RV Care Homes Limited

Charters Court Nursing and Residential Home

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

About the service:
Charters Court is residential care home. It provides personal and nursing care for up to 60 people, aged 65 and over. At the time of the inspection there were 49 people living at the home, living in four separate houses within the building. Two of these was dedicated to people living with dementia and another for people with nursing needs. The other house was for people needing residential care, some of whom live with some cognitive impairment. Each house had a communal lounge, a dining area, adapted bathroom facilities and individual en-suite bedrooms.

People's experience of using this service:
People told us they felt safe living at the home. The staffing levels had improved and there were enough staff to safely meet people's needs. The home was very clean, and people were safeguarded from abuse. There were some risks for people that were not clearly identified and some inconsistencies with medicines management were also seen. Improvements were made immediately. We made a recommendation about oversight of medicines.

People's needs were assessed and understood. However, the recording of consent and best interest's decision making for some people was confused. The service was still not meeting the legal requirements of the Mental Capacity Act 2005 consistently.

People enjoyed their food and their nutritional health was reviewed by staff. People had access to specialist healthcare when it was needed, and staff worked well with agencies and professionals to meet people's needs.

People were supported by kind and caring staff who showed that they understood people's needs. People's dignity and privacy was protected. They were able to express their views and make decisions, with their families, about their care.

People's care was personalised, and this was reflected in their care plans. Staff knew people's preferences and the activities they enjoyed. Some improvements were needed to ensure everyone had their needs recorded in full so that staff were able to give the right care. We made a recommendation about this.

The provider had an action plan in place to address concerns found at the last inspection. Whilst good progress had been made in several areas, there were still shortfalls which meant there was not a consistent delivery of high-quality, person-centred care. Quality assurance checks were in place but not sufficiently effective to address the issues we found and showed further diligence and improvement was required.

During the inspection we found two repeat breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made two recommendations about oversight of medicines and person centred care plans.

Rating at last inspection:
At the last inspection, which was in August 2018, the service was rated as Requires Improvement overall. In our report, published 15 October 2018, the domain of well led was rated Inadequate as there were multiple breaches of regulation. At this inspection, we found there was improvements made in each domain, but the overall rating remains Requires Improvement.

Why we inspected:
The inspection was planned in line with our scheduling based on the rating at the last inspection.

Enforcement:
We have considered enforcement action as there were two continued breaches of Regulation found. However, as considerable improvements had been made at the service in other areas and some immediate action was taken following this inspection, we will not take enforcement action. We have asked the provider to send us an action plan telling us how they will continue to make the improvements that are needed.

Follow up:
We will monitor information and intelligence we receive about the service to ensure improvements are made and good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Details are in our Safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective. Details are in our Effective findings below.

Requires Improvement

Is the service caring?

The service was caring. Details are in our Caring findings below.

Good

Is the service responsive?

The service was not always responsive. Details are in our Responsive findings below.

Requires Improvement

Is the service well-led?

The service was not always well-led. Details are in our Well-Led findings below.

Requires Improvement

Charters Court Nursing and Residential Home

Detailed findings

Background to this inspection

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

Include as appropriate
The inspection was planned to check what improvements had been made since we last inspected in August 2018, where the service was rated as Requires Improvement overall and Inadequate in in the well led domain.

Notice of inspection:
The inspection was carried out on 23 May 2019 and was unannounced.

Inspection team:
The team consisted of two inspectors, a nurse specialist advisor, 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 service.

Service and service type:
Charters Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Charters Court can accommodate up to 60 people living in four separate self-contained houses. One of the houses specialised in nursing care and two catered for people living with dementia.

At the time of the inspection there was a new manager who was going through the process of being registered with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations. We also liaised with commissioners of the service including local authorities.

At the inspection we spoke with eight people and four relatives. We observed the care that people received and how staff interacted with people. We spoke with nine staff during the day, including the manager and deputy manager, a nurse, housekeeper and five care staff. We reviewed the care plans of eight different people and the records relating to any accidents and incidents. We observed people's medicines being given. We looked at mental capacity assessments and any applications made to deprive people of their liberty. We looked at four staff recruitment files. We checked whether mandatory policies and procedures were in place and the documentation that showed whether regular monitoring of equipment and the premises was being done. We reviewed internal audits and responses to complaints to understand how well the service was being governed and managed. We received feedback from one health professional.

Following the inspection, we received further information to inform our judgements, including risk assessments, evidence of staff training, and the notes of meetings with people and their relatives.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection, there were breaches of regulation regarding staffing, risk management and the safe administration of medicines. At this inspection, staffing levels were improved. However, some aspects of risk and medicines management still required improvement.

Assessing risk, safety monitoring and management

● Many of the risks people faced were identified in their care plans. At the inspection, we saw that risk assessments for falls, use of call bells, moving and handling, and for people's oral care were in place. There was guidance for staff on how to manage these and most risk assessments had been reviewed monthly. Wound care assessments were up to date and detailed with photographs and body maps for staff to monitor progress.

● One staff member told us, "We are aware of a risk of falls. We have staff in the lounge and nearby all the time as supervision is needed." We saw this was the case and that staff communicated with each other to ensure someone stayed with people.

● There were, however, inconsistencies about how some risks were documented. One person who smoked also used flammable creams on their skin, but the risks had not been noted. Another person who was advised, by a speech and language therapist (SLT) to avoid dry food had been given toast to eat with no record made that the person had refused the SLT advice and had the capacity to do so. A person with complex nutritional needs went out with their husband daily. There was no record of the risks and actions that were needed to ensure their safety away from the home.

● Following the inspection, the manager sent us the risk assessments to address the issues we raised and demonstrated that staff guidance was put in place. They also sent evidence of a decision making record of the person who had refused SLT advice.

Using medicines safely

● There was safe storage and control of medicines used at the home. Two staff members had signed they had checked medicines into the home. A sample count of people's medicines in the cupboard against the number recorded in the register, showed records were correct. The temperature of the medicine rooms was checked daily as was the refrigeration to ensure medicines was stored safely within guidelines.

● People's medicines records were well organised and up to date. They included important information such as allergies and an up to date photograph of each person. There was a signature list in place of all the staff who signed medicines records which helped managers to audit and identify errors. One person told us the staff always checked they had taken their medicines saying, "They are very good with that sort of thing."

● However, we found three people's medicines in cream format did not have the opening dates recorded. A person was prescribed a short-term medicine that had been handwritten on their chart to, "Take one every day". There was no dosage, and this had not been countersigned. There were not clear instructions in place for two people who needed eyedrops, for example, which eye to apply them to or both and when. Another person had 'as required' (PRN) medicine and the instructions for the maximum daily dose was not clear, nor when it needed to be reviewed with the GP.

We recommend that there is an increased management oversight of people's risks with medicines to ensure safe practice at all times.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe at Charters Court. One person said, "I am safe here, the place is very secure." Another person told us, "I have a poor memory that's why I cannot live at home, these ladies keep an eye on me day and night."

● People were helped to stay because staff understood their role to safeguard people from harm or abuse. Staff had received safeguarding training and were able to tell us how to report concerns. One staff member told us, "If I ever witnessed anything, I would report it straight away." Another said, "I would never stand for it. I would keep going higher if I needed to." A relative told us, "I know she's safe as there is always someone around 24 hours a day."

● The local safeguarding contact details and information were displayed in the home and staff room.

Staffing and recruitment

● People were cared for by sufficient numbers of staff to meet their needs. One person told us, "There are plenty of staff about if you need anything, and they come to you in your room when you need them." The provider had acted quickly to recruit new care staff since the last inspection and had reduced their reliance on agency staff. At the inspection, there was three staff on each unit during the day, including senior carers. At night, there were two staff and there was an out of hours on-call rota in place in case of emergency or absence. When a person used their call bell to get assistance, this was responded to promptly by staff.

● There was a need to recruit to more nursing care hours. There was always one nurse on duty on the nursing unit. The hours were being covered, with a mixture of bank staff, agency hours as well as two permanent nurses. The manager told us, "It is high on my priority list to recruit to nurses." In the meantime, continuity of care was in place by having the same agency nurses work at the home and pre-booking them. People in other parts of the home had support from the community nurse when needed.

● Recruitment of staff was safe. Prior to employment the provider obtained details of the applicant's previous work history, two references and a check with the Disclosure & Barring Service (DBS) was completed. The DBS keeps a record of potential staff who would not be appropriate to work in health and social care. The nurses were also registered with their professional body; the Nursing and Midwifery Council.

Preventing and controlling infection

● People were protected against the risk of the spread of infections. Staff were aware of good practice and had access to the correct personal protective equipment. One staff member said, "We wear gloves and wash hands, and use an apron when giving personal care."

● Good hygiene and cleanliness were evident in the home. The sluice rooms, where disposables such as incontinence pads were dealt with, and reusable items were cleaned and disinfected, was kept very clean and tidy. There were clearly marked bins for different items and soiled laundry.

● The home had a fulltime housekeeper and enough staff to assist with cleaning and laundry. One relative said, "It's always clean and tidy, with no horrible odours, and the staff are very welcoming."

Learning lessons when things go wrong

● There was a good system for recording and monitoring accidents and incidents across the home. Staff were aware of the need to report immediately. The manager logged all reports and investigated what happened and whether action was needed to minimise risk. Body maps were used to record clearly any visible injuries people sustained.

● Lessons had been learnt from a recent accident where a person injured their head after losing

consciousness unexpectedly. The cause had been investigated with the hospital. The person now needed two staff to assist them to mobilise to ensure safety which was in their care plan.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection, we had found the service was in breach of regulation due to a lack of staff training and meeting the requirements of the Mental Capacity Act 2005 (MCA). At this inspection, staff had received further training. However, the application of the MCA was still inconsistent, and the regulation was not met.

Ensuring consent to care and treatment in line with law and guidance
The MCA provides a legal framework for making 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 decide, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care was sought. However, where people lacked mental capacity the recording of best interest decisions were not always in place. One person's capacity assessment said the family had made the decision about them staying at the home. However, at the time, they did not have the legal authorisation to do this and the best interest's decision was not clearly recorded.
- Improvements were still needed in the completion of decision specific mental capacity assessments when a person's capacity to consent was in question. One person had not consented to take medicines and a note was made about this. Staff were not clear whether the person had the mental capacity to decide or not. After the inspection, the manager sent the mental capacity assessment but this was about their communication needs, and not about their ability to make a specific decision. Other examples of capacity assessments we saw also did not detail clearly what the decision in question was.
- Insufficient action had been taken since the last inspection to ensure the service applied the MCA when using restrictive practices. There was some confusion about a person who had bed rails in place and whether they had the mental capacity to consent to these or not. After the inspection, the manager clarified the person did have the capacity to decide and, having been asked, they did not want bed rails in place anymore. However, this should have already been addressed as the DoLS assessor had established the person's capacity to consent to their care some time ago.
- Applications under the DoLS had been made to the local authority for people who they assessed as not being able to consent to live at the home. However, there was no review dates, or very few updates, with some being over three years old. As this was something we noted at the last inspection, this should have been addressed. The responsibility to keep these under review, and that the person still needs it, sits with the care home.

Failure to act in accordance with the Mental Capacity Act 2005 and code of practice was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Staff support: induction, training, skills and experience

● People were cared for by staff who were up to date with their required training. This was a big improvement since the last inspection and the provider had good records to keep track of staff training and when it was undertaken. One staff member said, "I am 100% up to date and feel I have had all the training I need for the role." Records showed that staff completed online mandatory training on moving and handling, infection control, food safety, and emergency procedures.

● The new manager had linked up with local healthcare services to access some other face to face and relevant training for staff. Subjects such as catheter care, falls prevention, dementia awareness and oral health were available on a rolling workshop programme. Recently, five staff had attended a training session run by the local hospice on communication and end of life care.

● Staff were now receiving regular supervision. We saw some records of meetings which appeared to happen monthly. Issues about performance and punctuality were discussed, as well as staff development. The nurses also received clinical supervision and were supported to be revalidated in their practice when this was due.

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

● People's needs were assessed before they moved to the home so that the correct care could be provided. This included the person's medical history and diagnosis, and physical mobility needs, their mental and emotional health, as well as their interests and personal characteristics.

● Care planning and risk assessments were supported using some recognised clinical tools, for example to measure people's nutrition, weight and their skin integrity. People's care needs and records were being kept under review. Using the "Resident of the Day" approach, one person each day had a full review of their care, their weight and medicines undertaken, which was checked by the manager who also visited the person.

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

● People were supported to eat and drink well. There were monitoring systems in place for people who were at risk of weight loss or gain and these were up to date. Where required advice had been sought from specialists such as a dietitian or speech and language therapist. One person living with dementia had lost weight. Their relative told us, "They called the dietitian and worked together to agree what would work. They use different methods to get food inside, pureed meals and build-up drinks and her weight has stabilised."

● People were offered drinks throughout the day. On the nursing unit, people's fluid intake was evaluated at the end of each shift and this was information was used to review any issues with hydration. People who needed thickeners in their fluids, due to swallowing problems, had this documented. When these were used it was recorded on their medicine chart.

● At lunchtime, people had a good experience. The tables were attractively laid out with cloths, flowers and menus. Staff asked people if they still wanted the food they ordered earlier, or if they had changed their minds. One staff member said, "If they don't want something on the menu, we make sure we ask and get them something they want." The food looked appetising and we heard positive feedback. One person said, "I eat quite a lot as it is very nice food." Another person told us, "The chef checks every mealtime to make sure we all enjoyed it and to ask if we have new ideas to add to the menu."

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

● Since the last inspection, communication across the home and amongst staff had improved. Staff told us about the 'flash' meeting that was held daily. The manager said, "All units and staff are represented, and we share what's happening in the building, any concerns, changes in people's needs, or events, for example, we have one person coming back from hospital today." In addition, each unit had their own handover meeting to ensure staff were up to date with people's care and health.

● Staff worked with outside agencies to meet people's needs. One staff member told us, "We take people to the dentist. We have to support them to clean their teeth as most people here [unit for those with dementia] would not remember to do that." A person's relative told us, "She is well cared for, my sister and I both feel she's in the best place possible to meet her needs. if she's sick or has a fall they will contact her GP without delay, they then update us." On the day of inspection, we saw that staff had called the doctor about a person they were concerned about.
● People had access to a range of healthcare professionals to support their health and wellbeing. For example, a physiotherapist had been involved in supporting with falls management. A person's plan included advice from a medical consultant about increasing medicines. The podiatrist had been out to see a person recently and the optician came out to the home for those who were restricted due to their mobility.

Adapting service, design, decoration to meet people's needs
● People lived in a homely and comfortable environment that was designed to meet their needs. The corridors were sufficiently wide to support people who were walking or using a wheelchair. People who were able, could walk independently with the use of handrails in all the corridors. The downstairs reception area could be accessed via a lift. Each house had adapted bathroom facilities and people also had access to their own adapted en suite shower room.
● Since the last inspection, some people living with dementia had photos of them or personal items on the door of their room to help them locate it. There were also other pictures in use to help people find their way about. One person who had a visual impairment had been supported with pictures placed on the door frame to find and enter their room more easily. There were also items of interest and old artefacts in the houses that people might use as a conversation point, or to locate where they were.

Good

Is the service caring?

Our findings

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

At the last inspection, we made a recommendation about staff communication. At this inspection we found that this had improved and the service was caring. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated kindly by staff and given the attention they needed. We observed staff chatting and laughing with people. One person requested a cushion at the table and staff were quick to react to get this. We heard some people being called, "Sweetheart", which they liked. A friend who was visiting told us, "The staff are kind, caring and are promoting a relaxed environment."
- Staff showed understanding of people's needs. One person living with dementia was restless until a staff member engaged them in looking at the newspaper together. The person was calm and enjoyed hearing about the news and looking at the pictures. Another staff member told us, "We enter their reality... I remember what the mental health nurse told us about what it is like for them." One person who seemed upset did not want their tea and was comforted by a staff member who held their hand. They said to them, "It's ok, are you tired? You can have a little sleep."
- People told us that staff were good to them. One person said, "The staff are kind, they are respectful, and friendly to my family when they come to visit." When people celebrated their birthday, they were asked what they wanted to do that day and staff ensured it was a special day.

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

- People told us they were supported to make their own decisions. One person said, "I stay in my room, I prefer to keep to myself. They do offer for me to join in with the others, but I prefer not to." Another person's visitor also told us, "I've noticed they ask her to join in with things if she wishes, however they do not push her if she does not want to." People's rooms had been personalised with their family photos, belongings, their own television and music system if they chose and decorated to their liking.
- People were supported to express their needs and wishes. It was recorded when people were involved in reviewing their care plan. The person who was the "Resident of the Day", had a chance to talk with the chef, the activities staff, maintenance and housekeeper about anything they wanted, or any changes required.
- Since the last inspection, an improvement had been made to have a staff member on reception downstairs during the day. This was something that relatives and people had wanted, making the home more welcoming and a providing a point of contact for any queries. One relative said, "I ring every day to see how he is, and they never seem to mind."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was protected. One person told us how her family are free to visit anytime, there are no restrictions this. They also said, "My dignity is respected, staff close the curtains and door when I'm getting dressed and washed." Another person who used a catheter and needed support to change it

said, "They are gentle and kind and respectful when doing this type of thing."

● People were able to move around the home safely and independently. We saw a person in a wheelchair being encouraged to take control. A person who had the mental capacity to make the decision, had refused a falls risk management plan and was independently walking as they wished.

● People were supported and encouraged to eat independently. At lunch time there was a good atmosphere with good communication and no-one was rushed. One relative praised the way staff were enabling their loved one to be as independent as possible at meal times. They said, "I am more than happy with the care and the attitude of staff, they do their best for her always, and show great respect."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, there was a breach of regulation about providing person centred care and records did not always support staff to provide this. At this inspection, there was an improvement in care records but some people's needs were not clear and may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

● Most people had person centred care plans that ensured staff had the information they needed to provide the right support for people. However, one person who had moved to the home a month ago did not yet have a full care plan written up. The interim plan for seven days only was still in place and this meant staff may not always know what they needed to be able to give personalised care.

● Some people's care plans lacked detail on their medical needs and health history or diagnosis. For example, where a person had a diagnosis of cancer or Parkinson's disease, there was no health care plan with enough detail on what staff should be aware of to meet their specific needs.

● Although each person's record had a profile, summarising what was important to them and care they required, these were basic. For example, one person's profile said, "I used to teach" but it is not clear what they taught. They enjoyed, "Listening to music" but did not say what kind.
There was personal information recorded under the person's activity care plan, but this was not as accessible as it might be to ensure staff knew about people's life, interests and personality.

● There was an activity schedule in place that covered seven days. However, at the inspection the activity quiz in the morning was not very suitable for people and the staff member leading it was not responsive to the people present. People were confused and frustrated. In the afternoon, people waited a long time for an event that did not take place. A staff member later led a music session which several people enjoyed.

We recommend that people's care plans and activities are reviewed with a view to ensuring they are holistic, and staff always have the information they need to provide personalised care.

● Staff seemed to know people's preferences about what they liked to do during the day. For example, a person liked doing jigsaws and playing the piano. There was a keyboard available in this house that the person could play. One staff member said, "We put on music and some like to dance. We also go for walks in the grounds. It's a nice place and there's a pond with fish."

● People's feedback about the activities available were generally good. One person said she enjoyed the company and, "The staff are lovely, they are always jolly." Another said, "There are plenty of activities and we have trips out on the mini bus. I went out this week and bought some new perfume. I've not treated myself in years, it was really nice." A third person said, "My favourite event is when performers come in to sing…but I would like to have more time in the garden."

● People's wishes for the end of their life were recorded, albeit quite briefly. For example, one person had no religious needs and wanted to stay at the home for as long as they could. Another person wanted their Christian minister to visit and there was a list of the friends and family who they wanted to see.

Meeting people's communication needs
From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's care plans included information about how they communicated and any adjustments staff needed to make. One person was not able to talk but communicated through touch and hand signs. Their care plan said, "I can't talk but I can express myself by holding your hand and leading you to what I need." Staff we spoke with understood this person including signs of when they did not want to engage. People who may be in pain were helped to express this using a nonverbal tool such as a thermometer pain scale.

Improving care quality in response to complaints or concerns
● People had access to a complaints policy, which was clearly displayed in the reception area. Some people had raised issues, for example about their meals. One person said, "I complain when the dinner is too big, but most of them know that I like a small dinner." Another person said, "I do not like cheese and the chef knows this, but some staff give me food with cheese on."
● There was a complaints log in place that recorded when people's concerns had been responded to. There had been five complaints since the last inspection, four of which had been responded to according to the log. The fifth one was about the lack of activities where there was not a recorded response. We were told by the manager, that further staff had been employed and a programme of activities and outings was in place, which we saw at the inspection.
● This year, there had also been positive feedback received online about the good standard of care and improvements made at the home.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection we had rated this domain as Inadequate. There was a breach of regulation due to the lack of management oversight and monitoring of the safety and quality of the service. At this inspection, we noted the improvements that had been made. However, some shortfalls were found and therefore the leadership did not support the consistent delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had undergone another recent change in leadership. Since the last inspection, there had been three different managers in post. A workable improvement plan had been put in place, following the last inspection. Good progress had been made in some areas, but we found more work was needed to ensure the service was consistently providing good quality and safe care.
- There was a lack of provider oversight to support the new managers in meeting all the care regulations and take forward the improvement plan. We found that actions about some previous breaches of regulation had not been fully implemented to meet the standard required. There were shortfalls with the application of mental capacity assessments, with care records and some aspects of medicines management. Whilst risks to people were addressed at, or following, our inspection, increased management oversight of care provision and records needed to be put in place and maintained.
- Since the last inspection, the provider had acted to embed all their quality assurance systems and paperwork within the home which should have enabled any issues to be found and addressed. We had been informed that all care plans and risk assessments had been audited, however, in the ones we sampled we saw that improvements were still required.

The provider not being able to ensure that all requirements and care regulations were met was a breach of Regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the new manager said they had introduced themselves to people living at the home, we received feedback from some people and relatives that they had not met the new manager. One member of staff commented that, "People don't know or remember who the managers are, they need to re-introduce themselves and sit with people." We fed this back to the manager who told us. "We have implemented something called the three o'clock stop. This is where everyone in the home, clinical and non-clinical staff stop work and spend 20 minutes of quality time with residents. This is another way of ensuring that we are all visible to residents."
- The provider had a system for managers to complete a daily "Walk round" the home. This was done two times a day. The purpose of the "Walk round" was to check the quality of staff interactions with people and that people's needs were being responded to. There were also checks on cleanliness in the home and people's dining experience. Weekend and night care reviews were completed by the nurse in charge.

● Further improvements were recognised and were being made. The manager said, "This home has great potential. I want to build consistency, get all the basics right and staff recruitment, and we can continually improve from there." Since doing the daily checks they had identified a need for another housekeeper, which the provider had approved, and had addressed a potential hazard with outside bins. They also had a plan to develop their staff, to create new roles and try out methods of retaining good staff.
● Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. Statutory notifications were being sent correctly to the CQC, including safeguarding concerns or incidents.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Since starting, the managers had strengthened communication across the home, held staff meetings and the out of hours on call system for staff had been put in place. Staff appreciated the changes. One told us, "The new management is good, and they make me feel valued." Another said, "It's changed a lot, and we have a good manager now. We were very short of staff but this is mostly covered now."
● A residents and relatives meeting had recently been held. It was not clear how many people attended. The notes showed that people felt able to raise issues such as the times of future meetings so that more people can attend and about people wishing to be escorted by staff to hospital appointments. The manager said, "People want us to have the meeting held in one of the units. We will vary the time and the day, and rotate, to encourage greater involvement." Surveys of staff and people's views were due to be carried out soon and we were told the results would be considered when making changes.
● The manager understood their responsibilities to be open with people and relatives when things went wrong (duty of candour). A monthly clinical indicator report included all incidents and falls across the home, and monitored risks associated with people's weight loss or skin integrity. The report enabled any trends to be seen, for example in April 2019 there had been an increase in the number of falls at the home. There was a quarterly falls review meeting in place where actions to prevent falls was discussed. The manager said that if there was a sudden increase this could be brought forward.

Working in partnership with others
● People benefitted with the links the home had in the local community. For example, people were able to visit the garden centre or theatre. The local churches also sent visitors to people at the home. The manager was making connections with the provider of the Charters Towers Village, which shared the same grounds, to arrange for some joint events for people.
● The new manager had already made good links with local health services to proactively access support for people when needed and to enable staff to have new network and training opportunities.

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 11 HSCA RA Regulations 2014 Need for consent Failure to consistently act in accordance with the Mental Capacity Act 2005 and code of practice was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider not being able to ensure that all requirements and care regulations were met was a breach of Regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.