health and referred them to specialist healthcare professionals when needed. Staff followed the advice given to keep people as healthy as possible. People were supported to be as active and independent as possible. Staff worked with the GP and district nurse to respond to people's healthcare needs. People's end of life wishes were recorded and staff had received training to support people to be as comfortable as possible.

Staff received training appropriate to their role, they received supervision to discuss their development and skills. Staff knew how to keep people safe from abuse. The manager had reported and worked with the local safeguarding authority when required. Incidents and accidents were recorded and analysed to identify trends and patterns, action was taken and lessons learned to reduce the risk of them happening again.

People were encouraged to plan their care and express their views. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had a complaints policy, this was displayed in the reception of the service. However, the policy was not available in other formats such as pictorial or easy read. This was an area for improvement.

Staff treated people with dignity and respect, people were encouraged to maintain relationships with people who were important to them. People had the opportunity to take part in activities they enjoyed.

There was an open and transparent culture, the manager had an open door policy and had developed relationships with people and relatives since starting at the service. Staff told us the manager was approachable and supported them.

People, relatives and staff attended meetings to express their views and suggestions for the service which were acted on. The manager worked with agencies and attended local groups and forums to improve their knowledge and skills.

Checks and audits had been completed on the environment and equipment that people used to make sure it was safe. The service was clean and odour free. The building met people's needs and refurbishment was continuing.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall. The service had displayed their rating on their website.

At this inspection a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an additional breach was identified. You can see what action we have asked the provider to take at the end of the report.

## 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.

Potential risks to people's health and welfare had not been consistently assessed and there was not always detailed guidance for staff to mitigate risks.

Staff knew how to keep people safe from abuse and were confident that the manager would act on any concerns they had.

There were sufficient staff to meet people's needs who had been recruited safely.

People received their medicines safely and when they needed them.

Accidents and incidents were analysed and action taken to reduce the risk of them happening again.

The service was clean and odour free.

### Is the service effective?

**Good**

The service was effective.

Staff worked within the principles of the Mental Capacity Act 2005 and offered people choice.

Staff received the training appropriate to their role and felt support by the manager to develop their skills.

People were supported to eat and drink a balanced diet.

Staff worked with other health care professionals and supported people to lead as healthy lives as possible.

People had access to the dentist and chiropodist to keep them healthy.

The building and signage met people's needs.

## Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were supported to express their views about their care and support.

People were encouraged to be as independent as possible.

People were supported to maintain relationships that were important to them.

## Is the service responsive?

Requires Improvement

The service was not always responsive.

Each person had a care plan but these were not always accurate and did not reflect the care that people received.

The provider had a complaints policy in place but this was not available in formats such as pictorial or easy read.

People were supported at the end of their lives.

People had the opportunity to take part in activities they enjoyed.

## Is the service well-led?

Requires Improvement

The service was not always well led.

Audits had been completed on the quality of the service. However, care plans reviewed at this inspection were not audited and the shortfalls found had not been identified.

There was no registered manager in post. The manager was in the process of registering with the Care Quality Commission.

People, relatives and staff attended meetings to give their opinion and suggestions for the service, that had been acted on.

The manager worked with other agencies and attended forums and groups to improve their knowledge.

There was an open and transparent culture. Relatives and staff told us the manager was approachable.

# Brambling Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 11 July 2018 and was unannounced.

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service had sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous reports and looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We looked at six people's care and support records, associated risk assessments and medicines records. We looked at staff recruitment records, training, supervision, staff and resident meeting minutes. We observed people spending time with staff. 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. We spoke with the manager, deputy manager, provider, registered manager from another of the provider's services, three care staff, housekeeping manager, kitchen assistant, activities co-ordinator and administrator.

We spoke with four people who lived at the service, four relatives and a volunteer. We spoke with one healthcare professional during the inspection and had contact with another following the inspection.

Requires Improvement

# Is the service safe?

## Our findings

Relatives told us they thought their loved ones were safe. One relative told us, "Definitely safe here." Another told us, "My (relative) is safe here, they check them every hour when they are in their room."

Despite these positive comments the service was not always safe. Potential risks to people's health and welfare had not been consistently assessed and staff did not always have detailed guidance to mitigate the risks.

Some people were living with health conditions such as epilepsy, one person's care plan had recorded that they had been diagnosed with epilepsy. However, there was no care plan or risk assessment in place to give staff guidance about how to recognise the signs and symptoms of the person's type of seizures and how to support them during a seizure. When we spoke with staff, not all the staff were aware the person had been diagnosed with epilepsy, none of the staff knew how the person's seizures displayed or how to support the person during a seizure. Staff had not received training about epilepsy, though some were trained first aiders and were aware of some elements of epilepsy. There was a risk that staff would not be able to recognise and support the person when they experienced a seizure. Following the inspection, the manager confirmed the types of seizures the person experienced and the support they needed with the GP.

Other people required support with their mobility. The assessment and risks when moving people had not consistently been completed. Some people required support from staff using a hoist, this was documented in their care plan. But there had been no risk assessment to explain how the decision had been reached that this was the safest way to move the person. Some people were living with Parkinson's disease, people's care plans did not reflect how the symptoms of the disease such as stiffness and shaking would affect the support they needed while being moved. Another person's care plan stated a stand aid hoist should be used, staff told us, when the person was tired they used a sling hoist, as they were not able to support their weight. This had not been recorded or assessed in the person's care plan and the person had physical disabilities that would require detailed assessment as to the sling required, to keep them safe. Following the inspection, the manager sent us moving and handling risk assessments that had been put in place.

People's needs had been assessed before moving into the service, however, details of their needs had not always been transferred to their care plans. One person's assessment and discharge letter from hospital stated that the person should have syrup thick fluids. The person had not received thickened fluids since admission and staff were unaware that this had been recorded on the assessment documentation. The person had not had any choking episodes or chest infections, so there had been no impact on their health. The deputy manager told us they would contact the GP to confirm what type of fluids the person should be given. Following the inspection, the GP confirmed that the person could have normal fluids.

The assessment and guidance for people living with diabetes was inconsistent in the detail for staff to follow. Some people's care plans did not contain information about the signs and symptoms to look for when people were unwell and what action to take. However, other care plans had personalised details about how to support the person to maintain a stable blood sugar and reduce the risk of them becoming

unwell.

The provider had failed to consistently assess the risks to the health and safety of people receiving care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider had failed to deploy sufficient staff to meet people's needs. At this inspection, improvements had been made and the breach of regulation had been met.

Previously, staff had not been working as a team and there had been high sickness levels leaving the service short staffed and not being able to meet people's needs. There had been changes within the staff team, including the addition of a deputy manager. Staff told us that the culture within the staff team had changed and they were now working together.

The manager had started to manage staff sickness, duty rotas showed that there had been a reduction in sickness. Staff told us they now enjoyed coming to work and were happy to cover shifts. Staff told us, "I am flexi but I do not get that many shifts or called into work at short notice." The manager had recruited to anticipate any shortages that may happen. We observed staff always present in the lounge to support people when they needed, call bells were answered quickly and staff were present on the first floor to support people who wanted to stay in their room.

Staff were recruited safely. Checks were completed to make sure staff were honest and trustworthy to work with people. There were written references, full employment history and photo identification. Disclosures and Barring Service (DBS) criminal records checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

At the last inspection, the provider had failed to ensure the safe management of medicines. At this inspection improvements had been made and the breach of regulation had been met. Previously, staff had not followed specific procedures when administering and recording certain medicines. Other medicines had not always been given as prescribed and recorded accurately. At this inspection, staff were following procedures and all medicines had been recorded accurately and this was reflected in the number of tablets available and confirmed that the tablets had been given. There were systems in place to check that medicines administration records were signed.

Some people were prescribed medicines on 'as and when' basis such as pain relief. There was detailed guidance for staff about when and how often the medicines should be given. We observed part of a medicines round, people were given time to take their medicines and staff encouraged them to be as independent as possible.

Accidents and incidents were analysed to identify any trends and patterns. The manager had used the analysis to learn lessons and make improvements to the service. The improvements were shared with staff at handovers and meetings. For example, there had been an incident that had highlighted that cups of tea were too hot. Staff now added some cold water to the cup of tea before giving it to the person. We observed this happening during the inspection.

The manager understood their responsibility to report any safeguarding concerns, they notified the local safeguarding team when required. Staff knew how to recognise abuse and how to keep people safe. They were confident that the manager would act on any concerns they may have and knew how to report

concerns to outside agencies if needed.

Checks and audits were completed on the environment and equipment that people used to make sure they were safe. There was a fire risk assessment in place and each person had a personal emergency evacuation plan. These included details about people's physical and communication needs to evacuate them safely from the service in an emergency.

The service was clean and odour free. There were sufficient number of domestic staff to keep the service clean. Staff received infection control training including food hygiene and followed procedures to protect people from infection such as wearing gloves and aprons, when required.

Good

# Is the service effective?

## Our findings

People and relatives told us that they saw healthcare professionals when they needed to. One person told us, "We have the chiropodist regularly." One relative told us, "They call the doctor quickly, and update me when I arrive."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met.

Previously, people's doors to their rooms had been locked when they were not in them, as one person went into their rooms looking for sweets. There had been no record of how this decision had been made and if it was the least restrictive. At this inspection, people's rooms were not locked so that people had access to their rooms at all times. The manager had recorded best interest decisions in people's care plans.

Some people had DoLS in place with conditions, these had been recorded in the care plan, staff had guidance on how to meet the condition. We reviewed records and the conditions had been met. We observed staff offer people choices as to where they wanted to spend their time and what they wanted to eat and drink. Staff described how they supported to people to make choices and promote people's independence for example, by showing them two choices of clothes or drinks.

People and their relatives met with the manager before moving into Brambling Lodge. People's needs were assessed and discussed to make sure staff could meet people's needs. The assessment covered all areas of people's lives including health, social and emotional needs. People's needs were assessed in line with current guidance from National Institute of Clinical Excellence (NICE), using recognised tools. Each person had an assessment for nutrition, falls and skin integrity and this was used to plan people's care.

Staff received training appropriate to their role. The manager had identified that training had not been completed consistently and had put a system in place to ensure staff completed their training. Staff received a mixture of online and face to face training. We observed staff putting their training into practice, staff moved people safely, using equipment. Staff had received training in subjects such as dementia and infection control. The clinical nurse specialist had provided training about keeping skin healthy and preventing skin breakdown. Some staff had been trained and deemed competent to administer insulin. This had a positive effect on people's health as people now received their insulin at regular times and their blood

sugars have remained stable rather than fluctuating.

New staff completed an induction that included at least two weeks shadowing experienced staff to learn people's choices and preferences. This period would be extended if staff had not worked within care before. Staff that had not completed a vocational qualification in care, were supported to complete the Care Certificate, a set of standards that social care staff are expected to follow in their work.

The manager had completed a one to one supervision with all staff, where they discussed people's training and development needs. Staff had been registered to start vocational qualifications in social care and management to develop their skills. Staff told us that they felt supported by the manager and that they had an open door policy for staff to raise any concerns.

People's health was monitored, staff acted when people's health changed. People's weight was monitored and they were referred to the dietician when people had lost weight. When people had difficulty swallowing, staff referred them to the speech and language therapist for assessment. We observed people receiving food and drinks in line with the guidance that healthcare specialists had given.

Staff worked closely with the district nurses and GP surgery. Weekly surgeries were held by the nurse practitioner so that staff could review their health needs with them. The district nurse told us that staff reported concerns to them quickly and followed the advice that was given.

People were supported to attend hospital appointments to monitor their health such as diabetic eye screening. People had access to health professionals such as dentists and chiropodists when required. People were encouraged to lead as healthy lives as possible. People were encouraged to walk and complete activities to keep their mind active.

People were given a choice of meals in line with their choices and preferences, including a cooked breakfast. When people did not want one of the choices offered, they could choose something else. The catering staff were informed of people's dietary needs including low sugar, thickened fluids and pureed diets. We observed staff preparing drinks for people as described in the assessment in their care plan.

People were given the choice of where they wanted to eat their meals. Some people chose to eat their lunch in the lounge. There was a relaxed atmosphere and there were staff available to support people to eat their meal if required. The meal looked appetising and people received the portion size that they preferred. People who required a pureed meal, received the meal in a sectioned bowl so that each element of the meal was separate.

Brambling Lodge is a purpose built building, people had access to the gardens. People could access the first floor by a passenger lift. The building had signage that followed current guidelines to support people living with dementia to find their way around their environment. There were bathrooms and shower rooms that were adapted so people could use them safely. The building continued to be re-furbished and decorated to improve the environment for people including suggestions from relatives.

Good

# Is the service caring?

## Our findings

Relatives told us that staff were kind and caring. One person told us, "Carers come down to our room regularly and have a chat." A relative told us, "Always talk to them at their level, very happy with the carers." Another relative told us, "Care is very good in all aspects."

People were supported to be as independent as possible and to feel valued. One person was supported to sweep the floor outside the laundry, they told us this was their job and they enjoyed it. Other people enjoyed folding the laundry and making sure the laundry trolley was tidy. All staff were involved in supporting people to be involved. The housekeeping manager told us, "People really enjoy helping and they do a good job. I like seeing them happy."

People were supported to walk as independently as possible. When staff were supporting people, they spoke to them discreetly, encouraging them, telling them how well they were doing. At mealtimes, people were given equipment such as plate guards, to enable them to eat their meals independently.

Staff told us how they treated people with dignity and respected their privacy, "I knock on the door and wait to be asked in and cover them up when washing them." We observed staff knocking on people's doors and waiting, staff had closed people's curtains when providing care. We observed people being assisted to move using the hoist, staff used a screen to maintain the person's dignity.

Staff were able to spend time with people. We observed staff support people to take their medicines, taking time to talk to them and coaxing them in a kind and patient way. One person liked to 'help' in the office, staff spent time giving them small jobs to do, and involved them in all aspects of their day.

People were supported to maintain relationships that were important to them. Some people chose to spend time with their loved one in a separate lounge, staff made sure that their privacy was respected. Visitors and relatives told us they could visit at any time and staff were always available to speak to them on the phone.

People's religious and spiritual beliefs were supported. Staff arranged for people to attend services and have contact with groups when people wanted. Staff knew about people's life history and their interests. Staff told us about people's interests and what they had done in their lives and why things such as steam trains were so important to the person.

People and their relatives were encouraged to express their views and make decisions about their care. Reviews of people's care were held with them and their relatives, to discuss if they wanted any changes and if they were happy with the support they were receiving.

When people were unable to share their views about their care and treatment with staff and others. When people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either

by supporting people or by speaking on their behalf.

Requires Improvement

# Is the service responsive?

## Our findings

Relatives told us they knew how to complain. One relative told us, "I would be happy to make a complaint if I needed to, I would talk to the manager."

Each person had an electronic care plan that had been developed with them, where possible and their families. The care plans contained details of people's choices and preferences about how they wanted to be supported. This included when they wanted to get up or go to bed or how they wanted to be supported to wash and dress.

However, other elements of the care plans contained inconsistent information or had not been updated or reviewed to reflect changes in people's needs. Some people displayed behaviour that may challenge and this had been recorded in a risk assessment. But there was no support plan for staff to follow to support the person and how to identify triggers to their behaviour. The deputy manager found a behaviour support plan in paper form that had not transferred to the electronic plan. New staff used the electronic care plan to refer to and there would not be guidance available. Staff who knew the person well and described how they supported them to minimise the risks associated with their behaviour.

Care plans had been reviewed by staff but changes had not always been made when required. One person's care plan had referred to a loved one and the impact they had on the person's support and behaviour. The care plan had not been reviewed and changed when that loved one had died as the person's needs had changed. Staff knew the person well and had adapted the way that the person was supported.

Care plan reviews had not always been accurate. One person's review stated that they had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place, but the care plan stated the person did not. A DNACPR could not be found for the person so the review was not accurate. The care plan for the person's end of life wishes was contradictory as it stated the person would like to receive palliative care and to be resuscitated. The deputy manager spoke with the GP surgery, during the inspection, and confirmed the person did not have a DNACPR in place. The deputy manager was arranging a review of the person's end of life wishes with their family.

The provider had failed to maintain accurate, complete and contemporaneous record in respect of each person. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

The provider had a complaints policy, this was displayed in the main reception. However, this was not available in additional formats such as easy read. The deputy manager told us that the provider was aware

of the need to produce information in different formats and this was being devised. We will follow this up at our next inspection.

There had been no formal complaints since the last inspection. The manager understood the provider's complaints policy. They told us that any 'niggles' people or relatives had, had been investigated and resolved to people's satisfaction. These had not been recorded and the manager agreed that this was an area for improvement.

People's end of life wishes were recorded when people had wanted to discuss them. Staff met with people and their families to discuss their choices and preferences. Some people had decided they did not want to go to hospital unless it was an emergency and be treated at Brambling Lodge. Staff worked closely with the GP practice and district nurses to keep people comfortable. When people had been identified as being at the end of their lives, staff made sure that medicines were available to be used when needed. Staff had received training in end of life care from the clinical nurse specialist.

The manager told us that they would be implementing a tree of choices. People would be able to write their wishes on the leaves and where possible the staff would help them achieve this before the end of their lives.

People had the opportunity to take part in activities they enjoyed. Staff supported people to participate in activities such as colouring and reading in the morning. There was an activities co-ordinator in the afternoon, who supported people to join in group activities. During the inspection occupational therapists facilitated a reminiscence session. People looked engaged and chatted happily about what they remembered and how they felt.

The activities co-ordinator told us that the manager wanted to improve the activities programme including people being able to go into the village and taking part in activities with the local community. The activities co-ordinator had attended training in specialist activities for people with dementia, from the National Activity Providers Association (NAPA). NAPA is an organisation that provides information and advice on meaningful activities for older people.

Requires Improvement

# Is the service well-led?

## Our findings

Relatives told us that they thought the service was well led and the manager was approachable. People and relatives told us they had been asked about their views and experiences of using the service.

At the last inspection, audits had not been effective in identifying some shortfalls in the service. Records were not always accurate and complete and feedback had not been used to improve the service. At this inspection, improvements had been made but the breach of regulation had not been met.

There was no registered manager in post. The management of the service had been unstable, there have been three managers since 2016. The previous registered manager had left in January 2018, the new manager had started work at the service in April 2018. The new manager was in the process of registering with the Care Quality Commission. Following the inspection, the manager's registration was confirmed.

The manager had started an audit of the service and had identified some shortfalls and had an action plan in place to rectify these shortfalls. The manager told us they were adapting the provider's audit tools so that they could record the shortfalls and actions completed. The manager completed daily, weekly and monthly audits, any shortfalls and actions taken were recorded. The manager told us that improvements had been made but there was still a lot of work to do including care plans.

The manager had not audited the care plans that were reviewed during the inspection and the shortfalls had not been identified. This included risk assessments and guidance not being in place to reduce the risks to people's health and welfare. People's care plans had been reviewed but had not been updated to reflect people's changing needs and were not accurate.

The provider had completed audits but had failed to identify shortfalls found at this inspection. Records were not always accurate and complete. This is a continued breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had a clear vision for the service which was based on the provider's values. This was to be committed and dedicated to providing quality care, that is delivered with compassion and empathy. To enable our residents to feel valued and loved with all the dignity they deserve, within a homely environment. To provide quality services and individual care that is person-centred and recognises everyone as unique individuals. Staff told us they felt supported by the manager and that the manager had changed the culture within the service and was enabling them to support people in a person centred way.

There was an open and transparent culture, the manager told us they had an open door policy, staff told us they could speak to the manager whenever they wanted. The manager told us it was important to build relationships with the relatives. During the inspection, relatives came into the office and chatted to the manager, there was an informal nature to the conversations.

The service had not yet sent out quality assurance surveys to people and staff, they were due to be sent at

the end of July. The manager told us that they had decided to wait until they had been at the service for a period of time so that they could receive feedback on the changes they had made so far and identify what further improvements people and staff wanted. Relatives had left feedback on a rating website for care homes, the rating for the home had improved over the last three months, this was displayed in the hallway, congratulating staff on their hard work.

People, relatives and staff had attended meetings to keep up to date with changes within the service and give their opinions and suggestions for the service. Meeting minutes recorded that feedback had been given about issues raised at previous meetings. Staff had suggested new ideas for people's tea and this had been introduced and feedback was that people were enjoying the food. Relatives and staff had mentioned about laundry being creased, a new iron was brought and the next meeting showed that there had been improvements.

The manager attended local forums and groups to improve their knowledge about best practice. The manager worked with local agencies, including the local safeguarding authority and clinical nurse specialists. One healthcare professional told us that the manager attended education sessions and encouraged staff to attend training provided. The manager told us that they planned to increase the presence of the service in the local community, by involving them in events within the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall. The service had displayed their rating on their website.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to consistently assess the risks to the health and safety of people receiving care and treatment. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had completed audits but had failed to identify shortfalls found at this inspection. Records were not always accurate and complete. |