

Mr Bradley Scott Jones & Mr Russell Scott Jones

Brownlow House

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brownlow House is a residential care home registered to provide accommodation and support with personal care for up to 31 people. The home was providing support to both younger and older adults who were living with dementia, had mental health support needs and a history of substance or alcohol misuse.

Accommodation is provided over three floors and there is a passenger lift between floors. There were a number of communal lounges and dining areas and an accessible garden. At the time of our inspection there were 29 people living at the home.

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

Staff had received a range of relevant training and felt confident they were able to meet the needs of people living at the home. However, few staff had received relevant training in relation to mental health or substance/alcohol misuse.

There was a consistent staff team and staff knew people living at the home well. We received positive feedback from people about the caring approach of staff. However, during the inspection we observed some poor interactions that lacked respect towards people living at the home. We discussed these concerns with the registered manager.

Staff assessed risks to people's safety and wellbeing and in most cases, followed recorded plans to help keep people safe. However, improvements were needed to how the provider managed the health and safety of the premises, and how they managed medicines safely.

People felt that staff understood and met their needs and preferences. Care plans were person-centred. Staff supported people to access the local community, but there were few organised activities and some people felt bored and that there was a lack of stimulation.

Staff told us they enjoyed their jobs and felt supported by the registered manager. Since our last inspection, the registered manager had started to be based full-time at Brownlow House, which gave them increased oversight of the service. However, further improvements were needed to strengthen systems in place for monitoring and improving the quality and safety of the service and ensuring all regulatory requirements were understood and met.

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 have made two recommendations. These relate to reviewing and implementing current guidance about meeting people's needs in relation to activities and occupation and managing medicines.

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 requires improvement (report published 19 December 2018). This is the fourth consecutive time the service has been rated requires improvement over the past three years.

At our last inspection we found multiple breaches of the regulations and served a warning notice for one regulation. We met with the provider and registered manager to discuss how they would improve the service. At this inspection we found enough improvements had been made for us to judge the service to be meeting the requirements of the regulations. However, further improvements were needed.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to managing the safety of the premises and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor the service and will request an action plan detailing how they plan to make improvements to ensure the service's rating improves to at least good overall. We will return to inspect the service as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 ●

Brownlow House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included information gathered through our routine monitoring of the home and the findings of previous inspections. We received feedback about the service from the local authority quality and contract monitoring team and the community infection control team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with 14 people who were living at the home and one relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care staff, the registered manager and the cook. We reviewed a range of records including; four care plans, daily records of care, seven people's medicines records, records of training and supervision, audits and three staff personnel files.

Is the service safe?

Our findings

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

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

Preventing and controlling infection

At our last inspection we found the service was not always clean and the provider had not taken timely action to address a malodour. We found this to be a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of this regulation.

- Some areas of the home appeared worn and in need of re-decoration. However, the home was visibly clean and tidy. The local authority told us the home had worked to make improvements to cleaning and hygiene processes since the last inspection.
- Staff received training in infection prevention and control. We saw personal protective equipment (PPE) was available and used when needed by staff.

Assessing risk, safety monitoring and management

- The provider needed to improve how they assessed and managed risks in relation to the premises and equipment. For example, we found a loose window restrictor, unsecured wardrobes and no evidence of an electrical safety inspection. We brought these issues to the registered manager's attention for them to take action. The registered manager assured us the provider had already arranged for a new inspection of the electrical system to be completed.
- The legionella risk assessment was not sufficiently detailed, and we found evidence of poor management of the risk of legionella. For example, water temperatures were repeatedly recorded as being outside recommended limits, and there was no record of flushing infrequently used outlets. Whilst the provider arranged for an annual test of the water to check it was free from legionella, this would increase the risk that legionella could develop between these tests. Legionella a type of bacteria that can develop in water systems and cause Legionnaire's disease. Legionnaire's disease can be dangerous, particularly to more vulnerable people such as older adults.

The provider was not taking reasonable steps to ensure the safety of the premises. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans highlighted any potential hazards in relation to their day to day care and support needs, and how staff could minimise any risks. Where needed, there were separate risk assessments in place, for example, in relation to moving and handling, pressure ulcers or use of equipment.
- We saw in most instances that staff were following guidance in people's risk assessments; For example, we

saw pressure cushions and chair sensors in use as directed in care plans. However, we observed one staff member did not follow a person's moving and handling risk assessment correctly when supporting them to transfer. We brought this to the registered manager's attention who told us they were going to request a re-assessment of this person's moving and handling due to their changing care needs.

- Staff made a record of any accidents or incidents, including any details of immediate actions taken to help ensure people's safety.

Using medicines safely

At our last inspection we recommended that the provider followed best practice guidance in relation to recording the actual doses administered for variable dose medicines. We found the provider had followed this recommendation. However, we found other improvements were needed in relation to the safe management of medicines.

- Most medicines were stored safely in locked storage. Although controlled drugs were kept in a safe in a locked room, the safe was not secured to a wall as required by the misuse of drugs legislation. Controlled drugs are medicines subject to additional legal requirements relating to their safe storage, administration and destruction due to risks related to their misuse.
- Staff accurately recorded when they administered people's medicines. However, in two cases we found staff had not recorded the quantities of medicines received or carried over from one month to the next accurately. This made it more difficult to check people had received their medicines as prescribed.
- We saw staff carrying out the medicines rounds at various points in the inspection. On most occasions staff followed safe procedures to give people their medicines. However, on one occasion we saw a person dropped their tablet, which the staff member then picked up with their bare hand and gave back to them. This was poor practice in relation to infection control and the safe handling of medicines.
- There were protocols in place to tell staff when they might need to offer people any 'when required' (PRN) medicines. When people were prescribed medicines that could be given to help reduce their anxiety, we saw the protocols informed staff how they should first try to support that person using other less restrictive methods first.

We recommend the provider reviews and implements good practice guidance in relation to the safe management of medicines.

Staffing and recruitment

- At our last inspection we found the provider had not always kept records of staff member's full employment history as required. We found the provider had addressed this concern and had asked staff for the missing information.
- We saw robust procedures had been followed for staff recruited since the last inspection to help ensure they were of good character. This included recording a full employment history, interviewing prospective staff and obtaining references and a criminal records check.
- During the inspection we saw people's needs were met by staff. Staff were not always present in communal areas but checked regularly whether people needed any assistance. Staff and people living at the home felt there were enough staff to meet the needs of people living at the home. When asked if there were enough staff on duty, one staff member replied, "Oh yes definitely, though you still don't sit down. We can take people to appointments because there are enough staff on shift."
- We looked at staff rotas and saw there was one occasion when a member of care staff's absence had not been covered on the rota. The registered manager told us this had been a quiet day and they were confident that this would not have had an impact on people's care. They told us domestic staff were also trained to

provide care if needed.

Systems and processes to safeguard people from the risk of abuse

- People told us staff treated them well and that they felt safe. One person told us, "I feel very safe as the staff look after me really well."
- Staff were aware of how to identify signs of possible abuse or neglect and how to report and escalate their concerns if needed. Records showed the registered manager had reported safeguarding concerns to the local authority and CQC as required.
- We saw actions were taken to help keep people safe following any safeguarding concerns being raised. This included taking disciplinary action against staff and putting in place protection plans.

Learning lessons when things go wrong

- We saw evidence that staff re-assessed the risk of people being harmed following accidents or incidents.
- The registered manager talked about a range of actions they had taken following previous findings of the CQC and local authority in relation to poor cleanliness at the home.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we found new staff did not always receive the training required to help ensure their competence prior to starting to work unsupervised. We found this to be a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made for us to judge that the provider was meeting the requirements of the regulations. However, further improvements were needed to the training staff received.

- Staff felt they got a lot of training and told us it was sufficient for them to be able to meet the needs of people living at the home. People living at the home agreed that staff had the skills and competence to provide them with effective support.
- The home provided support to people, including those who needed support in relation to their mental health and who had a history of drug or alcohol dependence. However, only three staff were shown on the training matrix as having completed recent training in mental health. There was also no current training relating to drug or alcohol dependence.
- We saw relevant health professionals such as GPs and community psychiatric nurses (CPNs) were involved in people's care and the registered manager told us most people's mental health needs were stable. However, they recognised the importance of mental health training and showed us additional members of staff were booked to complete this training.
- Staff received regular supervision and appraisal, which they told us they found useful. We saw training needs were discussed during staff supervisions and the registered manager had acted upon requests for specific training.

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

- Assessments were used to gather information about a wide range of people's support needs, abilities and preferences. This included information about people's needs and preferences in relation to nutrition/hydration, physical healthcare needs and social support needs.
- We saw some recognised, standardised assessments were used to help staff understand people's needs. For example, the service used standardised risk assessments for pressure ulcers and malnutrition.
- A sizeable proportion of the people the service support had support needs relating to their mental health. The service did not follow a defined model for supporting people's recovery and wellbeing in relation to their mental health, which the registered manager told us was not aim of the service. However, they had recognised where people may benefit from living in a less restrictive environment and gave us an example of

where they had made a referral to a person's social worker for these reasons.

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

- The home is located in an old adapted residential building. There were some adaptations to help ensure the premises were suitable for people living there. This included pictorial signs on the doors to communal areas and people's photos on their bedroom doors. These adaptations would help some people find their way round.
- There was an open plan lounge and dining area, and two further separate communal lounges. This provided people with plenty of space to be able to socialise or sit in a quieter area if wished. We noted the open plan area contained two TVs and a radio, which were all on at the same time. This could make it hard for people to focus on just one or could cause irritation.
- There was a well maintained and accessible garden area that we saw people using frequently throughout our inspection.

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

- The home was part of a trial programme in the area that involved a healthcare provider supporting care homes by carrying out health and medicines reviews for people living in care homes. The programme also involved a healthcare professional carrying out a weekly 'ward round'. The registered manager told us they found this support very helpful and found it had reduced the need for GP appointments and hospital admissions.
- People's care plans outlined any support needs they had in relation to their physical health. The registered manager told us they thought the home were responsive to recognising any change in people's health, which was aided by there being a stable staff team in place.
- We saw a range of health and social care professionals had been involved in people's care as needed. This included dentists, GPs, opticians, podiatrists and speech and language therapists.

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

- We received positive feedback about the food from people living at the home. One person told us, "[Cook] hasn't made a bad meal yet... She looks after me. I have porridge and cheese on toast for breakfast." Another person said, "'I've had chicken curry and rice for my lunch, and it was smashing. You can't fault the food here."
- People were given the assistance and support they needed to eat and drink over meal times. Meal times were unhurried, and people could take as much time as they needed to eat their meals. We saw people were given a choice of meal and offered alternatives if they did not want what was on the menu.
- People's care plans recorded their dietary needs and preferences. However, we found healthier alternatives were not always available or promoted. For example, there was no brown bread in stock during our inspection, and fruit was not offered as an alternative to biscuits during drinks rounds.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and how they should apply them in practice. The registered manager was aware of any conditions in relation to people's DoLS and they were able to tell us how they had complied with those conditions.
- Where people were able, they signed forms to consent to their planned care, and other areas such as using their image for media purposes. When a person lacked capacity, we saw some consent forms were signed by a representative, such as the registered manager. We discussed this with the registered manager as it appeared as though the registered manager was providing consent on people's behalf when they had no legal ability to do so.
- People told us they were able to choose how they spent their days, and, in most cases, they felt they were not unduly restricted. The door to the garden was locked at night for security reasons, which some people felt restricted them from having a cigarette. However, people's care plans directed staff to support them to access the garden area for a cigarette if they wanted one.

Is the service caring?

Our findings

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

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

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

- We found the way staff treated people kindly and with respect was not consistent. Most people were very positive about their relationships with staff members and we observed many warm and caring interactions between staff and people living at the home. One person told us, "They're all very nice with us" and another person said, "It's their job to look after us and they are alright."
- We also observed some poor interactions during our inspection. On two occasions we observed staff supporting a person with moving and handling and they did not communicate with the person, offer reassurance, or interact in any way. We also saw the same staff member move a person in their wheelchair without any prior communication in order to place a piece of equipment behind them.
- On another occasion, we saw a person living at the home stand to the side to allow a member of staff to pass them. There was no acknowledgement they had done this or offer of thanks from the staff member. We brought these concerns to the registered manager's attention.
- People's care plans identified any needs they had in relation to culture, religion or lifestyle. The manager told us that any needs people had arising from protected characteristics such as age, race, or sexual orientation would be considered as part of the care planning process.

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

- There was information displayed on a notice board about advocacy services. The registered manager gave us an example in their provider information return (PIR) of how they had involved and worked with an advocate that resulted in a positive outcome for the person using the service.
- People told us they had been involved in planning their care. We spoke with one relative who told us they felt involved and kept informed about their family member's care and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- On the first day of our inspection we found confidential documents that were not being stored securely. This including documents relating to safeguarding, staff supervisions and incident reports that were being kept in an unlocked out of use shower room. The registered manager took action to address this after we raised the issue with them.
- People told us staff respected their privacy and dignity and that they would knock on their door before entering.
- Some people at the home were quite independent, and some of these people expressed frustration about living in a care setting or that they did not want to be at the home. The registered manager had referred one person to a social worker as they had identified that the home may not be the most suitable setting to meet

their needs.

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 requires improvement. At this inspection this key question has stayed the same. 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 This

- At our last inspection the service employed a part-time activities co-ordinator. At that time, the registered manager told us they would speak to the provider about increasing the hours they worked to increase the range and amount of support for activities within the home. The registered manager told us this had happened, but the activities co-ordinator had since left, and the service was currently recruiting to the activity co-ordinator post.
- There was some evidence of activities taking place, such as visiting entertainers and staff supporting people to access the local shops. Staff also talked about involving people in tasks around the home such as painting the smoking shelter and doing the gardening, where it was their wish to be involved in such activities. However, we saw no organised activities within the home on either day of our visit.
- Some people reported feeling bored or under stimulated. Comments included, "I was very lonely before but not here. There's not much activity but I don't mind that because I like to read and listen to music. They make sure I've got some good books" and "When there has been an activities coordinator, they have had to do medication and general care work as well. It's all about money here. They won't pay for anything they don't have to. I'd like to get up early if there was anything to get up for but there's no activity or anything interesting, so I might as well stop in bed later"
- The registered manager told us they had requested funding from social services to enable them provide some one-to-one support to certain individuals. The aim of this was to provide people with personalised support to better meet their needs in relation to taking part in social activities and opportunities for occupations and following their interests.

We recommend the service reviews and implements good practice guidance in relation to the delivery of effective programmes of activities and social support to meet people's holistic care needs.

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

- People's care plans provided details that would help staff provide personalised care that met people's needs and preferences. Staff we spoke with were aware of people's care needs, social histories and their likes, dislikes and preferred routines.
- People told us staff knew and respected their choices and preferences. Comments included. "They [staff] know all my preferences and they know what I want to happen to me" and "I tell them [staff] exactly what I want or don't want."

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 (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.

- Staff assessed people's communication support needs. People's care plans identified any difficulties they might have understanding information or communicating with others.
- People's care plans provided staff with information on how they could communicate with people and help them overcome any barriers to effective communication. The service had worked with other professionals such as speech and language therapists where they could potentially advise on how best to do this.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no formal complaints raised since our last inspection. People we spoke with told us they had not felt the need to raise any complaints.
- The complaints procedure was displayed close to the entrance to the home. This contained contact details for external organisations that people could contact if they were not happy with how the home handled any complaints they should raise.

End of life care and support

- The registered manager told us the home followed the accredited six-steps model for provision of end of life care. Staff had received training relating to the delivery of good end of life care.
- We saw staff had explored people's wishes in relation to end of life care with them and when appropriate, their relatives. Care plans were put in place to help ensure staff provided care that met people's needs and preferences at the end stages of their life. Other professionals such as GPs were involved in reviewing and planning people's care as needed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated inadequate. At this inspection this key question has improved 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 last inspection we found the registered manager had not kept full oversight of the service, previous improvements had not been sustained and effective action had not been taken in relation to the findings of all audits. We found this to be a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst some improvements had been made, we found ongoing issues in relation to good governance and the provider continued to be in breach of this regulation.

- Audits completed by the registered manager had not been carried out frequently. They told us this had been due to them overseeing two homes but that they were now able to complete audits as scheduled. We saw recent audits had been completed relating to areas of service provision including the environment, care plans, reviews by other professionals, cleaning and medicines. The provider also carried out their own audits of the service, which identified action for the registered manager to improve the service's quality.
- Processes to allow the registered manager and provider to monitor any themes or trends in accidents and incidents at either an individual or service level were not robust. Whilst the registered manager kept a log of incidents, and any significant incidents were noted in the provider's audit, there was no analysis of factors such as the type of incidents occurring, or where and when they occurred. Incidents recorded in the incident file such as falls, were not always reflected in individuals risk assessments, care plans or care files. This would make it more difficult to identify and act on any trends to help ensure people were safe.
- We found some shortfalls in relation to the completion of records. For example, staff had not always accurately recorded the balance of medicines carried over from one month to the next, making it difficult to check whether people had received their medicines as prescribed. We also found there was no written record kept of staff handovers between shifts, although a communication book and appointments diary were used to help share information effectively between staff.
- Audits had failed to identify some of the issues we found during the inspection, or to successfully drive improvement within the service. For example, audits had not identified some of the shortfalls in relation to the safety of the premises or accurate record keeping relating to medicines. This is the fourth time the service has been rated requires improvement.

The provider was failing to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager now only worked at Brownlow House, and the provider had recruited another manager to oversee the sister service they were also previously managing. This gave the registered manager greater oversight and control in relation to the day to day performance of the service.
- The registered manager told us the provider was supportive and gave them the necessary resources to manage and make improvements to the home.

Working in partnership with others

- Following correspondence from the provider, the community infection control team had not visited the home since June 2016. The registered manager told us they had never 'closed the door' to the team and recognised the value of their input and advice. They told us they had recently discussed re-engaging with this team with the local authority quality monitoring team.
- The service had worked with the local authority to make improvements to the home. The registered manager told us they had also had a recent visit from the fire service and had acted on their recommendations to improve fire safety, such as commissioning a fire risk assessment from an independent provider.
- The registered manager talked positively about their relationship with a healthcare provider commissioned locally to provide support to care homes in the area. This included the carrying out of health assessments, review of people's medicines and a regular 'ward round'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us they enjoyed their jobs, felt valued and thought they worked well as a team. Staff felt as though there had been improvements to the home over the past year. Comments included, "We're a good team, we get on really well" and "I love it here, it's better than any place I've ever worked in. Staff wise, everyone helps each other."
- Staff spoke positively about the registered manager and felt they were well supported. One staff member told us, "[Registered manager] is great and does her best to make the home nice. It's a lot better than it used to be."
- Staff told us they were confident that all staff upheld values of treating people with respect, dignity and supporting their independence. However, some of our observations suggested this was not always the case, as discussed in the caring section of this report. When we discussed our observations with the registered manager, they expressed surprise and suggested the way the staff had acted may have been the result of the staff member knowing they were being observed and feeling under pressure.
- We saw evidence that the registered manager had previously recognised and challenged staff about poor practice in relation to the delivery of person-centred care. This demonstrated that they promoted a person-centred culture within the service.
- The registered manager told us there had been no incidents that fell within the reporting requirements of the duty of candour. They said they always dealt with any concerns, such as safeguarding investigations in an open, transparent manner.

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

- The provider had sent satisfaction surveys out to people using the service, relatives/carers and

professionals. These also asked for people's feedback on the service and any ideas they had to improve it.

- The home ran a 'resident of the day' system. This involved staff focussing on a review of that person's care on a given day, including a review of their care plans and asking for their feedback on the service.
- There were meetings held for staff and people living at the home where they were able to get updates about the service and provide any feedback they wanted. We saw discussions at the most recent staff meeting in June 2019 had included policies and procedures, feedback from the fire service's visit, record keeping and infection control.

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 The provider was not adequately managing risks relating to the safety of the premises. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17(1)