Contemplation Homes Limited

Southlands Nursing Home

Inspection report

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Date of inspection visit:
06 January 2020

Date of publication:
05 March 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Southlands Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

People's experience of using this service and what we found
Feedback from people who were supported at Southlands Nursing Home was positive. People spoken with told us they felt safe and well cared for. They did not express any concerns about living at the home.

Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. However, detailed care plans and risk assessments were not always in place to guide staff, especially for new or agency staff members who may not know people well.

Although some comments from people and relatives suggested that their dignity was respected, other comments and some of our observations demonstrated that this could be improved upon. Care planning continued to require improvement as at times these did not contain sufficient guidance to support staff to understand a people's wants, wishes and preferences.

There was a clear management structure in place and the providers senior management team had been supporting the registered manager. They were open and honest with us about the need to make improvements to the culture of the service and they had developed an action plan to support this. However, the overall rating for the service remained requires improvement and we found a breach of regulation showing appropriate and timely action had not been undertaken to make necessary improvements, following our last inspection.

Enough staff who had been recruited safely were available to meet people's needs. Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. People were supported by staff who had been trained and understood their responsibility to safeguard people. People were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

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 had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. People's nutritional needs were met, and they were supported to access health care. Adaptations had been made to the home to meet the needs of people living there.

People knew how to raise concerns and told us how things had changed for the better when they had needed to do so.

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 requires improvement (published 31 January 2019).
The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to person centred care.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always 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.

Southlands 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. 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 Care Act 2014.

Inspection team
The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Southlands Nursing Home 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 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.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. This information helps support our inspections.

During the inspection
Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, care, nursing and ancillary staff.

We reviewed a range of records. This included seven people's care records and multiple medication records; three staff files in relation to recruitment and additional staff supervision records; a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff understood people's needs and the risks posed to them. However, detailed care plans and risk assessments were not always in place to guide staff, especially for new or agency staff members who may not know people well.
- For example, one person who moved into the home two weeks before our inspection visit had no plans in place which provided guidance to staff about the action they should take to minimise the risks their health conditions posed to them. For a second person the information contained within their records gave conflicting information about the thickness of fluids they should drink to prevent the risk of choking. For a third person their care records contained conflicting and confusing information about their mobility and the use of bed rails, meaning that staff did not have clear guidance about the support this person needed.
- We brought these concerns to the attention of the registered manager and a member of the senior management team. They were already aware of the need to make improvements to people's records and had implemented an action plan to address this.
- Fire safety risks had been assessed and staff knew what to do in the event of a fire. Each person had a personal emergency evacuation plan (PEEP). These identified the level of help each person would need to leave the building safely in the event of an emergency.
- Checks of the water quality and temperatures were conducted routinely and records confirmed they were within acceptable safety limits. Lifting equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.
- A business continuity plan was in place to manage a range of foreseeable emergencies. These included contingency arrangements for people if the building had to be evacuated.

Staffing and recruitment

- There were clear recruitment procedures in place to help ensure staff were suitable for their role. These included reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions. For nurses, checks were also conducted to ensure they were registered to practice.
- There were enough staff to support people safely and meet their needs. Staffing levels were based on people's needs and were calculated using a recognised dependency tool.
- Staffing levels were reviewed regularly. The registered manager told us they had recently introduced a 'twilight shift' to provide extra support to people in the evenings. They had since adjusted the hours of this shift to tailor it more closely to people's needs.
- Gaps in the duty rota were filled by agency staff, most of whom regularly worked at the home and

understood people's needs. Appropriate checks were made to help ensure agency staff had the necessary skills to support people and all received an induction before working at the home.

Using medicines safely

● Medicine administration was safe and medicines were stored appropriately; The temperature of medicines storage areas was checked daily and maintained at safe levels; Creams, eye drops and liquid medicines had the date they were opened recorded on them.

● Medication Administration Record (MAR) sheets contained information about people's allergies, the medicines they were prescribed, including photos of the tablets and well as a photo of the person. Stock received into the home was recorded to enable clear monitoring.

● Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.

● Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Systems and processes to safeguard people from the risk of abuse

● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the potential signs and forms of abuse and told us, "If I had a concern, I would raise it with the manager or the deputy, head office or CQC."

● Where allegations of abuse had been made, we saw appropriate investigations had been completed by managers, in liaison with the local authority safeguarding team.

Preventing and controlling infection

● The home was clean, hygienic and well maintained. Housekeepers completed regular cleaning, in accordance with set schedules.

● Staff had received infection control training. Personal protective equipment (PPE), including disposable gloves and aprons, were available to staff throughout the home. In addition, people who used hoists had individual slings allocated to reduce the risk of cross infection.

● Two people had picked up infections during hospital stays and extra precautions were in place to prevent these from spreading.

● Effective processes were followed in the laundry to reduce the risk of cross contamination.

Learning lessons when things go wrong

● When something went wrong the service responded appropriately and used any incidents as a learning opportunity.

● Incidents and accidents were recorded and reviewed regularly by the registered manager. We saw action was taken when individual incidents took place.

● The provider ensured that lessons were learned across the whole organisation when incidents occurred.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

● Staff had a good understanding of the need to gain consent and of the Mental Capacity Act 2005. Staff told us how people were supported to make their own decisions as much as possible and where they were unable to, they acted in people's best interests and involved people's families where appropriate.
● A staff member told us they sought consent before providing any care or support to people. They said, "We have to do what's in [the person's] best interests. But if they say no, its no."
● Mental capacity assessments had been completed in some area's but not in others. For example, we saw these had been undertaken and recorded for decisions about living in the home, but where people didn't have capacity to manage their own medicines, these capacity assessments and best interest decision were not recorded. The registered manager confirmed following the inspection that they had audited all of these records to ensure these were documented where needed.

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).

● A staff member told us about people who were subject to DoLS and said, "Being on DoLS means keeping them safe. They can't go out on their own."
● Where required, DoLS had been applied for and the care plan system highlighted this to staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Prior to moving into the home, the registered manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
● People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

● Once this information was gathered and the person moved in additional nationally recognised assessment tools were completed and the information helped to inform the development of people's care plans and risk assessments.

Staff support: induction, training, skills and experience

● New staff members completed an induction when they started working in the home and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

● Staff received training to enable them to have the skills and knowledge to support people effectively. Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this. Staff were encouraged and supported to undertake vocational qualifications.

● Regular competency assessments were completed for nurses, including their use of key equipment, such as the suction machine, syringe driver and oxygen dispenser.

● Staff felt supported in their roles and received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.

● Comments from staff included, "I get supervision with [the registered manager]. She is very approachable if I've got a problem. I am due an appraisal. It's an opportunity for me to discuss any issues I might have", "I get support from the team leader and the nurses".

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

● Each person had a nutritional assessment to identify their dietary needs and preferences.

● Care plans had been developed following a nutritional assessment however at times these lacked sufficient guidance to support staff to understand how to support the person's needs. For example, where it was recorded that a person was a 'diet controlled diabetic', no information about what this meant for them had been provided. Although the chef was knowledgeable about other aspects of nutrition and people's individual needs, they did not know whether any of those people with diabetes needed a specific diet and were not providing any alternatives. The registered manager told us they would address this.

● The chef had involved people in setting the menus by holding tasting sessions to discover the foods people enjoyed the most. Staff supported people with meal choices by showing them pictures of the menu options where needed.

● People were encouraged to maintain a healthy, balanced diet, based on their individual needs and their intake was recorded. Where people experienced unplanned weight loss, staff referred them to GPs or specialists for advice and offered meals fortified with extra calories.

● Where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on a one-to-one basis. A staff member was allocated as a 'fluid champion' each day to promote good fluid intake.

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

● Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building and corridors were sufficiently wide to accommodate wheelchairs.

● Although some corridors had handrails fitted, these were painted in a similar colour to the walls, making it harder for people living with dementia, or those with impaired vision, to see. We discussed this with the registered manager who told us they intended to conduct a dementia audit of the building to identify improvements that would support people.

● People's rooms were personalised and reflected their interests and preferences. Most rooms had pictures

of the person or their family outside the door, at an accessible height, to help people identify their own rooms.

● There was a range of communal areas available to people, including a dining area and lounges which allowed people the choice and freedom of where to spend their time. Toilets and bathrooms were well signed to make them easier for people to find.

● There was a rolling maintenance programme to help ensure the building remained fit for purpose. The provider had purchased new 'nursing chairs' which were very supportive for people and enabled them to spend more time out of bed in comfort and safety.

● Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and movement-activated alarms, linked to the call bell system, were used to alert staff when people moved to unsafe positions.

● The provider had invested in an electronic care planning system that had recently been implemented. This helped ensure people's care records were accessible to staff.

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

● Where people required support from external healthcare professionals this was organised and staff followed guidance provided.

● Records confirmed regular access to GP's, district nurses and other professionals, such as physiotherapists was provided as required.

● People told us if they needed to see a doctor they were supported to do so.

● Staff were aware of the latest guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care and had developed individual oral care plans in consultation with each person.

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although some comments from people and relatives suggested that their dignity was respected, other comments and some of our observations demonstrated that this could be improved upon. A relative told us, "They do what they have to do on time. They don't have time to stand and talk, they've got a list to get through." One person said, "Sometimes they spend time with me and chat, when they change my pad" and a second told us, "I feel rushed at mealtimes. Sometimes I need something cut up and they've got to get on, they've got others to see."
- People seated in the dining room were not provided with their meals at the same time. One person was being supported at 12.35, whilst another sat in this area without a meal until being supported at 12.55.
- One of the staff members ensured people consented to wearing clothes protectors, but a further three staff put these or napkins around people without seeking their consent.
- People were told "That's your lunch, darling" without being told what it was.
- One of the diners did not want to eat much of the first course, but asked for a second dessert, and this was brought to them. The member of staff who supported them initially sat beside them and was attentive to what they wanted. The member of staff who provided them with the second dessert was friendly and attentive but stood, rather than sat beside them and provided support to other diners at the same time. The lack of consistency in staff approach meant people were not always supported with dignity and respect.

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

- Our observations of staff interactions with people showed that people were treated with kindness.
- We overheard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People and their relatives told us they felt staff were caring. Comments included, "The girls are nice, they're all nice. The girls have fun with me. I'm quite happy. They look after me."; "They are very kind and encouraging. They treat her very gently. They take great care not to upset her."
- A family member indicated a member of staff and said, "She's a very kind lady, very supportive to me and [my relative]."
- Staff spoke positively about people and demonstrated a good understanding of them as individuals. For example, they described how one person like their bin positioned in a particular place and how another person needed special washing powder due to an allergy.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what

they wanted to wear, how they wanted to spend their time.

● Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand.

● People and their relatives told us they had been involved in the development of their care plans.

● On relative said, 'Yes. It's all been done and it's updated". A person told us, "Yes and my [relative] is involved."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

● At the last inspection whilst care plans were in place the level of detail and personalisation within them was inconsistent. This remained the same at this inspection.

● For example, medication care plans lacked personalised information about how a person wished to take their medicines. For one person their daily life care plan stated 'personal care. oral care, foot care, continence care, social activities, nutrition and hydration' and care actions were described as 'am fully dependant on staff to maintain my daily life style. Ensure all my care needs met with privacy and dignity'. This plan of care provided no clear guidance for staff and had not been personalised with information on how the person preferred to receive their care

● The registered manager and senior management team were aware of the need to further develop care plans to ensure that the level of personalised information known by staff was reflected in these. They had plans in place to address this, however the deadline set for completing this work had not been met.

● We also noted that over half of the people living at Southlands Nursing Home remained in bed all day. When we asked the registered manager why this was they told us there was no reason and that discussions with staff had been taking place to ensure staff encouraged and supported people to get out of bed.

A continued lack of personalised care planning and delivery was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff's knowledge of people was good. They understood people's history, likes, dislikes as well as their support needs.

● Where a change in people's needs was identified this was quickly responded to. For example, where a person's swallowing ability had changed, their meals were adapted and a referral made to specialist health care professionals.

● Staff understood people's needs, wishes and preferences and recognised that people's needs varied from day to day. A staff member told us, "[One person's] mobility varies. He has a balance problem, he can usually walk with a stick but when it's bad he needs a hoist and sometimes a frame. Every day is different for him."

● At times people were empowered to make their own decisions and choices. For example, a housekeeper told us, "If they say 'Please don't hoover, I've got a headache', then that's fine, it's their choice. You have to respect everyone's individuality." A care staff member said, "To support choices, we can try different ways of communicating, for example we have picture boards and we try to get to know them all as people." In the evening a staff member asked a person, "Do you want to go to bed or would you like to stay up a little longer, it's up to you." However, this approach was inconsistent and we have reflected this in the key question, Is it caring?

End of life care and support

● At the last inspection we found that although staff understood the importance of end of life care, care plans were not reflective of people's wishes and preferences. At this inspection this had not improved.

● Staff understood the key issues when caring for a person who was at the end of their life. A care staff member told us, "The key things are compassion for person and the relatives, at the time and afterwards as well. I will flag up to the nurse if feel they someone is in pain."

● However, care plans continued to lack sufficient information to guide staff about a person's wishes and preferences at this time.

● For one person who had moved into the home two weeks before our inspection for end of life care, we found no plan of care had been developed and they told us no one in the home had discussed this with them. We drew this to the attention of a senior manager and this was addressed immediately.

A lack of personalised care planning for end of life care needs, wishes and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● There was a limited range of activities available to people. The service had been without a dedicated activities coordinator for some time. A carer had been allocated to undertake this role whilst a new activities coordinator was recruited. The new activities coordinator started work on the first day of this inspection. They told us of plans to enhance the provision of activities and to tailor them to meet people's individual interests.

● When these are in place, people should be able to access activities that will be socially and culturally relevant to them.

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's individual communication needs were explored, and staff described how individual needs were met through differing communication methods. For example, one person had been given picture-based information to help them understand how their hoist operated.

● Menus and activity planners were available in picture-based and large print formats to make them easier for people to understand. Large, individual signs had been posted around the home to help two people find their bedrooms.

Improving care quality in response to complaints or concerns

● There was an accessible complaints procedure in place.

● Records of complaints showed each had been investigated and dealt with promptly in accordance with the provider's policy.

● The registered manager described how they used learning from complaints to help drive improvement and reduce future risks.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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.

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

- At the previous two inspections this service was rated overall requires improvement and this had not changed at this inspection. This demonstrated that the management of the service had not undertaken appropriate and timely action to make necessary improvements.
- There was a clear management structure in place consisting of the provider's clinical operations manager, the registered manager, the deputy manager, registered nurses, a team leader and senior care workers.
- Numerous audits took place in the service. A senior manager told us they had completed a benchmarking audit in September 2019 where they had found significant concerns about the service and its leadership. They had implemented a clear action plan and worked closely with other senior managers to support the registered manager to ensure the action plan was carried out and improvements made to the service. This included introducing weekly meetings to track the progress of the actions. A further benchmarking audit had been conducted in December 2019 which demonstrated improvements were being made. However, some timescales had not been met and a significant amount of work was still required to ensure staff practice was at a level the provider required and that care records were accurate, up to date and personalised.
- The registered manager told us they received a high level of practical support from the provider and told us head office staff had "rolled their sleeves up and got stuck in" when they had been short staffed. It was evident the work required to improve the service was dependant on the senior management team driving this forward.
- The previous rating was prominently displayed in the entrance lobby.

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

- The registered manager and a senior manager were open with us at the time of inspection and explained how they had been working to change the culture of staffing within the service. This had taken a lot of focus as it required additional bespoke training workshops to help develop staff's understanding of their roles, level of responsibilities and accountability. Although they told us they had seen significant improvements in the way in which staff's attitudes had changed, they were aware that this required ongoing monitoring to ensure changes were taking place and improvements being sustained.
- A comment from a staff member during the inspection was "I haven't seen any nurse do any personal care yet. I think it would help greatly if they did, especially when we're short. They just plod on with their own work." The registered manager confirmed they had been working with registered nurses to improve this. .
- We observed that further improvements were required in order to ensure a change of attitude and culture.

We have reported some of our observations of staff practice in the key question, Is the service caring? In addition, we saw on one occasion staff chatting in a corridor while people were either in their rooms or communal areas. This would have been an ideal opportunity for staff to have spent time engaging with people.

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

● The provider engaged with people in a range of ways. These included quality assurance surveys, 'residents' meetings', quarterly newsletters and one-to-one discussions with people and their families.

● The provider acted on people's feedback and informed them of changes they had made using 'You said, we did' posters. For example, people had asked to use the conservatory more for activities and this was planned. Relatives had asked for more information about the new electronic care planning system and a presentation was being prepared to deliver to them at the next meeting.

● Most staff told us they felt engaged in the way the service was run and that morale was good. They said they enjoyed a good working relationship with their colleagues and felt they worked well as a team.

● Comments included: "Morale is ok here, everyone just gets on with it. I think staff are happy. They work as a team", "I feel supported by [the registered manager], she has changed a lot of things and they were needed", "Morale is picking up. It was low due to lack of staffing and it was hard to do what was expected of us, but everyone seems happier now" and "Things better now, there's more structure. I know what's expected of me",

● Although staff and heads of department meetings were held regularly, records were not kept of any outcome or actions that were agreed so they could be monitored. The registered manager told us they delegated tasks, but we could not be assured the process was sufficiently rigorous to bring about effective improvement in a timely way.

Working in partnership with others

● The service worked in partnership with a number of organisations such as the local authority, older person mental health team, local hospice and other health professionals. This enables them to ensure staff have the skills and support to deliver good quality care to people.

● Staff told us a group of nursery school children had visited at Christmas to interact with people and a number of religious leaders also visited from time to time.

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

● Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person failed to ensure care was planned in a personalised way.