

QH Greenhill Limited

# Greenhill Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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:

Greenhill Residential Care Home is a care home that accommodates 36 people in a purpose built residential home for the elderly. At the time of our inspection 31 people were using the service, including two people currently in hospital. Some people using the service were living with dementia or had physical support needs. Support is provided on two floors. There are various communal areas, including lounges and a quiet room that people can access. The home also has an enclosed garden in a central courtyard.

### People's experience of using this service:

The new provider and management team had worked hard to address issues at the home since they bought the service in 2018. At the time of the purchase the service had been rated as inadequate in all domains. The new provider had ensured there were audits in place which were effective in continually developing the quality of the care that was provided to people. However, although some areas such as training, induction and supervision had been identified as areas for improvement these had not been fully addressed in a timely way. People and staff were happy with the way the service was led and the registered manager made themselves available to people. However, more robust governance and availability from the provider would ensure the management team and staff felt more supported especially if their job description was unclear.

Although the care plans reflected people's current needs, this information was not always used consistently by staff to ensure they were delivering person centred care. Some staff said they mainly relied on verbal handovers and communication. Most of the care plans were still in the previous provider's format and transfer to QH Greenhill Limited documentation was ongoing but slow.

Arrangements for activity and leisure provision were in place and offered meaningful and appropriate activities. However, in practice not all people were included or the time some people spent engaged in activities was limited. The registered manager and provider were aware of all these issues and were now addressing them as a priority.

Staff knew how to keep people safe from harm and they received their medicines as prescribed. The provider had a robust recruitment process in place and there were enough staff on duty to meet people's needs. Staff followed infection control guidance and had access to personal protective equipment. The environment was friendly, warm, and clean. Accidents and incidents were recorded, and appropriate action taken.

Staff referred to healthcare professionals when required. People had a choice of food and their nutritional needs were met. The provider was working in line with the principles of the Mental Capacity Act 2005 and people's consent was obtained before care and support was delivered.

Staff were caring. The registered manager and staff were seen to deliver care and interact with people in a kind and caring way. All the people and relatives we spoke to were complimentary about the service.

Comments included, "I would like to thank everyone who cared for my mother in the last few years of her life. All the staff were kind and respectful towards my mother at a time when she was in so much pain, and were careful not to make her distress worse" and "Just a note to say how much I appreciated all the support everyone gave me at the end of [person's name's] days. Although it was a sad time for me, having you all with me helped so much. Thank you."

There was a positive, caring culture and staff were patient, kind and empathetic. A core group of staff had stayed with the service during the transfer to the new provider and clearly cared about the people living at Greenhill. They were positive about the improvements and staff culture saying, "It is definitely better here. 100% better. The registered manager and deputy manager have been so supportive. Much better staffing levels and agency use is reducing. The care is so much better because we have time to help people" and "I feel things have definitely improved here. The registered manager is really trying to get training up to date. I feel supported in my role, it's easier now there are more seniors, lightens the load."

People's privacy, dignity and independence were respected by staff. Support was generally individualised, with most staff knowing people well. Regular feedback was encouraged from people and their relatives.

The service ensured people received dignified and respectful end of life care which met their personal needs and preferences. The provider had a complaint process which people and their relatives were aware of to share any concerns and these were managed well.

Why we inspected: This inspection was planned as the location was newly registered under a new provider. The new provider took over the registration of the service in May 2018.

Rating at the last inspection: This was the location's first inspection since registering with the Care Quality Commission (CQC).

Follow up: We identified one breach of the Health and Social Care Act 2008 relating to training, supervision and appraisal and made three recommendations. An action plan will be requested to ensure improvements are made. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

# Greenhill Residential Care 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 two adult social care inspectors.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced on the first day.

**What we did:** During the inspection we spoke with ten people, two relatives, nine members of staff and an agency care worker, the registered manager, the provider, administrator, chef, kitchen assistant, two domestics and two activities co-ordinators. We also spoke with two visiting professionals.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed four people's care records, medicines records, reviewed the providers recruitment process and

checked a number of the providers policies and procedures, staff training, support and supervision. We also looked at documents relating to the governance of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff had received training on how to safeguard people from the risk of abuse or had refresher training booked. Staff understood how to recognise the signs of abuse and how to report this.
- ☐ Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- ☐ The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted upon any concerns raised by notifying the local authority.
- ☐ People said, "Oh yes we are safe, the staff are lovely" and a relative told us, "We come all the time. It's much better now (since new provider). Nothing is too much trouble, you just have to say and they do it. We have no worries that they are not safe."

Assessing risk, safety monitoring and management

- ☐ Although most care plans were still in the previous provider format, risks were updated and current and staff knew how to keep people safe.
- ☐ Technology was used appropriately to promote people's safety, such as call bells and alarm sensor mats to alert staff if people had got out of bed who were at risk of falls. Staff checked regularly on people who could not use a call bell to ensure they were safe and happy.
- ☐ Regular checks were made to water temperatures and safety equipment within the home and issues were dealt with by the provider.
- ☐ People had fire evacuation plans in place. Fire risk assessments were reviewed in January 2019 and weekly fire alarm tests were conducted.

Staffing and recruitment

- ☐ People told us there were enough staff to provide assistance when they needed it. Staff were visible in the communal areas. They knew who liked to sit with who and recognised any negative behaviour triggers or body language meaning that people with limited communication received prompt assistance.
- ☐ Our observations found there were enough staff to meet people's individual needs without keeping them waiting. New quiet pagers ensured all staff knew who required assistance without creating a noisy atmosphere. We saw staff working well together as a team.
- ☐ Staff we spoke to told us there were enough staff to support people and people were well cared for.
- ☐ Staff had been recruited safely. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed for example. There was ongoing recruitment and previous high use of agency staff had reduced.

Using medicines safely

- ☐ One staff member was observed administering medicines and this was done safely. We saw people's

medication records were checked prior to medicines being given and signed immediately afterwards.

- We saw records to say that prescribed creams had been administered with body maps showing where. These documents were kept in the communal areas and staff said this could be difficult as they needed the information in people's rooms where creams were used. The registered manager said they would move them to ensure easy access. They also said they would ensure old body maps were signed off as completed so staff were clear about current care needs.
- Staff told us they received regular competency checks to ensure they were administering medicines safely and these were done.
- No medicines were currently being given covertly and this was documented and discussed with the GP with a capacity assessment was completed and best interest decision made.

#### Preventing and controlling infection

- We found all the areas of the home to be very clean, fresh and free of malodours. The domestic team said they had a good team and took pride in keeping the home nice for people.
- There were hand hygiene stations around the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris.
- The registered manager told us that there were audits in place to monitor infection control and cleanliness and satisfaction with people's rooms was included in the 'resident of the day audit'.
- We saw staff using personal protective equipment, including gloves and aprons when this was needed.

#### Learning lessons when things go wrong

- The registered manager was honest and open about the lessons they had learned since taking on the role for a previously inadequate rated service. For example, they had concentrated on achieving a positive staff team and culture. Staff said they felt happy to share and report any issues, for example about poor practice within the team, so this could be addressed to keep people safe.
- There had been steady reduction of agency staff which ensured a more consistent team of staff. The registered manager had just started a new zone allocation system. This would enable staff to regularly support a smaller group of people so they could get to know them well.
- The provider had systems in place to monitor any trends arising from accidents and incidents. These showed trends in falls for example, so protective measures such as sensor mats could be used to monitor movement if appropriate.
- Staff were aware of their responsibility to raise concerns and record accidents.
- The shift handovers included any incidents to share with the team and a daily safety check with the visiting community nurses to ensure people were safe and having their health needs met. The registered manager was starting a written log for health professional visits for each person rather than a communal log that required transfer to care plans. This would make it easier to consistently follow advice, feedback to relatives and check health progress for individuals.



# 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. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- ☐ The provider and registered manager were aware that staff training needed attention. Most staff had received safeguarding, medication and moving and handling training but the rest of the training matrix was mostly blank. The registered manager said the previous provider had not left any staff files so they were starting again as they could not be sure which staff had completed what training. However, this work was progressing slowly.
- ☐ Staff did not always receive effective learning and development opportunities. Although senior staff who had worked at the service for some years clearly were knowledgeable and knew people well, some newer care staff said they required more meaningful training in how to care for people who were living with dementia, for example. Some staff were unsure about people's communication needs and they were unable to describe how dementia affected a person they were caring for. Oral care was not always completed, some rooms had very dry toothbrushes and one care worker said they had found a person wearing their dentures in from the night before.
- ☐ Records and competency assessments did not consistently demonstrate staff received appropriate appraisal and supervision on a regular basis. The registered manager was starting to book supervision sessions with staff but few had happened recently.
- ☐ New staff received very little in the way of a comprehensive induction. One care worker recently employed said they had shadowed more senior staff but there had not been any formal checklist of competencies. They relied on individual staff for their induction into care work and information about people's needs. Two senior staff said this could take up time 'on the floor' as they had to also train staff, some who had no previous care experience. For example, staff did not get involved in activities, concentrating on care tasks. The registered manager said they would be starting future new staff on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles. The provider acknowledged that staff training, supervision, appraisal and induction needed to be addressed as a matter of priority. They said they would implement their company processes used in their other services and also carry out an audit of oral care and ensure staff had formal, adequate training in basic care needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Staffing.

- ☐ Training that had happened had been useful. For example, the chef and kitchen team were clearly passionate about providing appetising and individualised food for people. They had recently been on training and brought back ideas such as having regular kitchen meetings with management and spraying

sanitizers on the cloth, not on the surface to promote safe hygiene.

## 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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Despite the lack of confirmation about recent training, staff were knowledgeable about upholding people's rights and ensuring they were asked for consent. If people said or showed they did not want support, staff were understanding and approached them later.
- ☐ DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was chasing up the local authority as some had not been authorised due to a backlog. They were aware that authorisations required regular review. For example, those people living with dementia who required residential care in a home.

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

- ☐ The provider carried out a pre-admission assessment to ensure care was planned and reflected people's individual needs and preferences. This included an assessment before people returned from hospital and for people receiving respite care who were hoping to go home in the future.
- ☐ We saw care plans included information about how people liked their care to be delivered.
- ☐ A relative told us, "They seem to know how [person's name] likes things done".

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

- ☐ We observed mealtimes and the atmosphere was pleasant and sociable. People chatted and joked to each other and staff. There was some disjointed service of meals but staff said this was because they had started a new team allocation system that day. The chef said people usually received meals at similar times. People were able to eat their meal at their own pace.
- ☐ We saw that people's nutritional needs were catered for and they were given a choice of what they wanted to eat. Appetising photographs of the breakfast menu, for example helped people choose. One person said they enjoyed their fry ups. There were attractive set tables and plenty of condiments.
- ☐ People were offered drinks whenever they wanted and rooms had fresh fluids daily within reach of people.
- ☐ The chef had information about people's different dietary requirements, for example someone who had recently changed to requiring a thickener or if people liked salad cream. However, although correct, their list was devised from prior knowledge or asking staff. The registered manager said they would ensure a comprehensive list of current diets was regularly given to the kitchen and a copy also by the serving hatch to minimise any risk of staff not having up to date diet information. They would also put in place regular meetings with the kitchen as currently these only happened if the kitchen staff asked for one. This would promote better communication as a staff team and ensure people's likes and dislikes were known by all staff and current.

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

- The home was maintained to a high standard and was warm and comfortable. There was access to a secure garden and we saw people using it and relatives said they had enjoyed the space.
- We saw little signage on doors or dementia adaptations to promote people's independence. However, the provider showed us new vinyl front door décor for each person's 'flat' and told us of plans to make memory box frames with people for their doors. These would show things people liked as conversation starters and room recognition. They would then resource other items such as coloured toilet seats and crockery which is known to assist people living with dementia.
- People's bedrooms were personalised and kept very tidy and homely. People could choose their room colours and shelving for example. One person had a small 'indoor' garden area outside their room as they enjoyed gardening.

Supporting people to live healthier lives, access healthcare services and support

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

- A health care professional told us that the service was, "Good at contacting the GP if people are unwell. Staff were generally knowledgeable and knew people, with good communication most of the time."
- People had been referred appropriately to the speech and language team and older people mental health team for example. There were regular meetings with the occupational therapist to discuss referrals and progress.
- Where a person had lost weight, staff were completing nutrition charts to monitor progress and had consulted with the GP.
- The registered manager was discussing bite size training topics with health professionals such as about catheters and continence and pressure care.
- The senior staff team had a ten at ten meeting on Fridays where relevant and important information could be shared about people.

# Is the service caring?

## Our findings

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

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

- ☐ We saw staff demonstrate a kind and compassionate, can-do attitude. People felt at ease with staff and there were lots of singing and banter between them. People and staff chatted during tasks and staff ensured they acknowledged people as they went past. One person told us, "It's a 'proper job', I like it here, people are nice."
- ☐ People told us how caring and kind the staff were. One relative had sent an email to the home saying, "It was clear staff had a connection with mum. I was impressed by their caring and professional attitude."
- ☐ Staff recognised when people were becoming anxious and needed support. A staff member supported a person who was unsettled at breakfast time, by reminding them they had a cup of tea and chatting.
- ☐ Our observations showed that most staff knew people well and people were comfortable around them. There was always two senior care workers on shift who knew people well.
- ☐ The provider and staff were aware of the need to ensure people's diversity was respected. The registered manager told us how staff supported people with different likes and dislikes. For example, who liked a less noisy environment and who liked a newspaper or had a particular routine. One person found having their hair washed difficult so staff sourced a special hair washing cap for them. A care worker told us how they brought in items from home they knew a person liked to reduce their anxiety. Another care worker helped a person put on their coat for a walk around the garden.

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

Respecting and promoting people's privacy, dignity and independence

- ☐ The registered manager was passionate about the service being people's home rather than, "a care home." Staff said over the last year and that it was nice to have time to talk and engage with people. We saw staff treating people with dignity and respect. The registered manager was aware that some staff used more institutionalised language when discussing care with each other such as 'singles' and 'doubles' and was addressing this. Their office was open and people could pop in whenever they wanted.
- ☐ People's care plans included information about how they would like the care to be carried out and relatives told us that they were involved in care planning.
- ☐ The 'resident of the day' system ensured the person was able to be involved in their review and ask any questions.
- ☐ We found many examples of how staff promoted people's privacy and dignity. For example, ensuring people had appropriate clothing and were covered. People used clothes protectors and we saw staff gently and discreetly wiping people's faces during meals
- ☐ People told us their privacy and dignity were respected. A relative told us, "They are very nice to [person's name]. They make sure their catheter is covered up and their hair is done nicely." Staff were vigilant about ensuring people's continence was well managed in a timely way.

- ☐ People were encouraged to maintain their independence. We observed a person being encouraged to use their cutlery and drink by themselves. They were quick to assist when the person was nodding off holding a drink.
- ☐ Visitors were made to feel welcome and were offered drinks or use of the quiet room.
- ☐ Staff knew the importance of keeping information confidential and people's information was stored securely.

## Is the service responsive?

### Our findings

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

People's needs were not always met in a person centred way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ The care plans were comprehensive and detailed with current person centred information. Seven had been updated and converted to the new Greenhill format. The provider said they would set staff time aside to prioritise this. There was good information about people's likes and dislikes and an 'About Me' section. Photographs of required equipment inside the cover were useful for staff.
- ☐ Although each shift had two seniors available who were very knowledgeable about people's needs, we found that some newer staff, coupled with a lack of good induction and training, had not been encouraged to read the care plans. Care plan records showed the last staff signatures to say they had been read were from July 2018. The daily notes and records completed by care staff each shift were also kept in the communal areas and therefore not with the care plans. This resulted in daily records not relating to care needs but being very general.
- ☐ We did not find any health needs not being met however and senior care staff were very knowledgeable about people's individual needs. For example, there was good pressure area care involving the tissue viability nurses if appropriate. However, details about people's personal care were not always known by newer staff. For example, to use a teaspoon when assisting with meals for one person, how people's dementia affected them, elevating a person's feet, ensuring a person's feet were washed daily and cream used and knowing that a person's wound was to be left exposed to the air rather than covered. Therefore, people's full needs were not always met consistently depending on which staff were available.
- ☐ We discussed the above with the provider and the registered manager. They sent us a detailed summary handover sheet by the end of the inspection. This would be updated and given to all staff including agency staff each shift to ensure all staff knew people's needs whilst the care plans were being completed. They said they would also ensure all staff then read the care plans and competency checked regularly. The new zone allocation would help staff work regularly with a group of people and get to know them well.

We recommend that the registered manager ensures that all staff consistently have the information they need so person centred care delivery can be monitored in a more robust way.

- ☐ There was a varied activity programme in place. However, not all people were offered or provided with meaningful activities. Although there were two activity co-ordinators over six days, there was no audit of how effective they were. Records showed that whilst some people were enjoying a lot of activities, some were not receiving regular activities. This was due to a lack of time although the activity staff were busy and doing all they could.
- ☐ Care staff were not involved in activities, only care tasks, although there was a lot of engagement between people and staff throughout the inspection. We discussed this with the provider and registered manager who said they would address this immediately, for example by auditing the activity records, meeting

regularly with the activity co-ordinators and ensuring additional tasks such as doing the tea rounds and watering plants were re-deployed and did not take up time spent with people. For example, the balloon tennis scheduled during the first day of our inspection was unable to go ahead as the activity co-ordinator was doing the morning tea round. Some group activities only reached two or three people. The registered manager was allocating a care team member to activities each day to try to include care staff in activities and asking them for ideas or skills they would like to share.

- We observed staff interacting with people throughout the day. The service identified people's information and communication needs by assessing them. There was a lively and inclusive atmosphere in the home. Communal areas were well used and those people who liked to stay in their rooms were checked regularly. People appeared comfortable and happy in their rooms watching television or reading and staff checked people had what they needed before leaving their rooms.

- Although activities were not always reaching each person regularly, there was a good programme of activities offered. For example, people had enjoyed quizzes, bingo with prizes, one to one time when possible and games. There were sessions in the garden with ice lollies, craft sessions such as painting garden ornaments and making Easter bonnets. There were also trips out such as to the coast for ice cream. One person went out with staff every day for a walk which they enjoyed.

- People's religious needs were respected. Someone came in to deliver Holy Communion and some people attended church every week.

We recommend that there is a more robust arrangement for meeting people's leisure and social needs on a more regular basis to ensure everyone's particular needs are known and met.

End of life care and support.

- No-one living at the home was in receipt of end of life care during our inspection. However, we saw relative feedback following a recent death thanking the staff for their care. Further relative feedback said, "Care was very impressive. Staff were tender and kind. They kept checking on us and holding [person's name's] hand." People had end of life care plans although these could be expanded to include more individualised information. The registered manager was asking relatives for this information when the situation seemed appropriate in a sensitive way. The registered manager and staff worked closely with community nurses and knew how to access appropriate 'just in case' medication for example to ensure people were comfortable.

Improving care quality in response to complaints or concerns.

- We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint to. There were also contact details for external agencies, such as the Local Government Ombudsman. Relatives told us there were occasions when they had made complaints and said issues were dealt with properly, which was shown by records.

## 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

Service management and leadership was inconsistent. There were some shortfalls in service leadership.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The provider and registered manager told us how they had worked hard to address concerns raised at the time of the purchase of the service in May 2018 relating to the previous provider's inadequate CQC rating. They had concentrated on recruitment and promoting a more positive staff culture with good effect. There was a more stable staff team and less agency use which promoted better consistency and focus on enabling people to live a 'better life'. All staff and relatives agreed that this was the case.

- ☐ However, the registered manager and staff did not always feel well supported by the provider to ensure there was consistent good governance. For example, although the provider visited the home, there was no regular formal meetings or minutes relating to auditing or the service improvement plan. Staff said they had not seen the provider for two months sometimes. Some staff had taken on new roles such as pay roll and human resources but they felt they could not always contact the provider in good time and were unclear about the job description. There was a lack of regular staff meetings for the kitchen staff and activity co-ordinators for example to ensure the team were working together effectively. The registered manager had no accessible budget without contacting the provider and there had been some issues with payments for services and goods received which had taken up time.

- ☐ Leadership and management within the service generally ensured person-centred, quality care was delivered. However, the provider had failed to ensure there was sufficient and effective oversight and governance at the service to recognise the need for prioritising addressing the lack of training, supervision, appraisal and induction for new staff. One example where staff had raised a concern about poor practice by individual staff had been addressed by the registered manager but they were waiting for guidance from the provider to proceed further. They would also like more support with staff sickness management.

We recommend that the provider ensures their oversight and governance is more robust. This would ensure the registered manager and staff are more supported and clear about their roles in the new company.

Working in partnership with others.

- ☐ The audit systems in place were effective in identifying shortfalls and unsafe practices to ensure safe standards of care and health needs were met. Audits relating to incidents, people identified as being at risk of weight loss and falls for example were sent to the provider weekly and well managed. There were good working relationships with visiting health professionals and QAIT, with positive responses from them and they raised no concerns. Communication records between multidisciplinary professionals was being made easier to follow. Community nurses said they had no worries and had been impressed that staff had noticed a person with dark urine for example and had taken appropriate actions.



- The registered manager also said they had found the local authority quality assurance and improvement team (QAIT) very helpful. QAIT had been involved in supporting the home due to the previous provider CQC rating of inadequate. The last QAIT report was positive and showed good improvements had been made.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- The service had systems in place to manage environmental risks to people. There were checks to fire alarms, water, gas and equipment which were monitored by the provider.

#### Continuous learning and improving care.

- During our feedback sessions at the end of our inspection visit, the provider and registered manager discussed and showed us the service improvement plan which showed they were aware of all the issues we raised. They were keen to improve and develop the service and had concentrated on the issues present following the purchase of the service.
- They responded positively after we provided feedback at the end of our inspection visit. For example, a number of audits and work had been carried out in relation to our findings immediately after the inspection. We continued to receive evidence that demonstrated the provider had taken action and was keen to learn lessons to develop the service.
- Lots of changes had been made since the new provider had taken over. The registered manager had ensured the call bell system was effective but unobtrusive and there had been a lot of refurbishment with plans for more throughout the home. This included making the environment more dementia friendly to promote independence and work had started. The garden was well maintained and used, with lots of garden sessions outside.

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

- Staff, people and relatives were generally supportive and complimentary about the leadership within the home. Comments included, "The manager is great. They are always available and supportive. They work six days a week, Saturdays too and do the best they can" and "The manager has an open-door policy and we can go and speak to them at any time." There were lots of positive recent complimentary thank you cards. Some staff commented that the provider could be difficult to get hold of at times.
- The service involved people and their loved ones in a meaningful way. The registered manager told us that people and relatives were involved in care plan reviews. They were planning more resident and relatives meetings.
- The service had good links with the local community. We saw a new staff member, who had a learning disability, with their support worker. They were very excited to have been given an opportunity to be employed. They felt the registered manager and all staff had been very supportive and they were loving their job saying, "They have all been amazing!" There was also a range of entertainers and groups coming into the home.
- The registered manager demonstrated that they understood the equality characteristics and had a diverse staff and volunteer group. They welcomed everyone including people from the lesbian, gay, bisexual and transgender (LGBT) community.

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 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to ensure staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.