

Abreu Limited

Claremont 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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Claremont House is a residential care home providing personal care to 13 people at the time of the inspection. The service can support up to 16 people. The service is set across two floors with a lift and stairs to the first floor. There are some communal spaces such as a combined lounge and dining area, garden and reception area. The office is located inside the service. Each bedroom has a private toilet and sink and there are shared bathrooms available.

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

People's care plans gave lots of information about how to safely support the person. However, risk assessments were not robust enough to ensure people were safe. Staff were still learning how to best use an electronic care planning and recording system. Staff knew people well but needed further development to be confident in their understanding of people's conditions, and how this impacted their lives.

People had the opportunity to be involved in a variety of activities and more options were being planned but not yet in place. People had experienced a lot of positive changes since the last inspection but monitoring systems did not always identify concerns and did not yet drive improvement in the service.

Medicines were safely administered but records required further development to imbed best practice. People were supported to access all relevant health and social care professionals to meet their needs.

People were very happy living at the service and told us they felt safe because the staff were kind and caring. Relatives also told us they thought their family members were safe as the staff knew them well and knew how to support their needs. Staff had a good understanding of how to keep people safe and had received training in safeguarding adults.

Staff treated people with respect and showed patience and compassion when supporting them and delivering care. Interaction was good and people were chatting a lot and laughing. There was a warm and welcoming atmosphere in the service that made it feel like home. The service was clean and odour free and had recently been decorated making a pleasant environment.

People told us staff encouraged them to do what they could for themselves but that they could ask for help if they needed it. Relatives told us they and their family members were involved in care reviews. Staff gave people lots of choice about daily decisions such as for food or drink or how they spent their time.

People really liked the food and drink and there were many choices available. People could access anything they wanted, and a variety of snacks and drinks were accessible to people throughout the day and night.

People and their relatives were happy that any complaints would be managed quickly and effectively. They told us the registered manager was very approachable and they would be happy to speak with them if

needed. One relative told us, "I am happy with how they look after [my family member], I think they are well cared for. I think [staff] do a brilliant job."

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.

We have made a recommendation about staff training and development.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 06 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of some regulations. However, we found enough improvement had not been made in other areas and the provider was still in breach of other regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to the safe assessment of risks. We also identified a breach about quality assurance systems to ensure the registered manager and provider had good oversight of the delivery of care. 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 improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Claremont 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

One inspector and one assistant inspector carried out this inspection.

Service and service type

Claremont House 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 had a manager registered with the Care Quality Commission. This 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some 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.

We sought feedback from the local authority, Healthwatch and professionals who work with 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. This information helps support our inspections. We used

all of this information to plan our inspection.

During the inspection

Not everyone living at the service was able to clearly communicate with us. We spoke with the relatives of some people in order to try and ascertain their experience of the care. We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, the registered manager, deputy manager, senior care workers, care workers, housekeeping staff, activity co-ordinators and catering staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to implement robust systems to demonstrate the safety of medicines and assessed risks were not effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments continued to be insufficient if not read in conjunction with the care plan. There was no instruction in the risk assessments for staff to refer to the care plan. The risk assessments used a generic 'click the box' system which did not consider specific differences between individual people. They did not state what control measures were in place and how staff should safely manage the risk.
- Not all care needs were being consistently recorded. For example, checks on people's bed rails, personal and continence care outcomes. For people who required repositioning regularly the records did not always identify why a person was not re-positioned and for one person the records did not clearly reflect the person's need to be repositioned every two hours.
- Medicine records did not always indicate when a new medicine had been received into the service, when it had been opened and did not show the quantity held in stock. This meant it was more difficult to identify if a medicine error had occurred.
- Care plans did not show that GP advice had been sought for the potential impact of missed medicines, should people who chose to take more than one medicine at a time drop one or spit one out. This meant staff would not be able to recognise which medicine was not taken and there was no guidance of the impact of that for each person.
- There was not a clear and systematic process in place to ensure the registered manager would check for any incidents that occurred in their absence. This meant there was the potential for a safeguarding incident to go unreported.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed the required medicines records would be implemented immediately and all risks and care records were to be reviewed and updated within one week.

- While some areas were still to be improved upon, there had, however, been a lot of improvement. Staff had received training in safeguarding people and were more aware of how to keep people safe and who to report concerns to. Relatives and people told us they felt safe. One relative said, "Oh I think [my family member feels safe without a doubt. [My family member] is always pleased to be back at [Claremont House] and considers that house to be their home now."
- Care plans had been updated, although still a work in progress, they showed much more detailed information about how to meet people's needs safely and in line with their preferences. As people's needs changed, care plans were updated to reflect the changes.
- Staff had received training in medicines by a community pharmacist. Protocols for people's 'as and when required' (PRN) medicines were in place and up to date. Staff practice of administering medicines to people was good. Checks on medicines currently held in stock identified that the amount held was correct but it took time to calculate due to a lack of open dates and running stock records. People's preferred methods of taking medicines had been identified and written in their care plans.
- The registered manager had ensured relevant safety checks on equipment and the premises systems had occurred, such as servicing of hoisting equipment, fire and gas systems and electricity.

Staffing and recruitment

At our last inspection the provider had failed to demonstrate safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had updated the recruitment process since the last inspection. Interview documents now gave prompts to ensure that all information required to check staff were suitable for the role was gathered. This included a full employment history, verification of references and Disclosure and Barring Service updates (DBS). This was also completed for any agency staff used. The registered manager had retrospectively completed these checks for any staff shown to have gaps in their records at the last inspection.
- Any shortages of staff on the rota was covered by either the deputy or registered manager. Staff in other roles such as housekeeping and catering staff, were also able to help if needed. This was because all staff received the same training no matter their role. Agency staff was currently being used to cover some waking night shifts but they worked alongside permanent staff.

Preventing and controlling infection

- Staff had a good understanding of how to prevent the spread of infection when supporting people with personal care, cleaning, meals and drinks. Staff confirmed they had a good supply of equipment such as disposable gloves and aprons and cleaning materials.
- The service had now employed dedicated housekeeping staff and as a result, the environment was much cleaner. Although, while daily cleaning schedules had been implemented, deep cleaning routines were yet to begin. Relatives told us they had noticed an improvement in the cleanliness of their family members bedrooms. One relative told us, "[My family member's] room is definitely a lot cleaner than it has been in the past."

Learning lessons when things go wrong

- There was evidence of learning lessons from areas of concern raised either by the last CQC inspection or from the local authority quality monitoring visits. These had also been shared with the staff team and relatives.
- It was not yet clear that staff understood how to identify lessons learnt for themselves following both positive and less positive events. This was also not yet implemented as standard practice to enable learning without blame that would further drive 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed staff supervisions were not happening frequently and had not occurred at all for the registered manager or the deputy manager. Other staff's supervision records were also brief and lent themselves to task-based supervision. This was a missed opportunity to really develop and assess staff's skills. Staff told us when supervision was cancelled it did not get re-booked.
- Discussions with staff identified gaps in their knowledge and understanding of some fundamental aspects of their role. For example, a clear understanding of the Mental Capacity Act (MCA) and Deprivation of liberty Safeguarding (DoLS). Staff struggled to explain how this impacted people. Some staff and relatives also felt staff would benefit from training in areas specific to people's conditions such as Diabetes, Dementia awareness and Parkinson's disease.

We recommended the provider consider further training and development for staff to gain a better understanding of people's specific conditions. Also, for understanding how the MCA and DoLS impacted their role. The provider should also ensure all staff are receiving sufficient supervision and support to fulfil their roles.

- However, staff said they did feel supported by the registered manager and the deputy manager and could go to them at any time for advice. Staff also told us they were listened to. One staff member said, "I definitely feel supported. If I need advice I will go to either the registered manager or the deputy manager...they are approachable."
- People told us they thought staff had a good understanding of how to support them. Relatives also told us that staff knew their family member well, even where their knowledge of specific conditions could be better.

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

At our last inspection the provider had failed to implement systems to ensure people's needs were effectively identified and managed. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- There was still some development to be done in relation to staffs understanding of the new electronic

system of recording information and ensuring no gaps in daily records. However, the updated care plans were much more personalised and the information about people's needs no longer contradicted itself. As a result, the information was clear enough for staff to get to know a person and what they liked.

- The registered manager and senior staff members had assessed people's needs, choices and preferences. This information had been used to update and inform care plans. They had included advice from various health professionals to ensure specific aspects of care were safely delivered.
- When assessing people's needs, staff had sought information about the whole person and included emotional, physical, mental, cultural and medical needs. In addition, people's interests and hobbies prior to and since moving into the service were also incorporated.
- Staff understood how to meet people's needs in ways they would respond to. One relative told us that they thought staff were caring and knew their family member well including what was important to them. Staff knew people's likes and dislikes and tried to encourage people to do things. The relative said, "[Staff] have worked really hard to encourage them to dress and wash every day and get up for at least a part of the day. I think that has really helped [my family member's] mental health as there has been a positive difference."

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

At our last inspection the provider had failed ensure good standards of cleanliness and an environment that met the needs of people living in the service. This was a breach of regulation 15 (Equipment and premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At this inspection, we found that repairs of the building had taken place and there were no longer holes or stains on the ceilings. Rubbish from the front of the house had been removed and this now looked much tidier and well kept. The communal areas had been redecorated, were clean and with no unpleasant odours. One relative told us, "[Staff] have extensively redecorated the place since last year's inspection and it is a much more pleasant and welcoming environment." The communal areas were much more dignified and respectful.
- The provider told us there were plans for further redecoration of people's bedrooms. We discussed with the registered manager about implementing a maintenance plan that reviewed what would benefit people living with dementia in the environment. People would benefit from items such as clear signage and contrasting colours for toilets, grab rails and door frames. Personalised bedroom doors would also help prevent falls and confusion. We observed one person with dementia frequently waking around the house trying a number of doors until they opened the right one.

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

The 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 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.

- The registered manager had recorded in detail the evidence of mental capacity assessments and the best interest process. This was for people who did not have the mental capacity to consent to specific decisions for themselves.
- Health and social care professionals confirmed that the registered manager had sent in the relevant DoLS applications and where these had been authorised, this was recorded on people's care records. One person had a condition applied to ensure the person was referred to specialist doctors in order to meet their health needs. This had been acted upon and met by the registered manager.
- People and relatives told us staff always asked consent before providing any care and ensured they were able to make choices for themselves. Some people were supported to make decisions by their family and copies of the relevant legal documents in relation to this were in people's care records.

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

- People were supported to have plenty to eat and drink and staff gave them a lot of choice. We observed people being able to eat different meals and snacks at times throughout the day that suited them. Staff also supported one person to choose a meal off the set menu when they wanted something else. Other people were able to change their minds once they tried the food.
- People were very happy with the food and tables were available throughout the house with jugs of juice and various snacks to help themselves. Various alcoholic drinks were also available if people chose to have them. Hot drinks and biscuits and cakes were also on offer when people wanted them. Some of the comments people said when eating included, "It's nice here isn't it? I like these (biscuits)." And "Oooh, this is lovely." And "It's alright, spicy but I like it." Another person told us, "They will cut the food up for you if you want but I like to do it myself."
- The registered manager showed us new and up-to-date menus based on what people told the catering staff they liked. The catering staff also told us the changes had been based on what they had observed from people (i.e. meals that were often left have been removed for new alternatives). The menus were varied and promoted a healthy diet. Colour photographs of the new menu had been laminated and staff planned to put up a new pictorial menu board in the dining area.

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

- The registered manager and staff team worked with various health and social care professionals such as district nurses, GPs, social workers, occupational therapists and chiropodists. This meant staff able to access the right guidance and advice to promote people's good health.
- The service sometimes worked with agencies to provide temporary staff to cover any shortages. This was co-ordinated to have minimal disruption for people.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection, people did not always feel respected or treated nicely. At this inspection, people and relatives told us people were treated with respect by staff who were kind and caring. One person told us they liked the place and staff were kind and caring. A relative said staff really looked after their family member, had a good rapport with them and were very comfortable and happy with staff. The relative told us. "[Staff] engage with [my family member] and chat with them. [Staff] take their time and have their own little jokes going, they are very kind."
- We observed staff interacting with people positively, showing patience and chatting and laughing. This created a warm and relaxed atmosphere. One relative told us, "There is fantastic care, [staff] have literally saved my life. I'm welcomed here, we came to lunch Christmas Day, and for my wedding anniversary and they couldn't be kinder or more helpful. You can have a nice chat. All staff are friendly with [my family member]."
- Staff also spent time with people who chose to remain in their bedrooms to help prevent loneliness. If people became confused they were offered gentle reassurance and were supported to refocus to reduce their anxiety. One person who was often cared for in bed was motivated to get up and go to the lounge to join a group of local children who visited people in the service every Friday to play various games. The person really reacted positively and was reaching out to join in and laughing and smiling a lot.

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

- Relatives told us they and their family members were involved in reviews of people's care. People told us they were supported to make their own decisions about their daily care and how they wished to spend their time. We observed staff respecting these decisions. One person was in the process of reviewing their care with a visiting social worker. The outcome was updated onto the person's care records straight away.
- Care plans showed that people's preferences and views had been considered. However, the daily notes on the electronic system were more task led while staff were still developing their skills in completing these in more detail. This meant that people's interactions, comments and mood state were not recorded. The new activities co-ordinator was leading this and will role model for other staff on how to record this information.
- The registered manager had provided leaflets on tables in the reception area about support from external agencies such as advocates, health services and the local authority should people or their relatives wish to seek additional information and support.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection, people did not feel listened to or empowered to do what they could for themselves.

At this inspection, there was a clear difference in the atmosphere and interactions between people and staff. People told us staff did listen to them and supported them to do what they could for themselves but would help if needed. They confirmed staff upheld their privacy and dignity when supporting them. One person told us, "I dry myself [after personal care] the staff are quite gentle."

- Relatives told us visits can sometimes be busy if there are lots of visitors at the same time but felt the staff did well to encourage their family members to become engaged with things. Relatives also told us they were involved in the reviewing their family members care. One relative said, "When we visit [staff] have asked us to go through [my family members] plan. They did bring us in and say their door is always open. They will call me any time of the day or night if they need to and always involve me in reviewing the care."
- Staff were aware of the need to keep people's information private and how to do this. Electronic records were individually password protected and the office was kept locked in staff's absence.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection, people's choices, preferences and personal history were not recorded to enable staff to understand each individual. Activities and displays were either not utilised or did not value people and uphold their dignity. The service did not offer opportunities for maintaining or developing people's individual interests, cultures and hobbies. With the exception of visits from family members, people were isolated from the community and society.
- At this inspection, the registered manager and staff team had reviewed all care plans and were in the process of finalising the recording of these. Some were very good and very personalised reflecting people's choices and personal history. Staff had a good understanding of the ways people liked things done, their history and what was important to them.
- New activity co-ordinators had been employed to ensure cover across the whole seven-day week. We spoke with one activity co-ordinator who had already thought through plans for engaging people in subjects of interest to them individually. They also wanted to ensure there was more opportunity to become involved in activities for those who preferred to stay in their rooms. Relatives told us there were now plenty of indoor activities happening such as armchair exercises, arts and crafts, painting, cooking, decorating cupcakes, DVD's, music, board games and puzzles.
- People had developed friendships with other people living at the service, some of these were very close and we saw people holding hands and linking arms when walking. They were relaxed and smiling and comfortable in each other's company. Relatives were aware of the friendships and were encouraged to visit themselves whenever they wanted. Relatives were able to visit family members freely
- The service had developed more relationships with the local community and had links with local children's groups, choirs, churches and musician groups, all of whom visited the service regularly to spend time with people. People told us the children and the singers were a big favourite. One relative said, "In the summer, it would be nice if they go out. Wish [my family member] could go out a bit more such as, for a coffee in their wheelchair." The activity coordinator had plans to encourage even more community links and enable people who wished it, to go into the community themselves for various activities. Most of these were still to be implemented.

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.

- Information was available in different formats, such as large print or pictorial. The staff told us they would organise for information to be in a format that meet people's communication needs when they were assessed. One person with a sight impairment would benefit from more work being done to support them to recognise items/objects and have their sensory needs assessed.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints process in place and information on how to raise a concern or complaint was available for all people and visitors in the reception area. The provider had followed their complaints process and resolved concerns raised. Outcomes were recorded.
- Relatives and staff told us they had no concerns about raising a complaint if needed and were confident the registered manager would listen to them and act upon it. One relative said, "[The registered manager] has a good listening ear and will always guide me the right way to go about things [when I have a concern]."

End of life care and support

- The service was supporting people on end of life care. Their needs had been fully assessed and documented and care plans updated as needs changed. Health professionals confirmed people were treated well. The registered manager explained how they supported people with sensitivity but encouraged them to get up when they wanted to and continue to live their lives doing the things they enjoyed.
- People's end of life wishes were assessed and where people did not wish to discuss the topic this too had been documented. People on end of life care had pain relief medicines in place ready to use if needed and were reviewed regularly by the district nurse team. Relatives of people who had passed away sent compliments to the staff to thank them for the kindness and good care they gave their family member at the end of their life.
- One relative sent a thank you card following the death of their family member while being cared for on end of life care. They wrote, 'A big thank you for all you did for my late [family member]. They were happy staying with you which was down to all of you and the excellent care you all gave. Once again, thank you'. A local GP had also written in about the same person to say, 'I am a GP having looked after [name of person] for many years when they were at home and then when they transferred to Claremont House. Throughout their time as a resident at Claremont House, I have had no concerns for their care'.

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 inadequate. At this inspection this key question has now improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to implement systems to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- A lot of improvements had been made since the last inspection. However, there were still some areas that required continued development that were not yet fully implemented into staff practice. This included sufficient recording of daily care records, completion of reviewing and updating people's care plans, staff awareness of how to utilise the electronic care planning system and not having robust governance systems.
- The registered manager had a better understanding of their role but still struggled to understand how to ensure good governance and the process of developing effective auditing systems. They also did not yet fully understand how to use the information gathered to identify patterns and trends across the service and to drive further improvement without guidance from external agencies.
- Staff understood their roles and how to provide good care but were not confident to talk about people's conditions and the Mental Capacity Act (2005). They required further development to meet this knowledge gap.

We found no evidence that people had been harmed however, systems were either not robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They confirmed safe systems for managing medicines were now completed and had plans in place to ensure the care records and risk assessments were reviewed and updated within one week. They also had an improvement plan in place to further develop the auditing and quality assurance systems. However, we wanted to be sure this was imbedded and

effective.

- Staff were now much clearer about the vision for the service and understood the need for the changes that had taken place so far and those still in development. They were confident this would be achieved and enjoyed working at the service. Staff gave positive feedback about the registered manager and felt supported.
- The registered manager and the staff team told us the provider was now more supportive of them in their roles. They said the provider was more accessible as they were in the service more frequently and staff felt able to contact them anytime if they had concerns.
- The registered manager was attending courses and receiving mentoring support to enable them to increase their knowledge about the requirements of their role.
- People and relatives spoke highly about the registered manager and staff team. They were happy with the care and changes that had been made and told us they had confidence in the registered manager's ability to keep improving. One relative told us, "[Staff] are very friendly, to both families and people living at the home. They have no faults at all. [My family member] wouldn't be here if I wasn't happy. They are very well looked after, and staff like them. I can go home and feel happy."

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

At our last inspection the provider had failed to ensure incidents of concern were reported to the regulatory bodies and they had not managed to safeguard people from future harm. This placed people at risk of harm. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager ensured they met the requirement of candour by displaying the most recent CQC inspection report in the service for all people and visitors to view. They also shared lessons learnt and outcomes of the previous CQC inspection actions and also those of the local authority quality monitoring visits.
- The registered manager understood about being open and now ensured all notifiable events were reported and recorded to the relevant authorities. One health and social care professional we spoke with told us communication in this respect was very good. They went on to say that the registered manager was now more comfortable with reporting non-serious incidents as well in order to seek advice on best practice.

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

- The registered manager ensured staff in all roles received the same training. This meant people were safely able to approach whichever staff they felt comfortable with to talk about positives and concerns. One person told us they often liked to talk to the staff who brought their meals or who cleaned their room. One relative said, "I feel 100% involved. Sometimes I will help out with the dishing up of lunch and clearing the tables or making drinks. I'm not asked to do this, it just comes naturally. It's nice to feel that I can do that here."
- Relatives were sent survey questionnaires every two months to seek their views. Newsletters were sent to update relatives on the latest updates about the service. Staff also supported them to attend care reviews with their family member. This gave them opportunities to raise any concerns or make suggestions for

improvements and changes.

- People and relatives were able to provide feedback through a suggestions box as well as invites to regular relatives' and residents' meetings. One relative said these regular meetings were an opportunity to have their say in these matters and it is down to us to now push for things."
- Staff told us they had staff meetings they were able to contribute to and attended supervisions. Staff told us they felt able to speak up during supervisions and were well supported. However, these supervision sessions were not frequent or regular. This meant there was potential to miss opportunities to improve staff's skills.

Continuous learning and improving care; Working in partnership with others

- The registered manager was currently working with the local authority quality monitoring team, managers of other services and accessing training to learn from areas of concern previously identified and to make improvements. They also worked with a variety of health and social care professionals and local entertainers and community groups to promote engagement, good health and opportunities for people.
- The staff team wished to continue learning and making further improvements, but it was not yet clearly understood how they would do this. Monitoring systems were not yet robust enough to identify areas for development.
- The registered manager said they made observations of staff practice and interjected with staff, providing on the job coaching when they observed staff working in a way which could be improved. However, there was a missed opportunity to evidence this as it was not recorded.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were not sufficient to safeguard people from the risk of harm. The recording of activities and care records was inconsistent, provided insufficient information and had gaps.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not sufficient to ensure good oversight of the service and identify concerns. Systems in place did not drive improvements at the service. The registered manager and staff team required further training and development to fully understand their roles and responsibilities and how to implement these.</p>