

Alma Care Homes Broome Ltd

Broome Park Nursing 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Broome Park is a 'care home'. It delivers care for up to 56 people living in two separate buildings, the main house and Stable Cottage. At the time of our inspection there were 50 people living at the service who had a range of needs including living with dementia and a mental health diagnosis.

People's experience of using this service

The new provider had taken over the service a year ago, and the new manager had started in June 2019. They had identified the issues we raised on the day of the inspection, and plans were already in place to resolve them.

Risks to people were not always appropriately recorded and managed. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not always support this practice. The environment was not suited to people with cognitive impairments such as dementia, and activities that occurred within the home were not always meaningful or accessible to people. The dining experience for people in the main building was chaotic and unorganised but was much calmer in Stable Cottage. Safe infection control practices were not always followed as continence pads were being stored outside of their protective packaging.

There were a sufficient number of staff to meet people's needs. However, they were not up to date with their essential training and some had not received a recent supervision meeting. Staff, along with the management team were working hard to resolve this and were on track to achieving this. A visiting professional informed us people were referred to healthcare professionals where required, and communication between staff was effective.

People and their relatives told us they felt safe at the service, and staff were aware of their responsibilities in safeguarding people from abuse. Medicines were recorded and administered safely, and accidents and incidents were recorded and analysed for any trends. The manager and provider had informed CQC of all notifiable incidents that had occurred.

We observed friendly interactions between people and staff, and people and their relatives told us staff were kind and knew people well. People were involved in decisions around their care where possible, and their families and representatives were involved where they lacked capacity. Where possible, people were being upskilled to be more independent so they could be considered for their own accommodation in the community. People's dignity and privacy was respected, with staff asking if they required assistance to the toilet discreetly. Complaints had been dealt with in line with the provider's policy and the service had received a number of compliments. People's communication needs were considered and recorded.

People, relatives and staff felt the management team were approachable and supportive. There were plans

in place to improve the service for people, as well as audits identifying existing areas of improvement required. People, relatives and staff were engaged in the running of the service and their feedback considered and acted upon.

Rating at last inspection

This is the service's first inspection since it was registered with a new provider (24 October 2018).

Why we inspected

This was a planned fully comprehensive inspection in line with our inspection scheduling based on the service's registration with CQC.

Follow up

We identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will follow up on the breach and recommendations made in this report. We will continue to monitor all information received about the service to ensure the next planned inspection is scheduled accordingly.

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 responsive.

Details are in our responsive findings below.

Requires Improvement ●

Broome Park Nursing 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.

Inspection team

The inspection was carried out by five inspectors, one nurse and an expert by experience on 13 September 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Broome Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager that was in the process of registering with the Care Quality Commission. Once registered, 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

The inspection was unannounced.

Before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

During the inspection

We spoke with six people, two relatives and eight staff members including the chef, manager and provider. We also spoke with the GP who was visiting on the day of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of documents including ten care plans, seven staff recruitment files, medication administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data the provider emailed to us.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk were not always appropriately managed or recorded. One person had a diagnosis of epilepsy. However, there was no risk assessment in place to advise staff what to do in the event of a seizure, and staff told us they had not had training around this condition. A risk assessment for a person who smoked said they should be "Encourage[d] to wear a smoking tabard" to prevent burns on their clothing and skin. The provider informed us that smoking tabards were available, but the person chose not to wear one when smoking. However, staff told us there were no smoking tabards available for people who wanted to smoke and the management team did not show us any when we raised this with them on the day of our inspection. This left people at risk.
- However, some risks to people were recorded and managed appropriately. One person was assessed by the manager as being at high risk of falls. Their mobility risk assessment stated one staff member should support the person to mobilise and they should have a sensor mat in place in their bedroom. We observed this guidance was being followed by staff and a sensor mat was in place. Another person required their blood glucose to be monitored daily. We observed that this was being completed and recorded.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- Personal emergency evacuation plans were in place to advise staff how to support people to evacuate the building in an emergency. Missing person profiles were in place for people in the event of them going missing. These were updated daily with what people were wearing each day for people who were at highest risk of leaving the service unaccompanied.
- Routine maintenance checks had been completed in areas such as fire safety, legionella and equipment upkeep. Any requirements identified from these checks had been actioned. For example, a recent fire risk assessment identified there was no allocated fire warden. The manager has booked fire warden training as a result of this.

Using medicines safely

- Medicine administration, storage and recording practices were on the whole safe. Medicine was securely stored and medicine administration record (MAR) charts were completed with no gaps. One person told us, "Staff always make sure I get my medicines on time." Staff administering medicines wore a 'do not disturb' tabard and spent time with people ensuring they had taken their medicine. Temperature checks of fridges were completed daily to ensure the integrity of refrigerated medicines were not compromised. However, the top drawer of the fridge was labelled as being used for specimen storage. We advised the manager that these needed to be stored separately, which they organised immediately.
- There were protocols in place for as and when medicines (PRN), which advised staff of the maximum

dosage and when this medicine should be given. Body maps were used to ensure staff were applying creamed (topical) medicines to the correct part of people's bodies.

- Staff completed medicine competency checks on an annual basis or sooner if required. Although there were no controlled medicines being stored or administered at the time of our inspection, staff were knowledgeable about the process needed for this.

Preventing and controlling infection

- People were not always protected from the risk of infection. Continence pads were stored out of packaging in cupboards around the home, meaning they were not safe from contamination from external factors such as dust. We raised this with the provider, who ensured that pads were stored in packaging immediately.

- However, other practices in infection control were safe. We observed staff members wearing aprons during lunch time service, and when preparing to provide personal care to people. Gloves, aprons and hand sanitiser was available throughout the home. The manager told us, "Staff over worry about this so always ensure they wear it which is the better way."

Staffing and recruitment

- There were a sufficient number of staff to meet people's needs. When asked about staffing levels, one person told us, "I think its sufficient, I feel I am looked after." A relative said, "There could always be more, but you could say that for any care home. They work very hard and [my family member] is safe. Staffing levels don't cause any issues." The manager said, "I feel there's enough staff. There is a dependency tool, and we have more staff than we need according to that." We observed one staff member was always present in the main lounge with people throughout the day.

- Sickness was covered by agency staff. The manager informed us he tried to use the same agency staff members where possible. He told us, "I use the same agency and same carers from them if I can. I believe the residents are used to people and it becomes more like family and doesn't distress them." People confirmed this when we asked them. One person told us, "I usually see the same faces of staff members, which is good as I get to know them and they get to know me and we have a good rapport."

- Recruitment files evidence staff had been recruited safely. This included written references, a full employment history and a Disclosure and Barring Service (DBS) check. A DBS checks ensures that potential staff members are safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at Broome Park. One person told us, "I feel safe here. The staff make me feel safe and so does the building itself, its beautiful." A relative told us, "I don't worry about him here or how he's being treated. I know he's settled, which is worth its weight in gold." Another relative said, "Yes I think he is safe here because if he goes to get up there is always staff with him."

- Staff were aware of their responsibility to safeguarding from abuse when we asked them. The manager told us, "My staff care know about safeguarding. They know they can call the safeguarding team anytime, it's not a problem."

- Records showed the safeguarding team had been made aware of concerns and robust internal investigations had been conducted where required. A safeguarding log contained up to date safeguarding guidance for staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded, including details such as what had occurred and what actions were taken as a result of this. For example, a staff member discovered one person had injured themselves, but the person could not remember how this occurred. However, another incident form from a few days

earlier noted the person had fallen so it could have been as a result of this. A wound care plan was created, and a body map completed to show the location of the injury.

- Recorded accidents and incidents were analysed for trends. The manager and provider had informed the local authority and CQC of any notifiable events.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's dining experience was not always enjoyable. We observed lunch in both buildings and found the dining experience was calm and relaxed in Stable Cottage. However, the dining experience in the main house was chaotic and unorganised. People were left waiting up to 30 minutes for their food to arrive, and the layout of the room was not conducive to people's mobility needs. Staff who were assisting people were not interacting with them. We raised this with the registered manager and provider who said they would work to improve the dining experience for people in the main house. We will follow this up on our next inspection.
- People's nutritional and hydration needs were not always correctly monitored and met. Staff did not always support people who required assistance cutting their food, which led to one person becoming bored and frustrated and leaving the majority of their lunch. When we checked this person's care plan, their nutritional care plan stated they required assistance from staff to cut their food for them. This person had lost weight over the past three months, which may have been as a result of not receiving the support required. We raised this with the provider and manager. The manager told us, "If we have people losing weight, we call the GP straight away and we fortify the diet straight away too." However, staff needed to ensure they were following the individual guidance in people's care plans to further meet their nutritional needs.
- People requiring fluid charts to record the amount they had drunk each day were not always fully completed. For example, one person's fluid chart had not been completed on 10 and 12 September 2019. When fluid intake for the day was being recorded, the amount was not totalled at the end of the day. This meant that staff may not be aware if the person had reached their fluid intake goal for the day, leaving them at risk of dehydration and infections.
- Since our inspection, the registered manager and provider have added the issues we identified in this area to their service improvement plan. This document states what action the registered manager and provider plan to take to improve the service, which includes the management team doing daily checks of food and fluid charts.

Staff were not meeting the nutritional or hydration needs of people as part of their assessed needs. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

- People and relatives were complimentary about the food at the service. One person said, "The food here is always lovely." Another person said, "I enjoyed lunch today. I usually enjoy the food here. I chose to have my meals brought to my room." A relative told us, "He's eating well and he looks well. When he first came the

food wasn't very good but they've got a new chef and I have to say it's improved. I sometimes stay for lunch too and I enjoy the food." Pureed food was piped into moulds so that it was presentable and looked appetising for people who required this diet. People's nutritional preferences were recorded in their care plans for staff to refer to, if people were unable to communicate with them on occasions due to their cognitive impairment.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's legal rights were not always protected as the correct legal documentation had not always been completed. We found the completion of decision specific capacity assessments for people that required them varied. For example, one person had a mental capacity assessment and best interest decision completed for the use of bed rails. A subsequent DoLS application had been completed. However, another person required one to one care and constant supervision. A mental capacity assessment, best interest decision and DoLS application had not been completed for this element of their care.
- Another person had their medicine given to them covertly. A mental capacity assessment had been completed for this, along with a best interest decision in which the pharmacist had been consulted.
- We raised this with the manager and the provider. The provider told us they found documentation for mental capacity and DoLS had not been completed when they had taken over the service from the previous provider. The manager informed because of this, they were working through the people that required them and told us, "It's a work in progress. I'm doing it slowly."
- Despite this, people and relatives felt that staff asked for consent before carrying out any care. One person told us, "They do ask permission." A relative told us, "They are very careful with how they approach him (as he can refuse personal care), to make sure he is happy with what they are doing."

We recommend the manager ensures that people's rights are protected by the correct documentation to assess capacity and deprive someone of their liberty. We will follow this up on our next inspection.

Staff support: induction, training, skills and experience

- Staff were not up to date with mandatory training. At the time of our inspection, only 37% of staff members had completed infection control training, 57% had completed mental capacity and DoLS training, and 36% had completed safeguarding training. However, people and their relatives felt that staff were effective in their role. One person told us, "Staff are well trained." One relative said, "The staff seem to understand the patients' needs very well." We also observed staff providing safe moving and handling care to people throughout the day. The manager and provider were aware that staff training was not up to date and had booked refresher courses for the staff to attend, which included face to face training as well as e-learning.

- Staff were not receiving regular supervision. Some staff had received supervision in the last three months, whereas others had not had supervision since the new provider took on the ownership of the service in October 2018. The manager told us, "I'm doing five supervisions a day at the moment. I believe I will do all of the outstanding supervisions this month. I will delegate this out to the deputy and nurses too in future."
- Staff were encouraged to progress their skills and careers within the service. A four-day team leader programme had been implemented to upskill and promote staff in to leadership roles. A staff member told us, "Whilst it was an intense programme it was relevant to my role. The training offered was appropriate and I felt I was supported in completing the relevant training." The manager told us, "We've just finished a team leader programme – we like to promote the staff." English lessons were also available for staff whose first language was not English, in order to improve their communication skills.

We recommend the manager and provider ensures that staff are fully up to date with their training and supervision by the timescale set out in their action plan. We will follow this up on our next inspection.

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

- The environment for people was tired but clean. However, the environment was not set up to meet the needs of people with dementia. There were no decorations to make people's rooms identifiable from each other, and no areas for people to be stimulated by. The manager and provider were aware of this and had plans in place to make the environment more dementia friendly.
- Equipment was being stored in people's rooms and showers. We observed two hoists were being stored in one person's room and mop and buckets for cleaning were being stored in a shower room. We raised this with the manager and provider and asked them to relocate the storage of this equipment.
- However, the building had been adapted to ensure people were safe. Window restrictors and key coded external doors were in place. People had been able to personalise their rooms to make them more homely.

Staff working with other agencies to provide consistent, effective, timely care

- Relatives and staff felt communication within the service was effective. A relative told us, "They always let me know if there are any concerns with his health. I feel informed." A staff member said "We try to do our best to work as a team. This is rule number one." Another staff member said, "We always have a handover at the beginning of a shift." The manager told us, "The communication wasn't great when I started. I implemented handovers in my room. They update the system if needed and the nurses have a communication book."
- People's care plans evidenced input from healthcare professionals. A person told us, "GPs are involved here, but I have not been unwell so haven't had to see them." One relative told us, "They've taken [my family member] for a check-up for his pacemaker." Another relative said, "His behaviour has died down, because the manager called the doctor who reviewed and changed his medicines. These were things that our own GP had just left on repeat prescription for years." The GP who was visiting on the day told us, "I do not feel the home contact the surgery too often. My impression is they put people in the regular GP sessions that need to be there."
- Appointments with the GP, dentist, chiropodist, continence team and other professions were recorded in people's care plans where required. The manager told us, "The GP comes weekly. He updates the system directly." Which we observed on the day. This meant guidance for staff was direct from the GP, not someone's interpretation of what the GP had said.
- Guidance given by health care professionals was followed by staff. One person's care plan showed a physiotherapist had recommended that one member of staff supported the person when mobilising. We observed this happening throughout the day.

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

- Pre-assessments for people moving in to the service were completed. A relative told us, "The manager came to the hospital to do the assessment." These covered areas of care needed such as mobility, nutrition and personal care. This ensured that the service could meet people's needs.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met. This included multi-universal screening tools (MUST) assessments for nutritional needs, Waterlow assessments for skin integrity, and Abbey pain scale assessments for people who could not communicate if they were in pain or not.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt staff were kind and compassionate towards them. One person told us, "The staff here are very kind, knowledgeable and helpful." Another person said, "It's a good crowd here." A relative told us, "The staff are just so caring and friendly, I have no words to describe how good they are. I can visit whenever I want. I can bring my dog here, as [family member] loves to see it." The manager told us, "This is the people's home, they need a quality of life which we give to them."
- We observed kind interactions between staff and people. A staff member offered a person a biscuit and the person put their hand up as though they were stopping them. The staff member copied the person by putting their hand against the person's resulting in the person smiling and taking a biscuit. Another person became verbally abusive towards staff. Staff were very patient with them, giving them choices and calming them down. They left them a while (as they were refusing food) and came back and asked them what they would like for lunch again. They chose the fish and chips which they hadn't been prepared to eat before. A relative told us, "There is a verbally challenging person here, they are amazing with them, they handle it very well."
- We observed one person who looked sad while sitting in one of the lounges. A staff member saw this and sat with the person. This additional time spent emotionally supporting the person resulted in the person smiling and becoming much happier following the conversation.

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

- People were involved in reviews of their care where possible, as well as their family members where required. A relative told us, "[My family member] has a care plan and we have discussed it together with staff. They tell me about his medicines as well, such as when they are changing them." The registered manager told us, "If someone has mental capacity then yes they are involved. Families are always involved if not. We go through every single care plan to check they're happy."
- We observed people being offered choices throughout the day. This included asking people if they wanted tea or biscuits and being shown two plated up meals at lunch time so they could choose which option they would prefer.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence where safe to do so. Two people were being supported to build their independence so they could move in to their own accommodation in the community. One of these people had been supported to get the bus to a local town and was now able to do this by themselves and make their own way back again. The manager told us that they would continue to upskill the person to ensure they were safe to live independently in the future.
- Staff involved people while they were being hoisted so they had some control in the manoeuvre. We

observed one person being hoisted and staff involved them in the lift. Staff then thanked the person for helping them.

- Staff respected people's dignity. A relative told us, "Staff are respectful and treat people with dignity here." We observed staff asking people discreetly if they wanted to go to the toilet or change their continence pads so as not to embarrass them in front of other people. We also observed staff adjusting people's clothing to maintain their dignity, such as when one person's dress had ridden up whilst she was sitting.

- People's privacy was respected. We observed staff knocking on people's doors before entering and closing doors for personal care.

Is the service responsive?

Our findings

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

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

- Feedback from people around the activities was varied. One person said, "There is always plenty going on, I don't get bored." Another person said, "We went to Wisely Gardens yesterday, I really enjoyed it. It was lovely weather and a good day out. We're having a garden party tomorrow and my family are coming down." However, a further person told us, "I suppose I am happy here. I get a bit bored of the life I lead here. I enjoy interacting with the other patients, but that is not always possible [due to their dementia/communication needs]." Activities at the service were not always meaningful and accessible to people. We observed an activity taking part in the main lounge which was not engaging people and not allowing them to take part due to their mobility. In the Stable Cottage lounge, the television was on a music channel, but most people were sat with their eyes closed due to a lack of stimulation. The manager told us, "I'm definitely looking for improvement in the activities. My belief is people are not just here for medicine and food. They're here to have their quality of life improved. We do a lot of trips, the families like to look at the photos of it." We will follow this up on our next inspection.
- Staff knew the people they cared for well. One person told us, "I used to work in aviation and they always ask me about this." We heard a staff member talk to him about aeroplanes as they passed him in the corridor. A relative said, "It seems a happy place and the staff seem to understand the patients' needs very well." Another relative said, "They know him very well. They've got things they know he likes to talk about."
- The manager had created an incentive for staff to find out as much about people's likes, interests, hobbies and careers as possible. This was to improve their knowledge on the person in order to deliver better personalised care. A relative told us, "They've asked me to provide information about his past so they have things they can talk to him about. I feel that they talk to him as they mention things he's said." We observed detailed information in people's care plans around their life history.

End of life care and support

- At the time of this inspection, one person at Broome Park was receiving end of life care. Appropriate care plans around this were in place which noted their preferences on how they wished to be cared for in their last days.
- However, other people's care plans contained limited information around their end of life preferences. The provider informed us that when they took over the service, no end of life care plans were in place so this was something they were working on. The manager told us, "I sent out a letter to families asking for their preferences. I'm waiting for them to come back in."

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.

- People had communication care plans in place to guide staff on how best to communicate with people. One person's care plan stated staff needed to position themselves on their left hand side to aid hearing. However, we observed that he was seated in a position which did not allow staff to follow this guidance during lunch time. This meant that the person was not always able to hear when staff were speaking to him. However, we observed other people receiving care in line with their communication needs. The manager told us, "Some can't verbally communicate so we anticipate their needs and watch their body language."

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

- People were supported to maintain relationships with their families and friends. One relative said, "His friends can still visit him here and they do regularly." Another relative said, "I phone most days and they'll take the portable phone to him so I can say hello." They went on to describe how it was her family member's 90th birthday the week before and family visited and took the person out for lunch with the support of staff. They said, "They made a cake and sang happy birthday and arranged the transport for us to go out for lunch. He had a really nice day out." We observed relatives and friends being welcomed warmly in to the service throughout our inspection.

Improving care quality in response to complaints or concerns

- People and relatives felt that complaints would be handled appropriately if they needed to be raised. One person said, "I Would know how to complain, but I haven't needed to." Another person said, "I've never had to complain, but I know they would deal with it if I did." A relative told us, "I would talk to the manager, but I have not had any complaints. Most things get ironed out as we go along." The service had a complaints policy which was on display for people and relatives if needed.

- Complaints that had been received had been dealt with appropriately. One relative had complained as information requested to update a person's care plan which was given to the previous provider had not been transferred to the new provider. The new provider had called the relative the day the complaint was received and arranged a meeting so the information could be gathered again and the care plan updated.

- Compliments were kept in a central folder. The service had received a number of compliments, some of which read, "Everyone is always very helpful, and I really do appreciate it", "Thank you for the meeting last night. I really appreciate you spending the time to meet with relatives and inform us of all your plans. It all sounds very exciting and a lot of work" and "I would like to thank the chef for having the special 'menu of the month' highlighting a different country each month."

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.

The service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager and provider were aware of the improvements that were required within the service. The provider told us, "When we took over the service, we were aware that a lot of the documentation needed was missing and the activities and environment needed to be improved. We are aware of the issues you have found today [on our inspection] and we have found that a change in culture is needed from the previous ownership which is slowly getting there."
- The provider and manager had started to implement improvements to the service. A recent audit identified that a lessons learnt and complaints tracker needed to be put in place. We found this had been resolved and implemented by the day of our inspection. The provider had also completed a spot check of the care being received at night to ensure all areas of the service were being checked and considered.
- However, issues identified in other areas of the service were taking longer to resolve. An audit found that food and fluid intake charts were not being completed in enough detail for people who were losing weight. For example, portion sizes of meals and information around snacks was not being recorded. As a result of this, the food and fluid charts were being checked daily by the manager or deputy manager until the required improvements made were consistent and embedded. The manager told us, "I have staff who are ok at it and others that aren't so I chase it all the time to change the culture."
- Audits had also identified that staff were not up to date in receiving one to one supervision discussions with their manager. The manager had provided an action plan to the provider which stated that all staff would have received a one to one meeting by the end of September. We observed that the manager was on track to meet this.
- Information around the duty of candour was displayed in areas around the building. This encouraged staff to be open and honest where things had gone wrong.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People were attending resident's meetings, but these were not being recorded. One person said, "I can't remember having a residents meeting, but I have got a short term memory." Therefore, documenting meeting minutes would allow people to look back at what was discussed if they were unable to remember. The provider told us, "Unfortunately we don't have any documented, but I have instructed the team that moving forward these need to be done monthly."
- Regular staff meetings were taking place. These included discussions around safeguarding, accidents and incidents, results of audits and compliments and complaints. As well as whole staffing team meetings, there were also smaller meetings with groups of staff members. This included meetings for nurses and

housekeepers. This allowed for relevant and specific information to be fed back directly and discussed with the manager.

- Relatives and visitors were given the option to score the service using the visitors logging system. The results were printed off and stored. However, this only allowed a score of 0-5 and did not have the facility for comments to be left. However, there were plans in place to produce a questionnaire to gather further feedback. The manager told us, "We've done a few staff and relative meetings. I usually ask for feedback and say that I am always open and waiting for ideas. They usually tell me face to face so I haven't sent out a questionnaire yet. But we're working on the questions and will send it out soon."

A lack of contemporaneous notes and thorough record keeping meant there was a lack of good governance in the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the manager and management team were approachable. One person told us, "Everyone is approachable. I know [the provider] and she is lovely." A relative said, "I know who the manager is, he came to the hospital to do the assessment." Another relative told us, "I had a lot to do with the previous manager. I haven't yet seen much of the new manager, but everything seems to be as good as it was." Staff were also positive about the management of the service. One staff member said, "I'm happy with the support I receive from management. The deputy manager works in the cottage with me and is available for support."
- The values of the service were displayed on notice boards throughout the building. These were thoughtfulness, connection, teamwork and listening. Staff fed back to us throughout the day that there was a strong sense of teamwork amongst staff, and we observed staff being thoughtful and listening to people. Therefore, they were living by the values created by the management team.
- The manager and provider were aware of their responsibility about reporting significant events to the Care Quality Commission and other outside agencies.

Continuous learning and improving care; Working in partnership with others

- There were plans in place to improve the care provided to people. The provider and manager were looking to implement the 'Ali' system, which monitors people's breathing and movement in their rooms for two weeks to establish their normal baseline. Following this, the system will alert staff if there is anything unusual such as a change in breathing rate.
- There were also plans in place to improve the environment. The manager planned to add dementia friendly sensory areas around the service, one of which has been installed since the day of our inspection.
- Further plans were in place to improve the outside environment for people by utilising the skills and support of outside agencies and people. The manager told us, "We have spoken to Friends of Bloom (a charity) who will fund a raised bed for a kitchen garden. People will be able to pick their own vegetables." The provider and manager explained they wanted to create a secure space outside for people where they could go safely whilst also adding value to their day. The provider advised us, "We will soon have a Duke of Edinburgh student coming in for one hour a week. They live on a farm and have offered to build a chicken coop with the residents."

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The service failed to meet the nutritional and hydration needs of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to ensure good governance.