

Roseberry Care Centres (England) Ltd

The Beaufort Care 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?

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

The Beaufort Care Home is registered to provide personal and nursing care for up to 29 people aged 65 and over. Nursing care is provided. At the time of the inspection 16 people lived at the home and 1 of those people was in hospital.

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

The provider's systems and processes designed to identify shortfalls, and drive improvements still needed to be strengthened to ensure they were fully effective. The 2 continued breaches of regulation demonstrated more lessons needed to be learned to ensure people always received safe, good quality care. Management changes had occurred since our last inspection. The operations manager told us this was the reason progress had been slow. The new manager demonstrated commitment to improving outcomes for people and had clear plans in place to achieve this.

People told us they received their medicines when they needed them, but aspects of medicines safety continued to require improvement. The manager took some immediate actions to improve medicines safety and further improvement actions were planned.

The management of risks associated with people's care had improved but further improvement was needed to demonstrate risks were always well managed. Risks associated with the environment were well managed. More needed to be done to make sure people always received personalised care. The manager told us improving the content in care records was 1 of their main priorities. Staff knew people well and people had more opportunities to do things they enjoyed and were of interest to them.

Staff were recruited safely, and enough staff were available to provide the care and support people needed. The home was clean, but staff did not always work in line with the providers expectations to ensure infection prevention and control risks were minimised.

People continued to feel safe, and relatives told us safety had improved. Staff understood their responsibilities to keep people safe. Staff received an induction when they started work at the home and had completed the training, they needed to provide effective care.

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.

People spoke positively about the food available, and their dietary needs were catered for. Staff supported people to eat and drink to maintain a balanced diet. People had access to a range of health professionals which supported them to remain healthy and well.

Staff enjoyed working at the home. They demonstrated a caring approach and they spoke about people in a respectful way. People felt listened to and were happy with the care and support they received. People's right to privacy was respected and their independence was promoted.

People and their relatives knew how to complain, and complaints received had been resolved in line with the providers policy. Feedback from people and their relatives was welcomed. The manager was exploring different ways to improve communication. Staff told us they felt supported, and the culture at the home was improving.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 20 January 2023) and there were 4 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of 2 regulations.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Enforcement and Recommendations

We have identified continued breaches in relation to safety and governance 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 and also request an action plan from them to understand how they will make improvements. We will work alongside the provider and local authority to monitor progress and 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

The Beaufort Care Home

Detailed findings

Background to this inspection

The inspection

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

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

The inspection was carried out by 2 inspectors, a specialist advisor and an Expert-by-Experience. Our specialist advisor was a nurse who had expertise in supporting older people. 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.

The Beaufort Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had worked at the home for 4 weeks and had submitted their application to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from the Integrated Care Board (ICB) who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the home, 5 people's relatives and 1 person's friend about their experiences of the care and support provided. We spoke with 11 members of staff including the manager, the providers support manager, the regional operations manager, an agency nurse and care assistants.

We looked at a range of people's care records and multiple medicine records. We reviewed records relating to the management of the service including, staff training data, fire safety records, some policies and procedures and the recruitment records for 3 staff members.



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 inadequate. 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.

Using medicines safely

At our last inspection people's medicines were not managed and administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of regulation 12.

- The administration of prescribed creams remained unsafe. Records showed and staff confirmed they had continued to apply a cream to the incorrect area of a person's body. We had brought this unsafe practice to the providers attention at our last inspection.
- At our 2 previous inspections the management of prescribed creams required improvement. At this inspection our findings evidence sufficient improvements had not been made in this area. Some creams in use did not have prescription labels or their dates of opening recorded. This is important to ensure creams are applied as prescribed and those in use remain effective. This meant the provider could not assure themselves creams were being managed in line with their medicines policy and best practice guidance.
- Some emollient creams in use contained flammable ingredients. Risks associated with their use had not been assessed. This is important as the build-up of cream residue on bedding and clothing makes those fabrics more flammable which can result in serious or fatal injuries from fire.

Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and after our visit the manager took immediate action to improve medicines safety. This including assessing the risks associated with creams containing flammable ingredients.
- Further improvements were planned, and the manager told us they were working hard to make medicines management safer. To achieve this, they were working closely with the community pharmacist.
- People told us they received their medicines when they needed them. One person said, "They (nurses) give me them on time and tell me what they are for."
- Medicines were administered by trained staff and their competency to do so safely was checked by the management team.
- People's medicines were ordered, stored and disposed of safely in line with best practice.

Assessing risk, safety monitoring and management

At our last inspection systems and processes were not sufficient to demonstrate risk was identified, assessed and well-managed. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of regulation 12.

- Whilst some improvements had been made since our inspection in December 2022 more needed to be done to ensure people always received safe care.
- Risk associated with people's care had been assessed but some care records lacked the important guidance staff needed to provide care safely. This put people at risk of harm. Two people were at high risk of choking whilst eating but their records did not inform staff what action they needed to take if they choked.
- Another person received their nutrition through a tube directly into their stomach. Daily records had not been completed on 2 of the 7 days prior to our visit to demonstrate necessary cleaning of the tube entry site had taken place. This is important to maintain the person's health and to prevent infection. We found the same concerns at our last inspection.
- Timely action had not been taken to mitigate known risk. Records for a person who had diabetes documented their blood sugar levels on the day before our visit had been too high. This was unsafe. Nurses had failed to take action to mitigate this risk to keep the person safe until we brought this to the managers attention.

Systems and processes remained insufficient to demonstrate risk was identified, assessed and well-managed. This exposed people to the risk of avoidable harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the manager took immediate actions to improve safety. This included making sure staff had all of the information they needed to manage risks.
- Despite our findings discussions with staff demonstrated they knew what action to take if a person started to choke. One staff member said, "We would make sure the bed was up, press the emergency buzzer for the nurse and follow what the nurse said."
- Risks associated with the environment, including equipment were well managed. One person told us their wheelchair was regularly checked to make sure it was safe for them to use. The person told us this made them feel safe.

Staffing and recruitment

At our last inspection the provider had not ensured there were enough staff on duty to meet people's needs and that staff were recruited safely in line with their policy and procedure. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- People told us staff provided their care in a timely way. One person said, "There are definitely enough staff." Another person told us staff responded and provided assistance when they pressed their call bell.
- Overall relatives felt enough staff were on duty. One relative said, "There are more staff. We are very happy

with how it's going now, much better than it used to be. Maybe an extra pair of hands at the weekend would be good."

- Staff spoke positively about staffing levels. Comments included, "Staffing has totally improved. We have a lot more time," and, "Staffing is much better. Most of the time we have 5 carers, and the nurses help if we need them."
- The manager used the providers dependency tool to determine the number of staff needed to provide safe care. Enough staff were on duty during our visit and the manager told us staffing levels would be increased if people's needs changed or if occupancy at the home increased.
- Staff were recruited safely which demonstrated improvements had been made. The provider followed safe recruitment procedures to ensure their staff were suitable. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment was ongoing, and the use of agency staff had decreased since our last inspection which provided consistency for people.

Preventing and controlling infection

At our last inspection we found people were at risk because the provider had not consistently followed national guidance in relation to infection prevention and control. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this part of regulation 12.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. The providers policy reflected current best practice guidance to support staff to follow safe infection prevention and control practice. However, some staff did not work in line with their expectations because they wore jewellery and had nail extensions which was an infection control risk. The operations manager told us they would address this.
- 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.

Visiting in care homes

- There were no visiting restrictions. People told us their visitors were always welcomed and we saw that happened.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the Beaufort Care Home. One person said "Yes, I feel safe here, no doubt about that." A relative told us, "It's got better, it was a bit rocky, but we feel (name) is safer now here."
- Staff had completed safeguarding training and understood their responsibilities to keep people safe. Comments from staff included, "We keep the residents safe. If we think something is wrong, or we see

something, like a bruise we tell the manager." And "I learnt about abuse. Like physical, financial and what I have to do. I must report it to the nurse or the manager or CQC."

- The manager understood their responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.

Learning lessons when things go wrong

- Inspection findings detailed within this report demonstrate some lessons had been learned since our last inspection. Plans were in place and the manager demonstrated commitment to continually improving outcomes for people.

- Staff reported accidents and incidents to their managers in line with the providers expectations. Each month the manager completed an analysis of all accidents and incidents including falls that had occurred at the home to identify triggers or patterns and prevent recurrence.

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 inspection in December 2020, we rated this key question good. At this inspection the rating for this key question has remained good. 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 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 make 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 provider remained compliant with MCA.
- People told us, and we saw, staff gained people's consent before they provided support. When discussing this 1 person said, "Oh yes, staff are very good at asking me."
- People's capacity had been assessed when required to determine if they were able to consent to specific aspects of their care. Authorisations to deprive people of their liberty had been submitted in line with legislation when restrictions were needed to keep people safe.
- Staff worked within the principles of the Act and had received training to ensure they upheld people's rights. One staff member said, "I did capacity training. If a resident has dementia, they can't always decide things. Sometimes we or the family can make a best interest's decision."

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

- People and their families were involved in assessments to make sure people's needs could be met before they moved into the home. Assessments included people's religious and cultural needs which are characteristics detailed within the Equalities Act 2010.

Staff support: induction, training, skills and experience

- People told us the staff caring for them were skilled and they received effective care. One person said, "I go in the hoist, staff have learnt what to do to move me." We saw staff safely put their training into practice.

- New staff completed an induction to help them get to know people when they started work at the home. One staff member said, "I was shown everything and all the important bits of information about the residents." The induction for new staff included completion of the Care Certificate which 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 form part of a robust induction programme.
- The manager told us, "Educating staff and encouraging them to learn is very important." Staff spoke positively about the training courses they had attended.
- Staff met frequently with their managers to discuss and reflect on their practice. Staff told us they found these meetings helpful.

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

- People liked the food. One person said, "We get plenty to eat, and staff come round between meals with drinks and biscuits." Relatives provided positive feedback about the quality and presentation of meals.
- People's dietary needs were catered for, and we saw staff provided the support people needed to eat and drink. This including offering people plate guards. Plate guards make it easier for people to get food onto their fork or spoon and prevents food from falling off the plate.
- Some people were at risk of malnutrition. Staff monitored the nutritional intake of those people and consulted with professionals including dieticians who offered support and guidance to maintain people's health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support to support people's health and maintain their wellbeing.

- People told us and records confirmed they were supported to access a range of services in a timely way which supported them to remain healthy and well. This included doctors and opticians.
- Relatives told us they were kept informed if their family members health needs changed and if any health appointments were scheduled. One relative commented, "Communication is better than it was, quite an improvement."

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

- People spoke positively about their home environment. People has personalised their bedrooms which included displaying their photographs. One person said, "I like having my pictures of my family around me."
- Communal areas included a dining, room, a lounge and conservatory. People had access to well-maintained gardens. Some people chose to spend time in the gardens during our visit and a relative described the gardens as, 'beautiful.'
- The environment was dementia friendly. Some signage was in place to support people's independence and orientation around the home. Current best practice guidance states a safe well-designed living space is a key part of providing good care for people living with a dementia.

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 inspection in December 2020, we rated this key question good. At this inspection 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.

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

- People spoke positively about the staff. Comments included, "I know the staff they are all nice," and, "All kind people." Relatives described staff as 'lovely' and 'polite.'
- Our observations confirmed people and staff have developed meaningful relationships. We observed positive interactions and staff showed a genuine interest in what people had to say during our visit.
- Staff enjoyed their jobs. One staff member said, "It feels like an extension to my family. I love coming to work and I look forward to it." Another told us, "I would recommend The Beaufort to someone in my family."

Respecting and promoting people's privacy, dignity and independence

- People's independence was prompted. One person had a specific type of wheelchair. They told us, "I don't need the staff to push me about. It's great, gives me freedom."
- Staff understood the importance of maintaining people's dignity. One staff member said, "Even though a lot of the residents need a lot of help they can do things, like wash their face. We help them do things to make them feel good." People told us that happened.
- People confirmed staff respected their privacy because they knocked their bedroom doors before they entered. We saw most staff did do this.
- Staff spoke to, and about people in a kind and respectful way.

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

- People told us they were listened to, and they were involved making decisions. One person said, "Nothing is decided without my input."
- Feedback received, and our observations confirmed people were supported to make daily choices. For example, people chose where they wanted to sit and what they wanted to drink during our visit.
- Discussion with staff confirmed they understood the importance of empowering people to make decisions, wherever possible.

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 has 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 our last 2 inspections the provider had failed to ensure the care and treatment people received was personalised to their preferences and needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- Action taken since our last inspection demonstrated improvements had been made. However, further improvement was needed to ensure people always received personalised care.
- Some care records we reviewed lacked personalised information. For example, 1 person's care plan advised staff to look for non- verbal signs to indicate the person may be constipated. However, the nonverbal signs that would indicate this were not documented. This was important as the person was unable to tell staff. The person's care records also informed staff they did not need staff to apply any creams to their skin. This was incorrect.
- The manager told us updating care plans was 'a work in progress' and personalising care records was one of their main priorities. They were in the process of adding further information to records to achieve this.
- Other care plans did contain detailed information including, people's likes, dislikes, oral care needs and their life histories.
- People spoke positively about their care and support. Relatives told us they had seen improvements in this area and the records staff completed were a more accurate reflection of the care being provided, including the frequency of showers and nail care. This further demonstrated improvements had been made.
- Staff knew people well. One staff member said, "I know the residents. I know what they like but we still ask. Some of the resident can't tell you, but we know from their smile, or they can say yes or no when you ask."

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

- At our last 3 inspections people had very limited opportunities to do things they enjoyed and were of interest to them. We found significant improvements had been made in this area.
- People had more to do, and during our visit people took part in a variety of activities including a craft session and a music quiz. A relative said, "There is a lot more happening now, it's so much better and the new activities coordinator is working hard to keep people occupied. It's much improved."
- The manager had created a monthly newsletter called the 'Beaufort Bulletin' to keep people and their

relatives up to date with what was happening in the home. In June 2023 it detailed who had won the recent cake decorating competition, details of a planned summer raffle and staffing updates.

Improving care quality in response to complaints or concerns

- People knew how to complain. Records we reviewed showed complaints had been dealt with in line with the providers policy and complainants had been satisfied with complaint outcomes.
- A relative explained they had previously complained about how their family members clothes were laundered. They told us since raising their concern things had improved but more time was needed to ensure clothing was always well cared for. The manager told us they used complaints as a way to continually improve.

End of life care and support

- The service was not supporting anyone who was moving towards the end stage of their life.
- Care plans contained information about people's end of life wishes and staff had received training which made them feel confident to provide effective end of life care.

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 communication preferences were documented. Staff understood what people's non-verbal communication including body language and facial expressions meant.
- Information including the providers complaints procedure was available in a variety of languages and formats.

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 inadequate. 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.

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

At our 2 previous inspections the provider's lack of oversight and ineffective quality monitoring systems placed people at risk. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The continued breaches of the regulations demonstrate further lessons needed to be learned.
- Managerial oversight of the service still needed to be strengthened. At this inspection some improvements had been made but audits and checks to monitor the quality and safety of the service were not yet fully effective and had not identified the shortfalls we found. For example, aspects of medicines management continued to be unsafe. That meant the provider remained unable to demonstrate people always received safe, good quality care and support.
- Records in relation to the care and treatment of each person still required improvement. Care records did not always contain accurate and up to date information which placed people at risk of receiving unsafe and inconsistent care.
- The provider had failed to ensure staff consistently followed their policies and national guidance to prevent and control the spread of infection. This meant opportunities to improve service safety and drive improvement had been missed.

The provider had failed to ensure their systems and processes were established and operated effectively. Accurate and complete records in respect of each person were not maintained. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we acknowledge the improvements made, further improvements are needed, and the positive changes made need to be embedded and sustained over time if occupancy at the home increases.
- People thought their home was well managed. One person said, "I know the new manager, she is sorting this place out." Another person described the manager as, 'a breath of fresh air.'
- Relatives shared mixed views on the leadership at the home. One relative said, "A lot of the failures are due

to the inconsistency in management, head office does not seem to learn lessons." Another told us, "I lack confidence as I struggle to remember how many managers there have been. We are pleased with the new one, but we are cautious. Let's see how it goes."

- Since our last inspection further management changes had occurred. The regional operations manager explained those changes had meant improvements had not happened quick enough.
- The manager had started work at the home in May 2023. They understood the requirements of the role and told us they needed more time to implement and then sustain the changes they wanted to make. They showed dedication to improving outcomes for people and were working towards completing an action plan to improve care.
- Another way they planned to make improvements was to implement 'champions'. Champions are staff members who have a particular focus on an aspect of a person's care such as, falls or nutrition. Those staff would receive further training to share and embed best practice.
- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people and their relatives was welcomed. They had opportunities to provide feedback through meetings and formal surveys. At our last inspection attendance at relative's meetings had been low. The manager was continuing to explore different ways to share information and gather feedback. For example, through the introduction of a suggestions box.
- People's feedback was used to drive improvement. For example, people had feedback they wanted to eat more fresh fruit and vegetables. In response fresh fruit baskets were made available.
- The manager promoted an inclusive culture. Staff confirmed they felt supported, and the culture was improving. Comments included, "The manager is very on it. She doesn't hide in the office. She is out here. Here for the residents and for us. It feels supportive," and, "It's totally different from when you were last here. Since the manager came it's great."
- Staff meetings provided staff with the opportunity to express their views and opinions about the service. When discussion this the manager commented, "I am listening to the staff, together we will achieve good things."

Working in partnership with others; 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

- Staff worked in partnership with other professionals including representatives from the GP surgery to support people's needs. Specialist advice had been sought when required to ensure people's needs were met.
- Our inspection was welcomed by the management team. They were open and honest during our visit and told us they would use our feedback to focus their improvement activities.
- The manager and regional operations manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and processes remained insufficient to demonstrate risk was identified, assessed and well-managed. Systems and processes were not sufficient to demonstrate service user's medicines were managed and administered safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems and processes were not established and operated effectively. Accurate and complete records in respect of each service user were not maintained.