

Healthcare Homes Group Limited

Beaumont Park Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beaumont Park Nursing and Residential Home is a nursing home providing personal and nursing care to up to 46 people. The service provides support to people who may be living with a physical disability or dementia. At the time of our inspection there were 23 people using the service.

Beaumont Park Nursing and Residential home is split across two floors. People have access to their own personalised bedrooms and share communal areas such as lounges, bathrooms, dining areas and a secure garden.

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

People were not always treated with kindness and compassion and staff did not always respect people's privacy and dignity. Staff were not consistently supporting people in line with their individual preferences, likes and dislikes. People were not being supported to engage in their chosen interests or social pastimes and went for long periods of time without interaction or engagement. Staff did not always support people to communicate and make their needs known effectively. People's care plans did not contain detailed information about their personal preferences or how they liked to be supported, and in some cases known support needs such as living with dementia, did not have a care plan in place.

The management team completed audits to monitor the quality of the service, but these were not always effective in identifying where improvements were needed. There was a negative culture at the service and staff did not always feel supported by the management team. People, relatives and the staff team told us they felt more regular engagement with them was needed.

People felt safe living at the service, however some risks needed to be assessed more thoroughly and detailed more clearly in care plans. There were enough staff to support people safely, however staff told us they did not have time to support people outside of their essential care needs. We have made a recommendation that staffing be reviewed. The management team did not have formal systems in place to monitor the effectiveness of staff training or supervise them in their jobs. We could not be assured staff had the training to support people to eat and drink according to their needs. People's changing needs were not always reassessed in a timely fashion.

Despite our findings some people and relatives were positive about their support. One relative said, "[Staff] always try their best to give [family member] the best experience. The service is everything we needed."

People were supported safely with their medicines. The service was clean, and staff followed good infection control processes. Staff were recruited safely. The management team had learnt lessons when things went wrong such as the monitoring of people's pressure area care. Staff worked with health and social care professionals to promote good outcomes for people. 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.

We observed some kind and compassionate support from the staff team. Some staff knew people well as individuals and we received some positive feedback about staff support from people and relatives. The management and staff team worked well with partners such as the local authority and were keen to drive improvements at the service. They sent us immediate assurances to address the issues we found at this inspection.

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 26 October 2022).

Why we inspected

We received concerns in relation to the management of people's pressure area care, unsafe staffing levels and a large number of safeguarding concerns being raised about the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found there were concerns with how people were treated with dignity, respect and person-centred care. We therefore widened the scope of this inspection to become a fully comprehensive inspection which included all key questions.

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 all 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 of the regulations in relation to people not being supported with dignity and respect, people not being supported in a person-centred manner and the governance and leadership of the service at this inspection.

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 also request an action plan from the provider. We will work with the local authority 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 not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Beaumont Park Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was completed by 2 inspectors and an inspector from the CQC medicines team.

Service and service type

Beaumont Park Nursing and Residential Home 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. Beaumont Park Nursing and Residential Home 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 not a registered manager in post. However, a manager was in post, and they were starting the process of registering with the CQC.

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 the local authority and professionals who work with the service. We used the 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

We spoke with 7 people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including care workers, senior care workers, domestic care workers, the cook, the manager and members of the management team.

We reviewed a range of records. This included 6 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

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

- The provider used a dependency tool to assess how many staff were needed to meet people's needs. Staffing rotas confirmed this dependency tool was being followed. However, we observed people were left for long periods of time without engagement from staff, except for with essential support needs. One person said "[Staff] come and see me if I need something but don't have time for a chat."
- Staff told us there were not enough staff to support people with anything other than essential care needs. We observed several periods during the day where staff were not visible, either because they were supporting people with these essential needs, or because they were congregating in one area attending to tasks such as tidying things away. One person told us, "I wouldn't be able to tell you what staff are up to, but they are not here." A relative said, "I do think the service is quite short staffed sometimes."

We recommend the provider reviews staff allocation and staffing levels to ensure staff can spend time speaking and engaging with people as well as supporting them with their essential support needs.

- We fed this back to the manager and management team who were surprised at our findings. They explained how they would review their dependency tool and speak with the staff team to ensure the correct number of staff were available to support people.
- Other people and relatives told us they felt safe with staffing levels. We observed call bells to be answered in a timely fashion. One person said, "I never have to wait for anything which is good."
- The provider completed pre-employment checks in line with legislation, to make sure staff were suitable to work at the service.

Assessing risk, safety monitoring and management

- The manager and senior staff had assessed risks to people, however, a number of these assessments were not as detailed as they could have been. For example, personal care risk assessments did not guide staff how to support people in sufficient detail. The manager told us about their plans to improve these and also sent us evidence of updated risk assessments which were more detailed.
- Some people needed hourly support from staff to help ensure they were kept safe. However, these hourly checks were not being recorded or monitored by the management team. There were also missed recordings in areas of people's support such as pressure area care and food or fluid intake. This was a recording issue that had not been picked up by the management team. They put these checks in place and told us of their plans to monitor people's daily records more closely going forward.
- People had assessments in place about how to support them if there was a fire. However, some of these assessments were out of date and not reflective of people's current needs. The manager started to update

these assessments during the inspection process.

- People and relatives felt staff supported them with known risks well. One person said, "Most of the staff seem confident when they help me and those who don't ask another staff for help." A relative told us, "[Staff] cater for [family member] very well and they appear safe and happy."
- Staff completed health and safety checks of the environment and equipment to make sure it was safe for people to use.

Using medicines safely

- People were supported safely with their medicines for the most part. We found some issues relating to the storage of oxygen and some protocols for when to administer people's 'as and when required' (PRN) medicines needing to be more detailed. The management team addressed these immediately.
- Staff were trained to administer people's medicines and had their competency to do this assessed regularly. Staff completed audits to help ensure medicines were administered correctly. One relative said, "I have no concerns with how staff support [family member] with their medicines. It is all done very safely."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives felt they/ their family member were safe using the service. One person told us, "With the support I need, this is definitely the best place for me to be and I feel much safer than I did at home." A relative said, "I would say [family member] is very safe. The staff seem to know what they are doing, and the building is secure, which is safer than when they were at home."
- Staff were trained in safeguarding and knew what signs may mean a person was unsafe or at risk of abuse. They knew how to report concerns both at the service and to external authorities such as CQC or the local authority safeguarding team.
- The management team were keen to learn and support the staff team when things went wrong. There had been concerns raised about medicines management and the support people had with their pressure area care. The management team had taken effective action such as putting audits in place and holding staff meetings to address these concerns. This had resulted in positive outcomes for people.

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.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service looked clean and was free of malodours. Domestic care staff told us they had the necessary time and equipment to keep the service clean. One person said, "[Staff] are always about cleaning and keeping the service looking good."
- Relatives and friend were able to visit people living at the service at any time and without any restrictions.

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.

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

- We could not be assured staff had the training to support people to eat and drink in line with their needs. The cook and kitchen staff did not have IDSII (International Dysphagia Diet Standardisation Initiative) training which is a recognised training relevant to how to support people with different dietary needs. This meant people were not being supported by staff with up-to-date training about how to support people with their dietary needs.
- There was a large whiteboard in the kitchen area stating people either needed 'normal' or 'soft' diets. Kitchen staff knew the diets people needed and these were also clearly recorded on individual sheets when meals were served to people. However, there was a risk unfamiliar staff may not support people in line with their specific dietary needs based on this information.
- Some people were at risk of malnutrition or dehydration and needed their food and fluid intake monitored. It was not always clear in people's care plans how much food or fluid a person needed to maintain a balanced diet. This meant staff would not know if people had not eaten or drunk the correct amount and actions to support them may not be taken,
- People gave us mixed feedback about the food. People's comments included, "The food is not really my cup of tea. I tend to just have toast or cereal or a sandwich" and, "I would say the food varies- sometimes it is OK but most of the time it all tastes the same." However, one person said, "The food and drink is really tasty. I can always ask for something else if I do not like what is on offer."
- People had access to food and drink throughout the day and records showed people were being supported to eat and drink regularly.
- The management team responded immediately to our concerns. The organised IDSII training for kitchen staff and updates care plans to help guide staff around how much food or fluid people needed throughout the day.

Staff support: induction, training, skills and experience

- Staff had training in areas relevant to their job roles such as supporting people to be mobile, safeguarding and supporting people living with dementia. However, systems such as supervisions and competency assessments to continually support staff and assess the effectiveness of training had not been implemented fully. For example, competencies were not being completed for staff interaction with people or safeguarding knowledge. Staff told us they did not receive regular supervision to discuss their development.
- When staff started in their role, they had an induction and a set time period to complete their mandatory training. However, we were not shown evidence of how the management team were assured staff had the training and knowledge to safely perform their roles, in lieu of completing this training. This meant the

management team were not assured staff training had been effective. They took immediate action to address these concerns.

- Despite our findings, people and relatives felt staff were well trained. One person said, "I would say all the staff know what they are doing." A relative told us, "There is a nice mix of staff with a good number of different experiences between them."

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

- People's needs were assessed when they started living at the service. However, these assessments did not contain information about people's preferences, likes and dislikes.

- The management and staff team did not update people's assessments and care plans when their needs changed. For example, if people began living with dementia or depression, care plans were not put in place to guide staff how to support them with these needs. The management team addressed this during the inspection process.

- Despite our findings, people's relatives were positive about how the service supported their family members when they started using the service. One relative told us, "[Staff] took the time to ask all the questions they needed to make sure [family member] had what they needed."

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

- The provider had made some adaptations to the service such as using colours and signs to help people orientate in their environment, although this was not consistent. For example, some people had photos or pictures on their bedroom doors to help them orientate and some people did not. Bathrooms and communal areas had signs with written words on them, rather than pictures which may have helped more people orientate to these rooms.

- People and relatives were largely positive about the design of the service. One person said, "I think [service] looks good. I am very comfortable here." A relative told us, "[Service] stands out as it feels very homely and not like a 'care home'."

- People were supported to personalise their own rooms if this was their choice.

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

- Staff supported people to see health professionals such as GP's, nurses and speech and language therapists if this support was necessary. Advice from health professionals was recorded in people's care plans. One person said, "[Staff] help me do my weekly exercise to keep my legs strong since [health professional] visited."

- People were supported to live as healthily as possible. For example, staff offered people plenty of drinks throughout the day. One relative said, "[Family member] had a fall the other day and staff were very quick to get support in place which was very reassuring."

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.

- Staff asked people for consent before supporting them. Where people lacked the capacity to consent to support, assessments were completed, and decisions were made in people's best interests. One person said, "[Staff] are polite and would not do anything I didn't want them to."
- Staff had training in the MCA and a good understanding of supporting people in line with their choices. For example, staff offered people different drinks even if they knew a person usually chose the same beverage.

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. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive care that respected their privacy and dignity. Staff supported people to eat their meals in silence and in a rushed manner. One staff member visibly showed their frustration when a person was taking their time to eat their meal. One person said, "You can tell if [staff] are having a bad day or are rushed because they don't take the time to help you slowly."
- Another person was asleep at mealtime and a staff member repeatedly tried to wake them up for over 15 minutes before we asked them to stop. This person was not at risk of malnourishment, and this did not respect their privacy or dignity.
- Some people had soft toys which were important to them. One person pointed to a toy that was on their windowsill and said, "I like to talk to my animals, but they are all the way over there." This person could not reach their personal possession. However, this toy was soiled with old cereal that had clearly not been cleaned for some time. We found several other toys like this, and some toys strewn around bedroom floors out of reach of people. Staff were not treating people's personal possessions with dignity or respect.
- Known issues around supporting people with dignity and respect were not being addressed. Some people and relatives shared their concerns around nail care and stated this had been raised with the management before but had not improved. We saw visible evidence of this and had to address this again with the management team.
- On the day of our inspection, a fire alarm test took place, resulting in people's bedroom doors closing. Staff did not open people's doors again for between 20 and 90 minutes. Some people were visibly upset by this, and one person said "Where did you go?" when staff reopened their door. This was a poor experience for people.
- The language used by staff was not always respectful. Staff loudly aired their frustrations about aspects of their job role where people could hear them. One person told us, "You can tell when staff are having a bad day. They don't speak nicely to one another."
- Staff wrote care plans and daily records, and these were not always written using kind and respectful language.
- We received mixed feedback from staff and people about whether there was time to support people to be independent. Staff told us they did not have the time to do this. One person said, "I used to like doing things for myself but staff don't have the time to help me now, so I just let them get on with it." Staff did not record in people's record whether they had been supported to be independent.

We found no evidence people had been harmed. However, people were not consistently treated with dignity

and respect or kindness and compassion. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team addressed some of these issues during the inspection process and put plans in place to monitor how people were treated with dignity and respect more thoroughly.
- Despite our findings we also received some positive feedback about people's support. People's comments included, "[Staff] are ever so nice here and do everything you ask them to do." and, "[Staff] have always been very friendly to me. No complaints." A relative told us, "[Staff] always take time to speak with [family member] and make sure they are OK. There is a nice friendly vibe at the service."
- We observed some staff speak kindly and compassionately to people when supporting them to eat and drink or with daily living tasks. People responded positively to this and were happy and relaxed when staff spoke with them. One relative said, "[Family member] is always dressed the way they like and are always happy when we see them."
- Some staff had a good understanding of how to speak with people and what was important to them. For example, one staff member knew how to put a person at ease when we visited to help them understand the reason for our visit.

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

- People were supported to make day to day decisions about their care. For example, what to wear or whether or not to go to communal areas. One person said, "[Staff] will ask me what I want to drink a few times to make sure I have not changed my mind." A relative said, "[Staff] know how to help [family member] choose clothes they used to like wearing and this is important to them."
- From discussions with people and relatives it was not clear how they had been supported in wider discussions about their care and support. This included involvement in care and support plans. One relative said, "I do not recall ever being asked my opinion on the care plans or long-term plans for [family member]." The management team told us they would address this.

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. At this inspection the rating has changed to requires improvement. 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; 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; Meeting people's communication needs

- People did not always receive person-centred care. People did not always have their preferences met and staff told us they did not have time to support people with anything other than essential care needs. However, in some cases staff did not support people with their preference of a shower or bath, but rather supported them to have a wash. One person said, "There is a lovely bathroom here, but I don't use it as much as I used to."
- People went for extended periods of time without any conversation or interaction from the staff team. People's comments included, "I am lonely here. I spend a lot of time reading." and, "[Staff] do come in if I need anything but don't stay and chat. They say they do not have the time."
- Staff could not tell us about people's likes dislikes and preferences. Information about this was either not recorded or was recorded in minimal detail in people's support plans. One person had flowers in their room but told us "[Staff] put them there and they are awful." Staff had not asked this person if they liked or wanted the flowers in their room. One relative said, "[Family member] used to love doing [pastime] but since living at the service has not done this. I am not sure the staff know they like to do this."
- People with known care needs such as living with dementia or depression did not have care plans put in place to guide staff how to support them with these needs. One relative said, "I do worry that some staff do not really understand [family members health condition.] I think they sometimes struggle to understand them and just get on with their job."
- People were not being supported to engage in their preferred interests and social pastimes. There had not been a staff member dedicated to this at the service for some time although a staff member had recently taken up this position. However, we did not see, nor were we shown any evidence other than two 'themed days' of people being supported to engage in interests and pastimes.
- On days where the social pastime co-ordinator was not at work, care staff were delegated to provide social pastimes for people. However, staff told us this did not happen as they did not have time. On the day of our inspection people were left with nothing to do for extended periods of time. Staff asked people in the communal lounge if they wanted to watch a film, however, did not put the chosen film on and left a TV programme playing. People were not interested in this.
- People and relatives told us there had been a decline in social pastimes on offer recently. People's comments included, "There is nothing to do and nowhere to go. I have nothing to get up for." and, "I am not sure what is going on. Staff come and drop books off for me to read but then go so I am still by myself." Relatives said, "Last year there was lots going on but now when I visit [family member] is in bed in their room more often than not." and, "There used to be a lot going on here with singers coming in and other bits, but

this all seems to have stopped now."

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). 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.

- People were not supported consistently in line with the AIS. Some people communicated using signs and gestures, however this was not detailed in their care plans to help staff understand what these meant. One person's care plan stated they used a whiteboard to communicate by writing words down. However, this was not being used by the staff team meaning this person was not being supported to communicate their needs.
- Some people would have benefitted from using pictures to make choices at mealtimes for example, however these were not available. People were shown small plates of food to aid them in choosing meals, however staff told us this was not common practice.

We found no evidence people had been harmed. However, people were always supported in line with their individual preferences and choices and were not being supported to engage in their preferred interests and social pastimes. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team responded immediately to some of our concerns. They started updating people's care plans and put plans in place to help ensure people were consistently engaged with throughout the day. This had an immediate positive impact on people using the service. One relative said, "Whatever happened at [inspection] has been good as [family member] has already been out and about a bit more."
- Despite our findings some people and relatives were positive about how they were supported and engaged with. We also observed staff speaking with some people about their specific interests. One person said, "Everyone here is nice and caring and have taken the time to get to know how I like things." A relative told us, "[Staff] have given [family member] their life back and we are very grateful for this."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and concerns raised by relatives were dealt with and responded to. One relative said, "If you do not speak up then nothing gets done and I am confident in speaking to the management team. They seem to take things seriously."

End of life care and support

- People had plans in place for the end of their life and these listed their preferences for this time. Staff had received several compliments about the way they supported people in a dignified way at the end of their life. One relative told us, "I would want [family member] to spend their last days at the service as I know this is where they would get the best care."

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

- There was a new manager at the service, and they had a lot of support from the senior management team. They were trying to implement and sustain a positive culture at the service. However, more work was needed in this area and there was currently a more negative culture evident between the staff team.
- Not all staff were happy in their job roles and did not feel well supported. People were not receiving much interaction or support outside of their essential care needs. Staff felt they did not have the time to support people in this way and felt frustrated with frequent management changes and the lack of formal support such as supervisions. Staff were found to express their frustrations in front of people living at the service. This led to a negative feeling at the service with the potential to cause poor outcomes for people.
- The manager and management team completed audits to monitor the quality of the service. However, these had not been effective at driving improvements in areas identified at this inspection such as poor detail in people's care and support plans, staff not receiving formal support in their job roles, people not being supported with dignity and respect and people not being supported to engage in their interests and pastimes.
- People and relatives were not all positive about the culture of the service. One person said, "I am not sure what has happened recently. Staff don't come and talk to me like they used to." A relative said, "[Family member] got on well with some of the staff but there have been so many changes and the ones that are left are rushed off their feet."
- Relatives explained their concerns with the high levels of management changes at the service and how they were not fully assured issues at the service would improve and resolve. One relative told us, "I am only moderately confident in the management team. I would say the care [family member] has is just about adequate but there could be a lot more done to make things better."

We found no evidence people had been harmed. However, more work was needed to make the culture at the service more positive and governance systems were not always effective in identifying where improvements to the quality of people's care could be improved. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team started to address these concerns immediately during the inspection process. This included working with the staff team to identify and resolve issues. Some audits completed by the management team such as those relating to pressure area care, medicines and health and safety were

effective in assessing the quality of people's care.

- Some people and relatives were positive about the culture at the service. One person said, "It is lovely here, I see this place as my home and the staff as my friends." A relative told us, "There is a nice friendly family atmosphere at the service."

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

- We could not be sure people and relatives were fully engaged with and asked for feedback about the service. There was no evidence of people and relatives being involved in care and support plans or regular and consistent review meetings. Relatives' comments included, "I have never been asked about care plans apart from when [family member] moved in years ago." and, "I have never been asked to feedback about care plans and have no clue what is in them."
- Relatives told us communication at the service had been less frequent recently. Relatives felt this was due to staffing and management changes and challenges. One relative told us, "Communication used to be so good but now [staff] only ring to tell me if something like a fall has happened."
- Staff did not feel they were formally or consistently asked to feedback about their job roles or whether improvements could be implemented at the service.
- The management team took immediate action to rectify these issues, including implementing regular opportunities for staff and relatives to feedback about the service and be involved in care planning.

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; Working in partnership with others

- The management team told people and relatives if things went wrong. They notified CQC of any incidents they were required to do so. One relative said, "The management and staff team are very open and transparent. They do not hide anything away."
- The management team were working with the local authority to address know areas where improvement was necessary. The local authority were positive about their working relationship with the management and staff team.
- Staff worked with health professionals to help ensure good health related outcomes for people.

Continuous learning and improving care

- We were assured the new manager and management team wanted to make improvements to the service. They sent us numerous examples of how they were going to improve the service immediately based on our feedback and relatives told us this had already had a positive impact at the service.
- The local authority told us about the improvements the service had already and continued to make since some concerns about the service had been raised.
- The new manager and supporting manager were passionate about improving the service. People, relatives and the staff team stated they were confident they would make positive changes, although this needed time to be embedded and sustained.

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 We found no evidence people had been harmed. However, people were always supported in line with their individual preferences and choices and were not being supported to engage in their preferred interests and social pastimes.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect We found no evidence people had been harmed. However, people were not consistently treated with dignity and respect or kindness and compassion.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence people had been harmed. However, more work was needed to make the culture at the service more positive and governance systems were not always effective in identifying where improvements to the quality of people's care could be improved.