

Care South

St Martins Grange

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

St Martins Grange is purpose built to accommodate up to 75 people. It has four individual units which are spread over two floors. The ground floor accommodation consists of Birch (20 beds) and Fern (12 beds) both of which provide residential care. Upstairs consists of Willow (18 beds) and Oak (25 beds) both of which provide nursing care. Some people living in the home had complex physical health needs and some people were living with dementia. At the time of our inspection there were 72 people living at the home.

We inspected St Martin Grange November 2015. At that Inspection the service was rated overall good with improvement required in well led. At this inspection we found some improvements were required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits were not always effective at identifying shortfalls in the service. Improvements were needed to make sure quality monitoring processes were effective in identifying and addressing shortfalls in the service and improving the service people received.

People were at risk as individual care records were not consistently kept up to date or instructions from other health professionals followed. Where risk assessments were in place they did not always contain accurate guidance for staff to safely support the person.

People's health was monitored by registered nurses and senior staff to make sure they received effective care and treatment to meet their physical and mental health needs. However records had not been consistently completed in line with care records. One health professional told us, "Documentation is poor, there seems to be an overall problem in regards to staff being able to ensure records are kept up to date".

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service. New members of staff received an induction which included shadowing experienced staff before working independently. However there was currently a number of vacancies which meant many shifts were being covered by agency workers.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. However the guideline provided was not always followed. Where people required special diets due to risk of choking, we observed guidance was not always followed.

Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely and medicine administration was recorded on an electronic system. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns, and people who lived at the home said they would be comfortable to discuss any worries or concerns with staff.

People's relatives told us they were made to feel very welcome when they visited St Martins Grange, they could visit at times convenient to them, there were no set visiting times or unreasonable restrictions.

People and their relatives were confident they could raise concerns or complaints with the registered manager and they would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read at the back of the full report what action we have told the provider to take.

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.

Risks to people were identified, where risk assessments were in place they were not always followed to prevent further risk to people.

Recruitment procedures were in place to ensure staff with suitable character and experience were employed.

People were supported by staff who knew how to recognise the different types of abuse, and said they felt confident to raise concerns

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all areas of the home were adapted to meet the needs of people living with dementia.

People were being assessed in line with the Mental Capacity Act 2015 as required.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Staff received training to meet the needs of people. Staff received one to one supervision to discuss their concerns and development needs.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People and their relatives spoke positively about staff and the care they received. People were treated with respect and dignity.

Is the service responsive?

The service was not always responsive
People did not always have access to a range of activities meaningful to them.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

There were systems in place to collate and review feedback from people and relatives on the service received.

There was a system in place to manage complaints. Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Requires Improvement



Is the service well-led?

The service was not always well led.

The quality of the service provided to people was monitored and where there were shortfalls these were not always identified.

The registered manager promoted an open culture and was visible and accessible to people living in the home, their relatives and the staff.

Requires Improvement



St Martins Grange

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 was planned to check 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 to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 7 June 2017. The first day of the inspection was unannounced. The inspection was carried out by one inspector and one expert by experience.

We requested a Provider Information Return (PIR) from the service before the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, before the inspection we looked at information we had about the service, including notifications from the provider and information from the local authority. We also spoke with other professionals involved in the home in regards their experiences of supporting people living at the service.

During the inspection we spoke with 17 people and four relatives about their views on the quality of the care and support being provided. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore 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 also spoke with the registered manager, the residential manager, nurse manager, operations manager, clinical lead, two nurses and eight staff members. We also spoke with three health professionals, before and after the inspection. We looked at documentation relating to four people who used the service, four recruitment files and training records and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in November 2015 we rated this key question as good. We found during this inspection people were not always safe. Although people and relatives said they felt safe, the risks people faced were not consistently managed. We found some examples where people were potentially at risk.

People's risks were assessed using recognised risk assessment tools. However, they did not always contain accurate information for staff to safely support the person. People's care records were not consistently kept up to date or instructions from other health professionals followed. For example, one person's risk assessment indicated the person was 'high risk' of malnutrition. No instructions had been provided to staff on what to do to reduce this person's risk. Recordings over a four day period had the following entries with regards to their eating and drinking. "Not eating, few sips" "declined food and drink" "drank little" "declined food, few sips of water". Staff seemed unaware of the risks for this person. We heard the person calling for a cup of tea. Staff told us that this person required support to drink, however their care plan did not contain up to date information to reduce their risk of dehydration and their fluid intake was not monitored to ensure they had enough to drink. We raised this with staff and fluid charts were put in place to monitor the person's fluid intake and their care plan updated. We were informed the person was receiving end of life care. However there was no end of life care plan to guide staff on how the person wished to be cared for.

One health professional told us, "Documentation is poor, there seems to be an overall problem in regards staff being able to ensure records are kept up to date". This was confirmed when we looked at some records relating to the management of risk. Some measures were taken to reduce risk. However the records relating to the managing these were not always completed. For example, hourly checks were completed to ensure people remained safe and to ensure care was completed in line with their care plans. Some of these checks were not documented as completed. For example, one person's records instructed staff to complete four hourly turns to "Reduce risk of pain". Records showed on both days of the inspection the person was not receiving support as per the guidance given. Although the person was being supported to turn, the timings were longer than the four hours instructed. This meant they remained at an increased risk of pain.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Safe care and treatment) Regulations 2014.

During the inspection the provider informed us systems had been put in place to ensure all checks were completed on a daily basis and discussed at the daily handover to ensure risks were reduced.

Staff told us they had learnt to use personal protective equipment when attending to people's personal care needs and assisting people to move. They were aware of the correct procedures and aids to support people to move. Although people had their own slings, which meant the risk of cross contamination should have been managed we observed on two occasions slings being shared. We asked the staff member why slings were being shared, they told us, "Because some slings are still in the laundry". During the inspection we were informed additional slings had been purchased so each person had two slings to ensure the risk of cross contamination was minimized.

Systems were in place to support people to live in a clean environment but they were not consistently effective. Cleaning schedules were in place and housekeeping staff were seen to be cleaning around the home, however the home was not always clean and free from odours. For example, floors felt sticky underfoot and were seen to be visually dirty in several areas. Staff were seen to carry soiled bed linen and laundry from bedrooms in open laundry baskets. The soiled laundry was then transferred to covered laundry trolleys, which were stored in assisted bathrooms which were seen to be over full, causing an unpleasant odour. Following the inspection the provider informed us laundry procedures had been changed to avoid this happening again.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Premises and equipment) Regulations 2014.

The registered manager informed us they were aware the soft furnishing and carpets all needed to be renewed and plans were in place to refurbish the home. Following the inspection they informed us products had been changed to ensure the floors were no longer sticky.

The service had a high turnover of staff. The registered manager told us, there were a number of staff vacancies, agency staff including nursing staff were being used regularly to cover shifts on both day and nights, they said, "Staffing levels are monitored using a dependency tools based on individual needs. We are investing in a large recruitment drive, but we need to ensure we employ the right people with the right skills." One health professional told us, "There is a lot of agency staff at the home; it seems nobody is taking charge." Another health professional told us, "There are communication issues, but I think it is down to the amount of agency staff that are used". Agency staff, when used, were from preferred agencies, a full individual staff profile is obtained for all agency staff that come to work in the home and to ensure continuity. One person told us, "Yes I feel safe here I have no worries, I like the staff". One visiting relative told us, "There is sometimes stress with the staff as they are very busy, I help out and try to be useful if I can". One agency member of staff told us, "I have worked here many times, I know people well and they know me". The agency provided skilled staff as well as carers, which meant there were enough skilled staff to care for people safely.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us they had not been able to begin work in the home until all checks had been completed and records seen confirmed this.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were stored, administered and recorded safely and medicine administration was recorded on an electronic system. People received their medicines from registered nurses and senior staff who had received the appropriate medicine administration training and had been assessed as competent before they were allowed to administer people's medicines. Staff confirmed they had received training, one person told us, "Yes they always bring my medicines on time". We observed one of the registered nurses carrying out a medicines round. People were given their medicines in a safe, considerate and respectful way.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment were carried out. We observed staff supporting people with moving around the home. The equipment they used to do so was used safely. People had individualised personal emergency evacuation

plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner.

Is the service effective?

Our findings

At the last inspection in November 2015 we rated this key question as good. At this inspection we found the service was not always effective. People living with dementia did not live in an environment adapted to meet their needs. People were not always able to make choices about their meals and were not given the opportunity to enjoy a sociable mealtime experience. One person told us, "I have no idea what I will be eating until it comes". Another person told us, "I don't have any complaints but the food it is not always hot". "Meals are nice when the lady chef is on".

People's nutritional needs were assessed to provide a diet in line with their needs. The service had a four week rolling menu. Menus were small and displayed outside dining areas, which meant they were easily missed by people. People told us they had not seen the menus, and didn't know what they would be having for lunch. We observed meal time experience for people on both days of our inspection. On the first day of our inspection, people did not have a good meal time experience. For example, meals were delivered to the units before people were available to eat, the meals remained untouched for a period of 45 minutes on one unit. We tested the food and found it was not hot. This meant the meals although in a heated bain-marie were not served hot. We discussed our observations and concerns with the registered manager who told us, "The chef who was unfamiliar with the routine" and this was "Not a true reflection of the normal mealtime experience". On the second day of our inspection Bain- maries were brought to the units at a time when people were sat waiting for their dinners. People were shown what was available and staff were seen to serve meals that looked appetising and were hot. People were seen to enjoy their dinners, comments were extremely positive. "Today's meal was delicious". "I really enjoyed my lunch today. It looked good and tasted good".

Some people were living with dementia and were unable to give detailed verbal examples of their experiences living at St Martin Grange. We therefore used SOFI observations and spoke with relatives. We observed staff were task focused, once people had been supported to the lounges interaction was only offered when people required drinks or personal care. The home was not effective at meeting people's dementia care needs. For example, not all areas of the home were adapted to meet the needs of people living with dementia. Carpets were of a dark colour and doors had little memory prompts for people to recognise their rooms. All four units were similarly decorated and all looked undistinguishable from each other. The registered manager told us they were aware the environment was not suitable, and consultation was being held relatives regards changes to the home to make it more dementia friendly. They told us, "We want people who have dementia to be able to access the garden, to be able to move around the home more freely, currently they are on the first floor and can't do this". The provider informed us plans were already underway during the inspection to reconfigure the nursing and dementia areas of the home.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Person-centred care) Regulations 2014.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to

shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One recently employed staff member said, "I had a week of training before coming to the home, and I learnt a lot". Staff confirmed they had completed an induction programme linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training to new care workers.

The training matrix had been completed and identified which training had been completed and when training needed to be renewed. Training certificates in staff files confirmed the training undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA), dementia awareness. Staff were positive about the training and felt they were supported to develop and progress within the service.

Staff had received training about the MCA. They were able to tell us how they supported people to make decisions for themselves on a day to day basis. Where people were unable to make a decision staff consulted with relevant professionals and family members, following best interest processes. We observed staff explaining to people, in a patient and clear manner, what they were doing and asking people if it was ok to deliver the care or support.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The home had appropriate policies and procedures regarding the Deprivation of Liberty Safeguards and applications had been made.

People's health was monitored by registered nurses to make sure they received effective care and treatment to meet their physical and mental health needs. On the first morning of our inspection we spoke with the registered nurse on duty. They demonstrated a good knowledge of their role as the registered nurse for the nursing units and as support for care staff on the residential unit. They had a very good understanding of the needs of people throughout the home.

Care plans indicated people had access to healthcare professionals other than the GP and district nurses. They contained records of chiropodist, optician and dental appointments as well as outpatient appointments at the local hospital and clinics.

Is the service caring?

Our findings

The service was caring. People and their relatives told us staff were kind and caring and treated them with respect. Staff displayed a friendly, kind and caring approach towards everyone. When we asked if staff were caring one person said, "Staff are very kind, they make sure I'm not often on my own." Another person told us, "The nurses are all very nice I would give them a gold star". One health professional told us, "The staff are very kind and caring".

Relatives felt their loved ones were being "Well cared for ". One relative told us they felt staff had all the necessary skills and experience to support their family member. One relative said, "They have encouraged her to move around more since she has been here."

Staff supported people in a patient and reassuring manner when they assisted people who needed help with mobility. We observed staff ensuring people were comfortable and in the correct position at the end of any transfer. People and their relatives were complimentary about staff. People told us staff are kind and friendly and relatives described staff as very good. A new member of staff told us, "I am just getting to know people, I like to talk to them to try to get a better idea who they are". One relative told us, "The staff are excellent, very caring. I come in most days so see what is going on".

People were encouraged and supported to maintain family relationships. People's relatives told us they were made to feel very welcome when they visited the home and were encouraged to be involved in their relative's care planning. Relatives said they could visit at times convenient to them, there were no set visiting times or unreasonable restrictions. One relative told us, "I'm here all the time, I don't know how much longer we have so it important I can come and go as I wish".

People had small communal areas around the home where they were able to sit with friends and relatives in private. One relative told us, "We like the quiet room, it gives us privacy and time together". Other relatives were seen to sit in the larger lounges with their relatives. The reception area had a number of small tables where people could sit with their visitors. Drinks were available including a coffee and tea machine. A hairdressing salon was also in the area, people told us they often enjoyed having their hair done at the salon.

Each person had a single room where they were able to spend time alone or see visitors, the service was also able to accommodate some married couples. Rooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were treated with dignity and respect. Personal care support was carried out discreetly and people's privacy was respected. For example, people had their room doors closed and staff knocked before entering.

People had the equipment they required to meet their needs. There were hand rails around the home to

enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. Two lifts were available to assist people with different levels of mobility to access all areas of the home.

People's cultural and spiritual needs were catered for. The registered manager told us, a holy communion was held monthly in the home.

Community links were maintained for example links with a local playgroup, the registered manager told us, "We recently made some kites the residents loved it. We have a large area where community groups can meet and our residents get involved". The home had access to a mini bus which enabled people to access their local community.

Is the service responsive?

Our findings

At the last inspection in November 2015 we rated this key question as good. At this inspection we found the service the service was not fully responsive. People received a service that did not always respond to their individual social needs. Some people's records showed they were offered very little stimulation or activities. Daily records held insufficient evidence of people's needs being responded to in regards stimulation. One person told us, "There is not much going on in here". "They [activity coordinators] sometimes pop in for a chat".

There were limited and inconsistent arrangements to meet people's social and recreational needs. Televisions were relied on for stimulation in the lounges plus background music played in the majority of rooms. On one occasion 16 people were seen to be sat in a lounge area either asleep or calling for staff. One person was calling for staff for a period of five minutes, when we asked staff why nobody had attended they told us, "[person's name] call all the time". Staff were seen to be either busy supporting people in their rooms or writing up daily care notes in another area of the unit. The registered manager informed us, two activity coordinators had recently left, there was currently one full time activity coordinator with another who had joined the team the week of the inspection. Photographs in corridors showing activities were over a year old and did not reflect any recent activities that had taken place in the home.

People told us they did not have "Very much to do". One health professional told us, "People are mainly sat around and seem to have televisions on all the time". The activity coordinator told us, "It difficult on my own. I go to all four units, and do 1:1 sessions with people in lounges or with them in their rooms". Activity folders were kept on each unit, information was held on each person which contained their life history, likes and dislikes. Activities included. OOMPH sessions (Our Organisation Makes People Happy).

A specialist exercise which uses music and simple routines for people with more physical and mental health issues. The activity coordinator told us they used the suggestions of the programme for daily activities, they felt activities would improve once more activity coordinators were employed. They said, "We are hoping to introduce Oomph music and exercise in the near future". At the moment I go with the flow in regards what the residents want to do". We saw the activity coordinator move around the units with an activity trolley containing books, memory boxes and sensory boxes, outside entertainers were occasionally brought into the home. The most recent had been an Elvis impersonator. People told us they had enjoyed the show. The activity coordinator told us, "In better weather the garden is used for activities. We are planning a Garden party at the end of the month". There were no posters informing people of the forthcoming garden party and plans seemed unclear as to how the party was to be organised or how many people would be coming in the very near future but no posters seen advertising this and plans seemed unclear as to how many people were expected to attend.

The residential manager told us, "We are aware we are below par with activities but hopefully new coordinators are going to make a difference". The registered manager told us recent investment in the activity programme would ensure more activities would be on offer.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Person-centred care) Regulations 2014.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments support plans were devised to ensure staff had information about how people wanted their care needs to be met. Relatives told us they had been fully involved in the initial assessment. The registered manager told us they were happy to carry out the assessments in people's home or hospital.

After the initial assessment, a detailed care plan was drawn up identifying the person's background, preferences, and support needs. The care plans were comprehensive, and held a range of information. One person told us, "They [staff] know what they are doing they don't need to ask me about my care". Care plans were reviewed on a monthly basis, the provider told us in their PIR, "Senior staff receive training are given responsibility to create with the individual resident their care plan and to review and update care plans". We saw care plans were being reviewed by nurses on a regular basis. The registered manager told us, "10% of our residents care plans, are audited monthly to ensure that they are effective and meet each individual resident's needs. Care plans are reviewed and updated on a regular basis, this can be monthly or as an individual needs change. Staff told us they were aware of the care plans and completed daily logs for people".

There was a complaints policy and the procedure for reporting complaints was on display in the reception area. The registered manager dealt with concerns promptly to avoid them escalating into a complaint. For example, one person raised a complaint about their clothes going missing. The registered manager investigated the concern and put measures in place to ensure people were able to locate any missed clothing items. One person told us, "They [staff] do speak to me about my care and support and give me choice, I once had a complaint they were very keen to sort it out".

Is the service well-led?

Our findings

At the last inspection in November 2015 we rated this key question as required improvement. At this inspection we found aspects of the service were not well led and required improvement. The registered manager had been registered since April 2017. Changes had been made in the home which the majority of staff felt were positive. However, the improvements were still on going. Further improvements were needed to ensure the quality assurance systems by both the registered manager and the provider was more effective. For example, the current quality assurance systems had not enabled the provider or registered manager to identify the inconsistency in record keeping, the fact risks were not managed consistently, the lack of a person centred approach and the improvements needed to infection control. Where risk assessments were in place they did not always contained accurate guidance for staff to safely support the person. Two health professionals we spoke with told us they had concerns in regards communication from the management team to staff. Comments included, "It is a constant battle to get the team to follow our instructions, communication is poor, we give guidance and advise but our instructions are still not followed". There seems to be a lack of leadership at the home".

The registered manager had the support of an operational manager and clinical manager, who supported them with the development and every day running of the home. The operational manager informed us they were in the home on a regular basis. Staff told us they often saw the operational manager around and found them to be very approachable.

As part of the governance arrangements, the provider had an improvement plan which set out areas expected to be monitored by the registered manager. For example, complaints, pressure ulcer incidents, review of previous month's action plan, review of reports from other agency's such the fire department and environmental health. In addition, staffing issues such as supervisions, sickness and absences formed part of this policy. As well as menus, hygiene, cleaning records and maintenance issues. The registered manager showed us a list of audits they completed which were in line with the policy and were one of the methods they used to monitor the quality of care. For example medication, care plans, infection control and accident audits were completed. Following these and depending on the outcome, notices were put up for staff to read or issues found were addressed at meetings. For example issues relating to people's clothes going missing whilst at the laundry had been raised at the residents meeting on 23/3/2017. The concerns had been addressed at the following staff meeting and suggestions made to people and their relatives of a lost property box being set up.

The operations manager carried out monthly checks on the home. These included checking the experiences of people living at the home, by speaking with people, visitors and staff and observing care. They informed us at their previous quality monitoring visit they had joined people at lunch with the residential director to "Share people's experience of dining." They informed us it had been a positive experience. The checks also covered areas such as management issues and progress, dementia care provision, business development, HR issues and operational issues such as complaints and health and safety. They also identified good things that had happened in the home that month. However, these audits and quality monitoring systems had not identified a number of the areas for improvement found during our inspection. Following our inspection the

provider sent an action plan detailing improvement made. Whilst we acknowledge that the provider took immediate action to address the issues raised at this inspection concerns raised by us had not been highlighted in their own quality monitoring systems.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Since the last inspection a new registered manager had been appointed and they were still in the process of monitoring some systems and practices and making changes where they felt it was appropriate. The registered manager told us, "There has been a large turnover of staff following the merge of two care homes, which was to be expected". They told us they were still establishing the "Right team" and were hopeful their recruitment drive and management of staffing with the proposed changes to the home would ensure positive changes for people living at the home. The operation manager told us "The home is on an upward journey. The home is in a different place than it was twelve months ago. We are very positive about the appointment of the new registered manager." The registered manager confirmed they received regular support from the provider. They told us, "We have lots of positive plans including going back to basics in regards staff training and changes to our supervision format.

There were clear lines of staff responsibilities and everyone spoken with understood their responsibilities. Registered nurses and senior carers worked within teams where they held responsibilities for reviewing people's care as well as providing support and supervision to named staff. Staff told us they felt well supported by their mentors and they either received one to one supervision with them or other staff were still going through their probationary period.

Staff meetings were held on a regular basis and staff felt they could contribute ideas or suggestions during these meetings. Staff told us they felt comfortable approaching the management team with any suggestions or concerns. The registered manager told us they followed the provider's values and visions which were Care South's HEART values (Honesty, Excellence, Approach, Respect and Teamwork) are at the centre of everything that we undertake in the home. The provider's values were on view and staff were aware of the values. Staff told us the values were sometimes discussed in staff meetings.

There were regular relatives meetings. Relatives were complimentary about the registered manager, one relative told us, and "The manager is wonderful. Since the relatives meeting she is doing what she promised. We have seen benefits already after only one meeting." Staff said they knew how to report any concerns, and people who lived at the home said they would be comfortable to discuss any worries or concerns with staff. The registered manager told us they had a commitment to promoting an open door policy where staff could approach them with concerns. They said they regularly walked the floor, spent time observing staff and giving them feedback to support their development and promote best practice.

The provider had notified us of all significant events and notable incidents in line with their legal responsibilities.

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 that was person-centred that met their needs and reflected their personal preferences
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises were not kept clean and free from odour. Equipment was not always used for its intended purpose by the person whom it was provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected by the provider's systems and processes to help ensure the quality of their service was monitored.

