Athena Care Homes (Bretton) Limited

Ashlynn Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Ashlynn Grange is a 'care home' providing personal and nursing care to up to 156 people. On the first day of our inspection there were 82 people living at, and using, the service. The service provides support to adults, some of whom have dementia, in 4 separate buildings, these are called 'communities'. Each community is on ground floor level and has its own adapted facilities. At the time of our inspection 3 communities were in use.

People's experience of using this service and what we found
Safeguarding processes were not always robust to help keep people safe, and lessons were not always learnt when things went wrong. Risks to people's safety were not consistently assessed and considered, and people were at risk of pressure sores and worsening skin health due to ineffective monitoring of pressure relieving equipment. Checks for medical devices were not always being completed in line with the provider's procedures and manufacturer's directions. Medicines were not always managed safely.

In the months prior to the inspection, the provider had received support from the local authority to make improvements at the service. We found many actions had been taken, and improvements to service provision was apparent in many areas. However, governance, systems and audit processes still required review, development, and time to embed, which was recognised by the provider's senior leadership team. The senior leadership team told us they were committed to making and sustaining ongoing improvements and were responsive to our feedback during the inspection process.

We have made a recommendation for the provider to review accessible information signage within the environment.

People told us they felt safe at the service. The environment was clean, and infection control processes were in place. There was enough staff to support people safely, and the provider undertook safe recruitment procedures.

People, and their relatives, gave mixed feedback for their involvement in the care planning process. However, responsive end of life care planning took place, and relatives told us staff did regularly involve them in this process. Activities for people had not always been consistently available and planned. However, a new activities team had been appointed at the service during the inspection time frame.

People, and their relatives, gave us mixed feedback of their experience and knowledge of how to raise a concern or complaint. The provider's representatives had plans to improve communication information and systems.

People's needs were assessed prior to them moving into the service. Staff received the required support and training to enable them to meet people's needs. Trained chefs were employed at the service and staff

supported people to receive a balanced diet. People told us they received healthcare reviews and support when it was needed, however, some people's relatives felt this area could be further improved upon.

Most staff treated people with respect and dignity. People told us they received good care and support from staff.

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.

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 6 July 2018).

Why we inspected
The inspection was prompted in part due to concerns received about safe care and treatment; safeguarding; person-centred care and good governance. A decision was made for us to inspect and examine those risks.

We found evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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.

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

Enforcement and Recommendations
We have identified breaches in relation to safeguarding people from abuse, safe care and treatment, and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

We have made one recommendation for the provider to review the accessible information available for people.

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 and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ashlynn Grange

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.

Inspection team
The inspection was carried out by 4 inspectors and 1 operations manager. The inspection team was further supported by 3 Expert by Experience's. 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
Ashlynn Grange 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. Ashlynn Grange 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 new manager had been in post for 3 months and had submitted an application to register with the CQC. We are currently assessing this application.

Notice of inspection
This inspection was unannounced and took place over 3 days.

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 15 people who used the service, and 16 of their relatives about their experience of the care provided. We spoke with 24 members of staff including care workers, nurses, catering staff, housekeeping staff, maintenance staff, the new manager, operations director, quality manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 2 external healthcare professionals who provide support to people at the service.

We reviewed a range of records at the service. This included recruitment documentation for staff and staff induction records. We also reviewed certain care records, medicine, and supplementary records for 25 people during the inspection. We asked for other records to be sent to us, which we reviewed away from the care home. These records included monitoring documentation, staff rotas and training records, and quality assurance records. Additionally, we requested some policies and other records which related to the management and oversight of the service.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

- The provider had systems and processes in place to help protect people from abuse, however, these were not always followed, and they required review. Although staff had completed safeguarding training, incidents where potential abuse had occurred, for example, unexplained bruising, were not always reviewed, recognised, and reported correctly.
- The provider failed to ensure neglectful practice was identified and responded to appropriately. For example, immediately prior to our inspection a person was administered a medicine which was not prescribed for them. A delay of approximately 7 days occurred between the administration error and appropriate action being taken, despite this error being communicated to staff. This meant other people remained at risk of harm.
- People's comments were not always acted upon surrounding their safety. A quality assurance exercise took place in 2022, and people raised concerns about the care they received. Action had not been taken by the provider in relation to these feedback forms which had not been formally reviewed and responded to.
- Lessons were not always learnt when things went wrong. During the inspection timeframe a person sustained an injury due to an environmental concern. The provider did not ensure a robust review of the environment took place, this meant other people were at risk of similar injuries until we prompted this review.

Systems and oversight were not robust to protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's representatives responded to our findings during the inspection and took action to remove the environmental risks which may have led to injury. Furthermore, the leadership team reviewed staff practice surrounding incident management, and the reporting of safeguarding concerns.

- Despite our findings, the people we spoke to said they felt safe. For example, 1 person told us, "[The provider] have people to check on you to make sure you are alright, and I have a [call bell]. You just have to call [staff], and they are there for you." Another person said, "I feel perfectly safe here. There are always staff around to look after me as well, and they come and check on me in my room." A third person said, "I do feel safe here. The staff are always asking if I am alright and [they] keep an eye on me."

Assessing risk, safety monitoring and management; Using medicines safely

- The provider did not always ensure risks to people were assessed; and safety monitoring and

management was not always robust. We found all medical devices were not safety checked in line with the providers policy and the manufacturers guidelines. This had placed people at risk of harm as staff could not be confident the devices were working appropriately, and clinical decisions had been based around these.
● People were at risk of pressure sores and further skin deterioration. During 2 of our inspection visits we found pressure relieving mattress settings were incorrectly set for people's weight, and sufficient guidance for staff was not in place. One person's relative told us, "Three times I have found the [pressure mattress] unplugged." Furthermore, we found wound assessments were not always completed with the required detail. This meant the appropriate wound description was not always available to allow staff to complete safe and appropriate monitoring and assessment.
● People were at risk due to further insufficient safety monitoring. We found 1 clinical room was left open and unattended. This room contained medical devices, prescribed items, and sharps. Furthermore, a fire door at the entrance to 1 community had not been connected to the fire panel to ensure automatic lock release in the event of the fire alarms activating. Fire system records identified this door had been highlighted as not connected to the fire panel since December 2022. However, prompt action had not been taken to rectify this.
● Medicines were not always used safely. Medicines administration errors, or concerns, were not always appropriately reported to management for action to be taken. Where medicines were administered using patches applied to the person's skin, systems were not robust to ensure the site of administration was rotated when the previous patch was removed. This meant a person could experience skin irritation, and the absorption rate of the medicine could have been affected which may have caused a variable dose of medicine to be administered.
● Medicines administration was not always safe. We observed staff disturb nurses who were preparing medicines for administration. This was not due to an emergency, and this practice increased the risk of administration errors. Furthermore, people prescribed medicines on a 'when required' basis did not always have written plans in place. For example, a 'when required' medicine may be pain relief to administer in the event of aches, pain, or a headache. One nurse told us they would use their own clinical judgement on when to administer 'when required' medicines. However, this did not allow for a consistent approach and a clear protocol was not in place.

Assessments had not been completed or were not robust to mitigate risks to people. Safety monitoring and management was not always robust to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's representatives responded to our findings during the inspection. This included review of medical device safety testing, reviewing safe practice surrounding pressure mattress settings and safety checks, and using medicines safely. Furthermore, action was taken to connect the automatic fire door release to the fire panel.

● Despite our findings, people told us of their satisfaction with staff and how they support them with their medicines. One person told us, "I know what all my medication is for, and I haven't had any problems with it at all." Another person said, "[Staff] give me my medication whenever I need it." One person's relative told us, "I know what [family member] is taking and [staff] manage it well."
● Appropriate authorisations, risk and safety reviews took place for people who required medicines crushed, administered via specific administration routes, and where people may require medicines to be administered covertly. We found records were detailed and thorough, and involved all necessary professionals, people, and people's relatives, where appropriate.

Staffing and recruitment

● Safe staffing levels had been assessed and reviewed. The provider undertook dependency assessments to consider how many staff were needed to provide people with the care and support they required. Staff rotas evidenced the assessed staffing levels were planned for each shift.
● The provider had undertaken successful staff recruitment in recent months, this meant less agency staff were being used at the service. People told us their needs were responded to promptly, and staff told us staffing levels were sufficient.
● The provider undertook specific checks when recruiting staff. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

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.

● We were assured the provider was facilitating visits for people living in the care home in accordance with the current guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were identified and assessed prior to them living at the service. Assessments included the review of people's risks and preferences.
- Staff undertook monthly scheduled reviews of care plans, and updates were completed in addition to this as necessary.

Staff support: induction, training, skills and experience

- Staff received training and supervision in line with the providers policy. Staff completed relevant training courses based on people's needs.
- New staff completed a comprehensive induction when starting their role and worked with experienced members of the team. Inexperienced staff also completed The Care Certificate where a formal care qualification had not already been completed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The new manager was reviewing the staff appraisal process at the time of our inspection, and anticipated staff appraisals would be up to date in the coming months. One staff member told us they had their appraisal booked and had been provided with a preparation form.

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

- People were supported to help maintain a balanced diet. Meals appeared appetising, and staff knew people's dietary requirements. People were offered a visual option of food at mealtimes, which assisted them to make informed choices.
- People were provided with fortified meals and drinks where they were assessed as requiring additional nutritional support. Some people required nutrition and fluid administration using a percutaneous endoscopic gastrostomy (PEG). A PEG is a flexible feeding tube which is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach. Staff monitored and correctly supported people with this administration and followed best practice guidance and safety procedures.
- Some people told us they had preferences with meals, such as having an alternative to meat, such as plant-based protein. We shared this feedback with the provider during the inspection for their knowledge and review.

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

● A variety of healthcare professionals were involved in supporting people to live healthier lives. People told us they received the required medical and healthcare support when it was needed. However, some people's relatives told us they did not feel healthcare reviews, and support, was always recognised as required, and arranged promptly by staff.
● For example, one person told us, "The Doctor comes on a Wednesday, and you can ask to see them then. If you are unwell [staff] will get someone out if it is needed." Another person said, "A week ago I felt [concern] and I told the staff. They sent someone to check on me and it passed." A third person said, "I am seeing a doctor tomorrow about [concern]. Staff sorted the appointment for me." However, some people's relatives told us they felt staff did not always recognise and act upon their family member needing a health review, and they said they had to prompt this to take place. Other people's relatives told us they were updated and informed when their family member appeared unwell or required a healthcare review.
● During our inspection visits, a variety of healthcare professionals visited people, and communicated with staff. This included GP's, community nurses and specialist nurses. Staff prepared in advance for these visits and acted upon the advice and directions from healthcare professionals, which included sharing information with other members of staff.

Adapting service, design, decoration to meet people's needs
● The provider was undertaking a planned and timed refurbishment at the service which included redecoration. Extensive work for one community had already been completed, and plans were underway for this to be extended to the remaining communities.
● The nominated individual told us they were committed to continually improve the service design, layout, and decoration to meet people's needs, and this was evident in the plans they shared with us. People's thoughts and preferences had also been sought.
● People had personalised items available and were able to personalise their bedrooms to their taste.

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.
● The manager had systems and processes in place to ensure DoLS authorisations were applied for, monitored, and reviewed where required. This meant people were kept safe with minimum restrictions.
● Staff had received training to ensure their understanding of the MCA and DoLS, and we observed staff to offer people appropriate choices. One person told us, "I get to choose what I want to wear. I prefer to stay in my room, and they don't force me to do something I don't want to. I have got my mobile phone here so I can speak to my family when I want to."
● The nominated individual told us of their plans to ensure consent is gained from people, or their relatives,

if more appropriate, should the planned refurbishment impact upon their accommodation.

Good

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.

Supporting people to express their views and be involved in making decisions about their care
● People told us they could not recall being formally involved in planning their care, or decisions surrounding the gender of staff they may prefer to assist them (see the Responsive section of this report). However, people did tell us they could make decisions surrounding how they spent their time, and they were able to make specific daily decisions.
● For example, 1 person told us, "I always choose what to wear, although the staff might make some suggestions for me. You can go to your [bedroom] whenever you want to." Another person said, "I always choose what I want to wear and if I feel like staying in bed I will."

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and respect was promoted for the most part. We shared with the provider where we found some inconsistent staff practice. However, the people we spoke with told us they had positive experiences.
● We observed staff did not consistently promote privacy and dignity, this included walking past people's bedrooms whilst responding to people, instead of stopping and talking to them. Furthermore, staff did not always recognise and respond to opportunities to provide people with reassurance and support. We also observed 1 person being administered an injection whilst in the dining area, and 1 morning staff handover meeting took place in a communal area with people present. These were not consistent observations, and we did observe many positive interactions which were respectful, dignified, kind, and considerate. We shared this feedback with the manager and nominated individual for their review.
● People told us staff respected their privacy, for example, 1 person said, "[Staff] always ask if I am okay with what they are going to help me with. They will shut the door and curtains, and ensure I am covered up when I can be." Another person told us, "They always explain everything they need to do and will shut the curtains and doors. They are very respectful in the way they speak to you and act." A third person said, "You have your own room, so you can be private in there." One person's relative told us, "[Family member] has the best [they] can have. [Staff] encourage [family member] to do all [they] can." However, we did receive some feedback from people's relatives of occasions where their family member was not wearing their own clothing, and staff were unable to provide an explanation for this.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us staff were kind and considerate and helped them to be involved in the day-to-day decisions about their care. Staff knew the people they supported well.
● People provided consistent positive feedback surrounding their care, treatment, and support. One person

told us, "The staff are very good, they know me and call me by my [preferred] name." Another person said, "It is very homely, the staff are very good." A third person said, "The staff are really nice, kind, and caring. They are nice to me, and I am happy with them. They have a heart of gold." One person's relative told us, "There are some lovely staff here. I think it helps when they know [people] and that helps [family member] as well."

Requires Improvement

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.

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

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.

● People living with dementia had limited orientation aids available within the communities. This meant people were at risk of being disorientated because the environment had not been fully designed to meet their needs. Furthermore, some people's relatives told us they had shared with the manager they felt further improvements could be made for those living with dementia, and this was being reviewed. The nominated individual told us they were reviewing this as part of the environmental refurbishment process, and appropriate communication aids were being considered.

We recommend the provider place appropriate accessible signage within the communities at their earliest opportunity.

● During our inspection visits people were not being regularly supported to follow interests and take part in activities. People who were cared for in bed did not have planned regular staff support and interaction to help reduce feelings of isolation.
● For example, at the beginning of our inspection we were told 1 staff member was employed to provide activities and social support to people. This included people who were cared for in bed. During our 3 inspection visits we found activities were limited across all 3 communities and regular activities were not advertised nor on display. People told us they would welcome more planned activities and events, and this was also shared by their relatives.
● For example, 1 person's relative told us, "There are no activities, [family member] just sits, no interactions, and the music playing is Bob Marley or Elvis Presley." Another person's relative said, "[Family member] has a care plan, and [staff] discussed it with me. It says [for family member] to socialise more. There is only one activity person responsible for all [communities]. Only once a week [is there] something on."
● Towards the end of the inspection new staff had been recruited to form an activities team and information relating to this was within the service's newsletter which was shared with people and their relative. The new manager was positive about this recruitment, they shared plans to develop activity areas within the

communities, and was committed to providing regular activities, occasions of interest, and social support moving forward.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

● People had care plans in place which reflected their needs. However, people and their relatives told us they were not always involved in care planning, or able to regularly inform the care planning process where it would be appropriate for them to do so.

● There were inconsistencies in involving people or their relatives in care planning. For example, we asked people if they were involved in planning their care. One person told us, "I am not sure really." Another person said, "I can't remember any involvement, maybe it was done when I moved in, I am not sure." One person's relative told us, "[Staff] don't talk to me about [family member]. [Family member] cannot communicate." Another person's relative told us, "I am not aware of a care plan." However, some people's relatives told us they were aware of their family members care plan and were involved in the care planning process where appropriate.

● Staff told us recent communication had taken place with people's relatives, and this was ongoing, to regularly involve them in the care planning process where it was appropriate to do so.

● The provider's procedures ensured a holistic approach to care and support was provided to people at the end of their life. Staff had completed end of life care training, and the manager had attended specific training at the local community hospice. End of life care plans were personalised and contained specific information relating to the persons preference for place of care, who they would like to be present, and how they would like their environment.

● We received specific feedback from some people's relatives regarding end of life care, and end of life care planning. One person's relative told us, "We have talked through end of life care, and all staff know [family member] is not going to hospital." Another person's relative said, "We have talked about end of life care, and we have monthly review meetings to go through [family member's] care plan, sometimes on the phone, sometimes when I [visit]."

Improving care quality in response to complaints or concerns

● The provider had a complaints policy, and information was available on how to raise a concern. However, this had not always been effective. We received mixed feedback from people's relatives in relation to their experience of raising concerns and complaints. People's relatives told us the responses to concerns raised had not always provided them with assurances, and they did not always know who to speak to.

● One person's relative told us, "I never know who to talk to about [family member]." Another relative said, "I often get conflicting information. I have never had to complain, if I had I would talk to the people on the desk." A further person's relative said, "I used to go to the team leader to complain. Now I have to block my number as they do not answer the phone to me." Another relative said, "I would like more communication." We shared mixed responses had been received relating to communication and knowledge of how to raise complaints and concerns. The nominated individual told us they were reviewing the residents' guide, and planned to include the complaints policy, and information, to improve communication and confidence.

● During the inspection we reviewed past written concerns which had been received and had been responded to by the new manager. We found the new manager had a person-centred approach to concerns, and the responses and action taken was thorough and detailed.

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 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider, manager and senior leadership team had undertaken many reviews and improvement actions in the months prior to our inspection. This was being supported by the local authority and notable positive actions had been taken. We found oversight and governance systems had been implemented in areas which helped to monitor service quality and drove improvements. Audits and monitoring tools had been developed and undertaken in specific areas. The provider's quality manager told us, to ensure consistency, support was being provided to senior staff who completed audits.
- However, although this progress had been made, we found audits and governance systems had not identified specific areas for improvement which were found during this inspection. This included risk assessments and care plans not prompting staff to complete specialist equipment reviews to promote skin integrity. Concerns surrounding the safe use and administration of medicines. Some medical devices had not received safety checks in line with the providers policy and manufacturers guidance. Furthermore, immediate action had not been taken to reduce risk where incidents had occurred, and lessons were not always learnt, with appropriate action taken, to reduce risk of future similar incidents.

Governance and quality checks were not always effective in identifying areas for improvement. This meant effective timely action was not always taken to improve the quality of care people received. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been recruited prior to our inspection. They had begun the process of registering with the CQC. The new manager evidenced their awareness of the improvements which were still required and showed dedication and passion for improving the service further. We found the management changes had been communicated with people and their relatives. We observed positive interactions between the new manager, people and staff, and notable clear communication and support was present.
- The manager had begun to hold meetings with people's relatives, and staff. These meetings provided opportunities for relatives to share their thoughts and feelings and allowed the manager to be aware of areas for improvement. Staff meetings evidenced communication took place to guide and support staff whilst changes took place. New systems and processes had been implemented to help improve the care and support people received.

● The provider was actively reviewing their organisational values both prior to, and during our inspection. This included consultation with people, their relatives, and staff. The nominated individual and quality manager told us this was important to ensure everyone was included in the continued improvement journey. Furthermore, they told us they were committed to providing progression opportunities to staff, to assist with developing skills, knowledge, and experience.
● People, and their relatives, told us they would like more opportunities to provide feedback on their experiences. Quality assurance exercises were ongoing, and the nominated individual told us they recognised this was an area for further development. We were told this may include an electronic system to capture real time feedback from people, their relatives, visitors, and staff.
● People's relatives told us communication was an area they would like to see improved upon, following their previous experiences. However, some relatives told us they had already seen improvements since the new manager had been in post. For example, 1 relative told us they had noted improvements in staffing and support at weekends. Another relative said, "[Staff] know what is expected of them. Maybe due to the new manager."

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 provider understood the requirements of the duty of candour. This is their legal duty to be open and honest about any accident or incident which caused or placed a person at risk of harm.

Working in partnership with others
● The provider was working with the local authority to review and improve their systems and processes. We found development was ongoing, and a commitment to sustain and embed improvements was evident.
● We received feedback from 2 healthcare professionals who worked in partnership with staff. Feedback included a notable improvement in communication and organisation has taken place, and from their experience, their advice and guidance has been reviewed and followed appropriately.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risks to people had been appropriately identified, reviewed and managed. Specialist equipment and medical device checks were not completed safely, and this had placed people at risk of harm. Effective prompt action was not always taken when safety concerns were highlighted during routine safety checks. Medicines were not always used safely, and protocols were not always present to ensure 'when required' medicines were administered in line with the prescribed instructions. Regulation 12 (1) (2) (a) (b) (c) (d) (e) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured people were robustly protected from abuse and improper treatment as their systems and processes were not established and operating effectively. Unexplained bruising was not always promptly acted upon and reported to the local authority safeguarding team. When incidents did occur, prompt action was not always taken to ensure the safety of others by learning lessons when things went wrong. Regulation 13 (1) (2) (3)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The providers audits, systems and processes had not always been effective in identifying, monitoring and improving quality and safety of care.

Regulation 17 (1) (2) (a) (b) (c)