

Barchester Healthcare Homes Limited

Glenroyd

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

Glenroyd is a residential care home, providing accommodation for persons who require nursing or personal care. The service provides support for up to 78 people including younger adults, older people, and people living with dementia or physical disabilities. At the time of inspection 70 people were using the service.

The property has 4 distinct units over 3 floors with lift access to upper floors. There were communal areas on each floor, multiple shared bathrooms and an accessible rear garden. Aids and adaptations were in place to meet people's individual needs.

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

Relatives told us people were safe and staff were able to meet people's basic care needs, but deployment was not always effective. We received feedback about low staffing levels and the impact of this. Measures were in place for health and safety, IPC and fire safety. However, risks were not consistently managed around people's dietary needs or incidents. Medicines shortfalls had been identified prior to inspection but the home was working with the local authority and improvements had been made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received in-depth induction, but there had been delays providing training to meet some people's needs. There was no evidence of periodic supervision to monitor staff competence and we received mixed feedback around managerial support. We observed people were not always supported to wear their hearing aids, dentures or glasses. Communal areas were comfortable and fit for purpose and bedrooms were personalised. There was a positive dining experience and food looked and smelled good.

Some concerns were identified around privacy, but we observed caring interactions and staff spoke about people with dignity and respect. People and their relatives praised the standard of care and were complementary about management and staff. One relative told us, "The staff are outstanding, I couldn't ask for better. Staff all treat [person] with respect." Another said, "The team work hard looking after people. I have a great deal of comfort, knowing they have things under control."

Personalised care promoted choice and control and communication needs were considered. We received feedback from relatives about people's health and well-being improving because of responsive staff. End of life wishes were recorded, and appropriate training in place. There was a busy timetable of social activities and special events. Relatives spoke positively about how they felt welcome at the home, efforts made by the team and the good atmosphere. One relative said, "It always feels like a happy place."

There was feedback about low staffing levels and the impact this had. One staff member said, "Because of staffing, I feel deflated when we can't do what the team wanted to achieve." However, staff worked hard, and good teamwork and communication attributed to a positive culture. Meetings were held at different

levels and there was a 'resident of the day' initiative in which relatives were prompted to raise concerns. Audits and clinical governance systems helped identify shortfalls and analyse concerns.

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

Rating at last inspection

The last rating for this service was good (published 15 February 2022).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenroyd on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted due to concerns received about staffing, falls and dignity. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staffing and safe care and treatment.

We identified evidence that some systems and processes were not fully embedded.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glenroyd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors took part in the inspection process.

Service and service type

Glenroyd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenroyd is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals at the local authority who had been working with the service. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people living at the home and 10 relatives about their experience of the care provided by Glenroyd. We spoke with 18 members of staff including the registered manager, the deputy manager, 2 regional managers, the activities coordinator, nurses and carers. We walked around the home to check it was safe and fit for purpose. We observed people's interactions and the care they received. This helped us understand experiences of people who could not talk with us.

We reviewed a range of records, policies and procedures including 4 people's care records and recruitment information for 3 carers. We looked at records relating to the management of the service such as audits, meeting minutes, records of complaints, accidents, and incidents.

We looked around the building, at the environment, equipment, and cleanliness. We observed how medicines were being managed.

Following the inspection

Following the inspection we sought additional clarification from the management team around staffing levels, incidents, supervision and training and reviewed evidence received.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prior to inspection we received information of concern that there was not always enough staff to meet people's needs safely. Incidents had occurred where people had been left without supervision or support. One relative told us, "Sometimes, [staffing] seems to be a little bit stretched."
- When reviewing rotas, we identified several recent shifts had operated understaffed.
- A dependency tool was used to calculate staffing levels based on the number of people living at the home and their needs. However, information received and comments from relatives and staff told us there was not always sufficient numbers of staff deployed.
- Night staff on the top floor had decreased some months ago, leaving 2 members of the team to cover a high needs EMI unit. When they were occupied undertaking positional turns or personal care, there was no staff presence in communal areas. This increased the risk of falls and other incidents. One night staff told us, "We can't really protect people."
- When asking staff about the impact current staff levels had, they told us it could impact activities, make it difficult to sit and talk with people or offer baths. Some staff said they did not have time to read people's care records or risk assessments in full.

There was a failure to ensure sufficient numbers of suitably qualified staff were deployed to meet people's needs. This put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During the inspection period, the provider increased staff numbers by implementing an additional member of staff on the rota each night. In response to our findings, the senior regional director assured us that staff would be prompted to read care plans in full for those people with complex medical or behavioural needs.

- Staff had been recruited safely. Employment checks included employment history, references and a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Information relating to people's dietary needs was not consistent. Kitchen staff had outdated guidance which had not been updated when people's needs had changed, or when new people moved into the home. This meant people may not have received the recommended consistency of food and fluid, increasing the risk of swallowing difficulties or choking.

- The provider had processes for recording and investigating incidents and accidents. However, we found some forms were not completed in full or reviewed by a manager to make sure appropriate action had been taken. For example: we identified some incidents had resulted in injuries but were not submitted to the relevant external agencies.
- The provider did not always record detailed strategies to help staff provide appropriate support to people with complex health or behavioural needs. Strategies helped staff to manage situations in an agreed, consistent, and person-centred way. One care record we reviewed identified that the person could be, 'Verbally and physically aggressive.' Staff were advised to use reassurance but there was no information to explain what this meant to the individual.
- People were at risk from environmental hazards. For example: there were sluice rooms on each floor used to dispose human waste and store chemicals. Sluice room doors should be locked when not in use but during our visit we found 2 out of 3 sluice rooms unlocked. The flooring in 1 shower room was badly split posing a risk of trips or falls.

Systems had not been established to fully assess, monitor and manage people's safety. This put people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided assurances that information relating to food and fluid would be updated immediately. Information about recent incidents was reviewed and the appropriate referrals made. The 2 care records we identified were updated to include person-centred strategies and necessary information. Sluice room doors had their locks fixed and a quote for new flooring was sourced.

- Periodic checks on the environment and equipment were up to date and certificates were in place to demonstrate this.
- People had personal emergency evacuation plans in place, providing critical information to ensure people's safety should they need to evacuate the building. Staff had completed fire safety training and participated in fire drills.

Systems and processes to safeguard people from the risk of abuse

- The provider had a robust safeguarding policy. Staff had undertaken appropriate training and knew how to identify and escalate concerns.
- Relatives told us they felt their family members were kept safe and free from harm. When asked about this, a relative responded "Yes absolutely. That's the reason [person] moved in here."

Using medicines safely

- We found that some creams and eye drops had not been dated upon opening as per good practice guidance. We discussed our concerns with the registered manager who assured us this would be communicated with the nursing team.
- Recently, some issues around medicines had been raised. The home had since been working with the local authority to improve standards. Medicines were now being managed more safely and people were receiving them as prescribed.
- We saw evidence that staff responsible for administering medication had good quality competency assessments. Staff told us, "The clinical lead comes in, they are really supportive."
- There were good protocols for 'when required' medicines. They included details of what the medication was for and person-centred information around how people may communicate pain or show signs of other health conditions.

Learning lessons when things go wrong

- Daily meetings included discussions around incidents, accidents and complaints. Staff from each department attended. Information was discussed and shared with the team, with actions agreed to drive improvement.
- There had been several recent safeguarding referrals for the home. The provider was working closely with the local authority to seek advice and address concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. There was a COVID-19 outbreak during inspection and staff were observed wearing appropriate PPE, including face masks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff were paid a bonus for each vaccination to encourage participation.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating safe visiting in line with government guidance. Relatives and friends confirmed they felt welcome to visit any day or time.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training around distress reactions, distraction and re-approach. However, staff told us they felt ill equipped to safely managed more physical behaviours of distress and protect themselves and others from harm. During our visit a staff member was injured, another told us, "There are physical behaviours and attempts from people, we aren't prepared."
- There were delays accessing appropriate training to manage the equipment needed to keep 1 person well.
- Some people had a learning disability diagnosis. However, staff had not received training around learning disabilities and autism despite this being a legal requirement since 2022.
- There was no evidence of periodic staff supervisions. Staff told us the provider's supervision process was used as and when to address bad practice. Effective supervision is important to develop good working relationships, review competence and provide support. Staff could not tell us when they had last received a 1 to 1 supervision and managers could not provide documentation to show these had occurred.
- We received mixed feedback around management support. Some staff told us they did not always feel able to approach the registered manager. One staff member said, "[Registered manager] has so much to do, they forget to interact with staff. Staff feel like they can't go to them."

There was a failure to provide appropriate support, training and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider responded immediately by implementing additional information for staff working with people who had a learning disability, and training was organised. A fact sheet had been developed and additional staff trained to manage equipment needed for the person with complex health needs.

- The level of training in other subjects such as dementia and tissue viability was good. Staff confirmed they were expected to complete refresher training every 12 months and were regularly prompted to complete outstanding modules.
- Staff told us they received a thorough induction. One staff member said, "It was really interesting, I learnt a lot through induction."

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

- Information relating to people's dietary needs was not consistent. Please see the safe section of this report for more details.

- Care records we looked at contained information around nutrition and hydration including support needs, choking risks and recommendations from health professionals. The daily handover sheet given to care staff included information around people's dietary needs.
- The home's dining rooms had recently been renovated; tables were set nicely, and menus provided to promote a positive dining experience.
- Food looked and smelled appetising, and people were offered different choices. One person told us, "I'm an awkward eater but I get enough to eat. They'll give me other options if I don't like what's on." A relative said, "The meals look good to me. [Person] has a good appetite and is offered a full English breakfast, 3 course lunch and an evening meal."

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

- Prior to inspection, we received information that some people were not always supported to wear their hearing aids, dentures or glasses. This was observed during our visit. We spoke to the registered manager about how this may impact people. The registered manager shared information with the team and assured us more frequent checks would be carried out.
- Information gathered during the pre-admission process was in-depth. The registered manager worked closely with people and their families and 'getting to know you' booklets were completed.
- People's care records were detailed and reflected current health and care needs. Each was fully personalised to the individual. Care records were regularly reviewed and updated monthly or when people's needs changed.
- People's preferences and choices were evidenced in care records we looked at. For example: communication plans informed staff whether or not people could make their own choices.
- Observations on the day of our inspection showed caring interactions, staff seeking consent and people having their choices and preferences respected.

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

- The registered manager told us nurses and seniors were trained to observe and respond to changing health needs, and the home had good links with the local GP practice. One relative said, "[Person] had a couple of health issues. The office will send the nurse to see them or get an immediate GP appointment via video conference."
- Some healthcare needs could be managed in-house due to the clinical courses offered by the provider. The team had access to advice and guidance from the provider's clinical lead.
- The home was working closely with occupational therapy to review the level of falls. This resulted in several improvements which contributed to a reduction of incidents. New falls monitoring technology was due to be installed as part of a local pilot scheme.
- The home worked in partnership with other professionals to ensure people received effective care; such as opticians, podiatry and district nurses.

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

- The home had 4 distinct units over 3 floors. Each unit had a different level of support to meet people's needs and enable better compatibility.
- People's needs were considered when designing the home. For example: the EMI unit had air conditioning installed, adaptations were made to bathrooms and there was dementia friendly signage in some areas.
- Communal areas were pleasant, comfortable and fit for purpose. A café area had been created for people and their relatives, each unit had its own lounge and dining room and there was an accessible garden for people to enjoy.
- During our visit, we observed people had personalised bedrooms with their own belongings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were examples of people being assessed as lacking capacity to make specific decisions. Good practice was followed when making decisions in people's best interest. For example: someone had a capacity assessment and best interest decision completed for covert medication.
- People who lived with an impairment of the mind or brain had been assessed for any potential restrictions to their liberties in line with DoLS. Authorisations had been applied for in care records we looked at.
- Throughout the inspection we observed people being offered choice and control by staff supporting them. One person said, "They'll leave me to sleep in if I want to and if I ask for anything, they do it."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- During our visit, we noted all bedroom doors had a clear glass panel and were propped open. We spoke with the registered manager about how this could impact privacy. The registered manager responded immediately by speaking with people or their relatives. Privacy film was installed for those people who requested it.
- People were treated with dignity. Staff were polite and courteous to people and listened to what they had to say. We observed 1 staff member patiently repeat herself when someone was struggling to hear her. Another got down to eye level and offered reassurance when administering medication.
- People were supported to maintain their independence. The registered manager told us how some people managed their own personal care and a couple regularly enjoyed going shopping, either with support or independently. One person said, "I can do my own personal care and get dressed myself."

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

- Staff observed were kind and caring towards people. When asked what they thought of staff, 1 person said, "Lovely, staff are very nice, they bend over backwards." Relatives we spoke to held staff in high regard. Online feedback reviewed was mainly positive. A relative wrote, "We are very happy with the care received. The staff are patient and kind and very professional."
- Staff spoke about people with great affection and respect. Staff told us they worked hard to provide good care. A staff member said, "The best thing [about working at Glenroyd] is the sense of achievement, knowing that people are happy and comfortable." Another told us, "Staff I work with genuinely care."
- People's individual characteristics were considered. There was information in people's care records around their likes and dislikes and most staff we spoke to knew people well.

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

- Relatives were involved in assessments prior to people moving in and confirmed they had taken part in some reviews. Relatives spoke of the 'resident of the day' initiative, they were contacted monthly about changes to people's health and well-being.
- People or their relatives were included in decisions about their care. For example: a relative had been consulted around their family member's move to a different unit to promote better social opportunities. One relative told us, "They are always in communication, if there's ever a problem, they deal with it and contact me."
- Some people had been referred to the advocacy services for support with making decisions about different aspects of their lives.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care records we looked at contained good detail and evidenced an individualised approach. People also had a quick reference file in their bedroom for staff to easily see what support was needed in different areas. For example: with positional turns or oral hygiene.
- People received personalised care. We observed people receiving care based on their specific needs and preferences. The registered manager told us that people could request same sex carers to meet their personal care needs if they wished. People lived on different units dependent on their care needs and diagnosis.
- Staff were responsive. One relative told us, "Staff anticipate [person's] needs quite well." Another relative gave an example about staff responding to changes in his wife's health, "They got to know the warning signs very early."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained information about how people liked to communicate, and preferences were recorded. The file in people's bedrooms contained a 1-page guide relating to people's needs. This included how best to communicate.
- The provider responded in their most recent PIR, that information could be offered in a range of formats; large print, braille or alternative languages.
- A staff member told us the deputy manager provided extra support when they were struggling to complete paperwork.

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

- Relatives told us they felt welcome and were invited to take part in special occasions. We observed several relatives visiting, including children and pets and saw friendly interactions from staff and managers.
- There was emphasis on celebrating people. Birthdays and special anniversaries were marked with a party, flowers and balloons. One relative said, "[Person] had a birthday party yesterday. They really do go to town with celebrations. They put a lot of effort in."

- Enthusiastic activities coordinators organised a variety of weekly social activities. The home celebrated special events such as Valentine's Day, St Patrick's Day and Mother's Day and huge effort was put into making these enjoyable with decorations, food and entertainment. Offsite activities were planned for people to look forward to.
- People had recently been supported to practice their religious beliefs with a church service at the home. Christmas, Easter and other religious festivals were honoured.
- The activities coordinators held regular resident's meetings to discuss people's interests and upcoming activities. The home had a social media page which detailed upcoming plans, and photos of people enjoying activities were shared regularly. Relatives told us they liked to see what was going on at the home and seeing their family members happy.

Improving care quality in response to complaints or concerns

- Regular 'resident and relative' meetings enabled people to express their views and drive improvement. Recently there had been complaints such as a broken bath and people's clothing going missing. Improvements were made and actions taken were shared using 'you said, we did' posters displayed around the home.
- Relatives were prompted to discuss concerns during 'resident of the day' calls. The registered manager told us they were responsive to informal concerns so that issues could be rectified in a timely manner. This helped reduce the number of formal complaints received.
- The provider had a policy in place to log complaints and concerns on their system. Formal written responses were provided with agreed actions documented.

End of life care and support

- The provider organised clinical workshops for nurses, alongside end of life training.
- Care staff received training in palliative care to enable them to understand the care and support needs of people during end of life.
- People's end of life wishes had been included in care records if they chose to share the information. The registered manager told us the protocol was currently being reviewed so people would be asked to share their wishes when they first move in. People would be more likely to have the capacity to make these important decisions.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Breaches were identified that impacted people's outcomes and though systems and processes were in place, these were not always fully embedded. For example: 1 to 1 supervisions were not carried out in line with company policy so the opportunity for staff to raise concerns, get input around their competence or ask for support was reduced. Please see the safe and effective section of this report for more details.
- Some staff expressed concerns around low staffing levels. They explained how this could impact stress and cause frustration when the level of care people received was negatively affected. A relative said, "I feel sorry for staff, they seem up to their eyes. It must be exhausting." Please see the safe section of this report for more details.
- Staff generally enjoyed working at the home. We were told how the teams communicated well and worked together for the benefit of people. A staff member told us, "It's a nice environment to work in most of the time, a big family."
- Some staff told us that they would be happy to place a family member at Glenroyd due to the care people received. One staff member said, "I've never seen a home that involves people as much as they do here [with activities]. People are listened to and valued. That's why I like it so much."
- Staff had access to a well-being app which offered support in a wide range of topics such as grief, menopause and mental health. Staff gave examples of how they had been supported through difficult personal circumstances by managers.

We recommend the provider reviews the systems and processes identified and ensures better managerial oversight.

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 registered manager understood their responsibility in relation to the duty of candour and systems were in place to report certain incidents. However, we reviewed recent incidents and identified a couple which had not been submitted to relevant external agencies. Please see the safe section of this report for more details.
- Relatives were usually kept informed of any events or incidents that occurred with their family members. One relative told us the home kept them up to date frequently and said, "There's not one member of staff I wouldn't trust."

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

- Systems were in place for quality monitoring and regular audits were carried out by management to identify shortfalls within the service. However, some issues had been identified during this inspection, but had not been picked up in audit. For example: the inconsistent dietary information available for kitchen staff.
- Staff informed us feedback from managers was not always delivered constructively. Group supervisions were carried out which staff told us were only used to address issues, and this affected morale. Please see the effective section of this report for more details.
- Staff seemed clear about their roles and caring interactions were observed. Staff confirmed they had received a full induction, carried out training and attended meetings to enable them to understand their responsibilities.
- There was a registered manager in post and regular input from the regional management team. The registered manager told us they received ongoing training including leadership courses.
- The registered manager carried out regular observations throughout the home to ensure good standards were maintained. Daily meetings were in-depth and enabled the team to learn from incidents, accidents and complaints.
- Clinical governance systems helped monitor different areas of care and analyse emerging trends or concerns.

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

- Full team meetings were scheduled every two months, but some staff expressed they had not always been that regular. One staff member said, "[Meetings] probably don't occur as often as they should. They are roughly every few months." There was mixed feedback around staff being involved in meetings and having the opportunity to contribute their opinions.
- Meetings were held at different levels. For example, head of department meetings, monthly clinical governance meetings and periodic health and safety meetings.
- People and their relatives were engaged and involved via meetings and surveys. Online feedback was closely monitored and responded to.

Working in partnership with others

- The provider and manager had worked closely with the local authority to improve overall standards and had a good working relationship with the care home team.
- During our visit the registered manager spoke about how the home worked closely with a number of healthcare professionals. This was in order to review people's care and support needs and improve their health and well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Providers must do all that is reasonably practicable fully assess, monitor and manage safety; Systems were not fully embedded around incidents and accidents. Risks around choking had not been appropriately shared and there were environmental risks which had not been actioned. Strategies did not always include detail needed to safely manage complex health and behaviours.</p> <p>12(1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Providers must ensure sufficient numbers of suitably competent and skilled persons are deployed; There was a failure to ensure sufficient numbers of staff to meet people's needs and keep them safe. There was a failure to provide appropriate support, training and supervision.</p> <p>18(1)(2)(a)</p>