

Byron Lodge (West Melton) Limited

# Byron Lodge 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?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected this service on 25 June 2018. The inspection was unannounced.

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

Byron Lodge is a nursing home that accommodates up to 61 older people with varying support needs, including nursing and people living with dementia. Accommodation is provided at the service over two floors. There were 30 people using the service at the time of our inspection.

At our last inspection on 18 and 19 October 2017, we identified significant failings and multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, staffing, medicines, infection control, need for consent, meeting nutritional and hydration needs, person-centred care and good governance.

Following the last inspection, the provider sent us an action plan to tell us what action they would take to meet these breaches in regulation.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Since our last inspection, the registered manager had left the service. A new manager was in place and they were in the process of submitting their registered manager application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found the provider was still not meeting the requirements of Regulation 17. Quality assurance systems and procedures were in place but had not enabled them to effectively identify and address the shortfalls we identified during our inspection. We also identified a breach of Regulations 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The provider had not always sought people's consent and acted in accordance with the requirements of the Mental Capacity Act 2005.

Risks associated with people's needs had been assessed and planned for. Improvements had been made to how risks were managed. However, further time was required for improvements in documentation and monitoring to be embedded and sustained. Audits and checks in relation to risks associated with the

environment had been monitored and equipment was safe and met people's needs.

Staff were aware of their responsibility to protect people from avoidable harm and safeguarding incidents had been acted upon. There were sufficient staff available to meet people's needs although the deployment of staff could be improved. Safe staff recruitment checks were in place and followed. Overall improvements had been made with the management of medicines and infection control; some shortfalls were identified that required further attention. Accidents and incident were recorded and analysed to consider lessons learnt.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had not been consistently completed. People's food and hydration needs were met and choices offered and respected. People's health care needs were assessed, planned for and monitored, but information available to staff to support these needs were not always clearly recorded.

People had support and encouragement to follow a balanced diet, and were involved in choices about what they ate and drank. Any risks associated with people's eating and drinking were assessed.

Staff received an induction; ongoing training and improvements had been made to the frequency of staff supervisions and appraisals. People lived in an environment that met their needs including any diverse needs, to ensure they were not discriminated against.

Staff were kind and compassionate although would benefit from further awareness of preserving dignity. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Advocacy information was available should people have required this support.

People and their relatives received opportunities to be involved in review meetings to discuss the care and treatment provided. People told us the opportunities to participate in a variety of activities was limited. The provider's complaint procedure had been made available.

The management team promoted a positive and inclusive culture within the service, Staff felt well supported and able to request additional support and guidance from the management team.

Quality assurance checks and audits were completed regularly and resulted in some improvements to the service. However they did not always identify shortfalls within the service.

## 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 consistently safe.

The management of risks associated with people's needs had improved although improvement needs to be continued and sustained. The environment was safe and met people's needs.

There were sufficient staff available to meet people's needs. Further improvement to the deployment of staff would be beneficial.

Safe staff recruitment checks were in place and followed.

Improvements had been made to the management of medicines. Further improvements are required to address some shortfalls.

Improvements had been made with infection control measures and cleanliness.

Accidents and incident records were completed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Mental capacity assessments and best-interests decisions had not always been carried out in line with the requirements of the Mental Capacity Act 2005.

Training and support was available and welcomed by staff.

Improvements had been made to meeting people's food and hydration needs.

People were supported to have access to a variety of healthcare professionals and services as required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People said staff were caring and supportive of their needs.

**Requires Improvement** ●

Whilst some care staff cared for people in a kind and empathetic way, further work was required to embed this in all staff practice.

People and their relatives had been invited to be involved in their care planning.

Staff were knowledgeable about people's individual needs.

### **Is the service responsive?**

The service was not always responsive.

Care plans did not always clearly reflect the needs of people or the care provided for them.

Whilst changes are planned, current activities at the service did not always meet the needs or expectations of people.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Improvements had been made in the governance of the service. There was new leadership and improved oversight and accountability. The service required additional time for improvements to be sustained.

Staff were positive about the new management team and their approach in making improvements to the service.

The provider's quality assurance activities were not always as effective as they needed to be.

Staff felt well-supported and valued in their work with people.

People and their relatives benefited from open communication with the management team, although they were not always aware of official meetings or methods of feedback.

**Requires Improvement** ●

# Byron Lodge Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider had made the required improvements and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

On 25 June 2018 two inspectors and an expert by experience completed this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and whistleblowing concerns which had been sent to CQC since our last inspection of the home.

We reviewed notifications of incidents and events which had occurred in the home. A notification is information about important events which the service is required to send us by law.

We spoke with five people and two relatives to gain their views of the home. Some people who lived at the home were not able to talk with us about the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to understand the experience of people who could not talk with us. We observed care and support being delivered by staff and their interactions with people in communal areas of the home.

We spoke with the manager, the nominated individual, a nurse and six members of care staff.

We looked at the care plans and associated records for eight people and the medicine administration records. We looked at a range of records relating to the management of the service including records of; accidents and incidents, quality assurance documents, three staff recruitment files, complaints, policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us they felt the home was a safe place. One person told us, "I've been here 5 years and feel very safe." Another person said, "I'm ok here I feel safe enough, nothing to worry about." Staff were aware of the signs of abuse. One staff member said, "I would report any concerns immediately to the manager or local authority." They also told us the telephone number for the local authority safeguarding team was available on a notice board.

At our inspection in October 2017 we found there were insufficient numbers of suitably skilled and experienced staff deployed at all times to ensure the safety and welfare of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation. The registered provider had a dependency tool in place. This is a tool which is used to identify the needs of people and give guidance on the number of staff required to do this. This tool was updated by the manager weekly or whenever changes in people's needs were identified. For example, if one person should display behaviours which were challenging and required more support from staff then this tool would be amended accordingly to ensure this need was identified and supported with additional staff. Staff told us they felt people were safe in the home. One member of staff told us, "There are enough staff, we work as one unit now, I much prefer it."

However, further work was required to embed new ways of working in the home and maintain good staffing levels in the future. For example, in communal lounges we observed staff were not always present. Staff worked in pairs and were in people's rooms providing personal care. This was not effective deployment of staff as it put people at risk when they were left unobserved in communal areas. Relatives we spoke with also raised concerns regarding lack of staff presence in lounges. One relative said, "I am very happy with the care, I can't fault the staff, but my only concern is there are no staff about to ensure people are safe in the lounge."

The home had been voluntarily closed to new admissions since our inspection in October 2017. The manager and nominated individual assured us staffing levels would be continually assessed and monitored when the home opened to new admissions.

There were safe methods of recruitment in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

At our inspection in October 2017 we found the risks associated with people's care had not always been identified and actions taken to mitigate these. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to continue

and embed the improvements.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, choking and mobility. Care records contained information concerning the risks associated with people including the use of bed rails and falls mats when people received their care in bed or were at risk of falls. There was clear evidence health care professional's advice was sought. However, we did find that some risks were not managed. For example, one person we looked at could present with behaviour that may challenge. There was a care plan in place. However, this did not give detail to guide staff on how to meet their needs; there was no guidance on how to manage the behaviour or what diversion techniques worked.

We saw in the care plan that a community psychiatric nurse (CPN) had visited this person. They had recommended staff try pet and doll therapy to manage their behaviour. This was documented by staff on 9 May 2018. There was no reference in the care plan that this had been tried and staff we spoke with were not aware of any staff trying this with the person. This meant although health care professional advice had been sought their advice was not being followed to be able to meet the person's needs.

Incidents and accidents were reported promptly by staff including witnessed and unwitnessed falls, unexplained bruising and any breakdown in people's skin integrity through pressure wounds or skin tears. The manager had a system in place to review all incidents and accidents as soon as possible to ensure appropriate actions had been taken to ensure the safety and welfare of people. Trends and patterns were monitored and reviewed to ensure learning from the incident or accident.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place and readily available in the event of an evacuation of the home. A continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

At our inspection in October 2017 we found the provider did not have safe arrangements in place for managing people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to continue and embed the improvements.

We saw improvements in medication management since our last inspection. However, we still identified some minor issues that showed the systems were not fully embedded into practice.

Most people received their medicines in a safe and effective way from registered nurses or staff who had received appropriate training and competency checks. We looked at the medicines administration records (MARs). All MARs contained a front sheet with a recent photograph for identification purposes, along with relevant information, such as any allergies, the person might suffer with and the way in which they preferred to take their medicines.

We looked at how medicines given on an 'as needed' basis (PRN) were managed. PRN protocols were in place but we found some people did not have one. For example, one person was prescribed a medication to be taken as and when required for agitation and anxiety but there was no protocol in place to guide staff. The person was living with dementia so was not able to tell staff when they required this medication.

Carried over amounts were mostly recorded for tablets, however we found one person had no tablets

supplied by the pharmacist for the current cycle and no carried over amount but we found 100 tablets in stock.

Stocks of medicines predominantly tallied with those identified by the MAR although we also found some discrepancies, for example one person had been dispensed 76 tablets 42 had been administered but 36 were left in stock therefore two were unaccounted for. They had been signed for but not administered.

Medication rooms were on each floor. Both rooms were air conditioned. However, the downstairs room was recording 25 degrees celsius with air conditioning and it was not monitored over a two-hour period so it was not clear if the room was maintained below the recommended temperatures. We also found the monitoring records were not consistently completed.

The provider had identified the majority of these issues as a regional manager had attended on the day of our inspection to undertake a medication audit. They were in the process of addressing these issues with the ordering of some new equipment and direct supervision with those staff responsible for administering medicines.

At our inspection in October 2017 we found the environment was not always kept clean and well maintained. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to continue and embed the improvements.

Most areas of the home were clean and there had been some environmental improvements. The kitchen areas in the dining rooms had been replaced, there was a new dining room on the Wordsworth side of the building and the lounge and dining room had been changed round so had been completely refurbished. Corridors and communal areas had been re-decorated; the home was much more homely. However, there were some areas that had not yet been improved. These included the kitchenettes on the upstairs units where the floor coverings were stained and the worktops and units were damaged. These areas were programmed to be addressed and refurbished in the near future, in line with the provider's environmental improvement plan.

In one area the wash hand basin was loose from the wall although this was rectified the day following our inspection. There were two decommissioned bathrooms that were being used as storage but there was untreated damaged wall plaster and areas of the floor with no floor covering. This meant these areas could not be effectively cleaned.

Electrical, gas, and water checks were completed routinely in the home to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the home and how or when these were addressed. Equipment such as hoists and wheelchairs were well maintained.

## Is the service effective?

### Our findings

At our inspection in October 2017 We found that staff received training and support, but this was not always effective. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

Training records showed the manager had prioritised training in mandatory subjects such as moving and handling, safeguarding people from harm, wound and skin care and hydration. An extensive programme of electronic learning and face to face training in areas such as moving and handling, care planning and risk assessments, end of life care and communication had been implemented and was on-going at the time of our inspection.

Staff told us, and records confirmed, that supervision, training and support was available and welcomed by staff. One new member of the care team told us, "I have been well supported and had an induction." Another member of staff told us, "There is a lot of training from external people and computer based courses. I have really benefitted." A third member of staff commented, "We get regular supervision now which is great."

At our inspection of 18 and 19 October 2017, we found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards.

Many of the consent to care and treatment documents in care plans were blank, or not fully completed. The documentation was confusing. For example, records stated a best interest [BI] decision had been made, however, the document did not make one specific decision but stated, 'BI decision reached, staff and family will make decisions regarding care and treatment as [person using the service] lacks capacity.'

A person had an authorised DoLS with conditions, to have a BI for bed rails and encourage to get out of bed to prevent social isolation. The bed rail BI was in place but did not clearly show the decision reached, it stated; 'whether [person] has the capacity to understand and make a sensible decision in relation to use of bed rails.' This was not a decision and did not clearly show why bed rails were in the person's best interests.

The provider recognised clarity was needed in care records to ensure staff had guidance on the legal

authority some people had to make decisions for others. For example, one person had appointed a family member as their Lasting Power of Attorney (LPA) for Property and Financial Affairs. The family member had signed the care plan consent form, which they were not authorised to do without Lasting Power of Attorney for Health and Welfare.

This was a continued breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The mealtime experience and lack of support did not ensure people received adequate nutrition. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. For people who required additional nutritional supplements staff had a good understanding of these. Meals were appetising and people told us they enjoyed the food provided.

We observed lunch was relaxed and had a nice atmosphere. Tables were set with clean table cloths, people were given choices, not rushed and support was offered and provided in a sensitive way. The menu was displayed and there were picture menus available to assist people with choices. Comments from people included; "I get well fed", "I like Fridays because we get fish and chips" and "I can have a cooked breakfast if I want."

Whilst the care and catering staff were aware of people's individual allergies the home did not record the allergies which may be present in the food provided at each meal. Following the inspection, the provider confirmed they had sought advice and this issue was in the process of being rectified.

Staff and management liaised with, and helped people to access, a range of community healthcare professionals to ensure their health was monitored and their health needs met. This included GPs, nurse practitioners, specialist consultants and nurses. In the event of any significant change or deterioration in people's health, we saw staff sought professional medical advice and treatment as required.

The overall design and adaptation of the premises enabled staff to meet people's individual needs effectively. People had access to suitable spaces to participate in social activities, meet with visitors or spend time alone if they chose.

## Is the service caring?

### Our findings

At the last inspection we found that due to lack of leadership and deployment of staff, we saw at times the care and support could be task orientated.

At this inspection we found the registered provider had made some improvements, although further work was required to continue and embed the improvements.

People and their relatives said staff were very caring. Comments included; "They look after me very good", "I'm very nice and clean and my clothes are nice", "My privacy is very important to me and they understand that", "I find the staff very supportive" and "The nurses are angels I just wish there were more of them."

Staff interactions and support to people to maintain their independence and promote their dignity was much improved since our last inspection. Staff interacted with people and consistently took care to ask permission before intervening or assisting them. We observed some good interactions between staff and people who used the service. It was obvious staff knew people well. However, we also saw some poor interactions and times when staff did not respect people's dignity. For example, in a lounge, we observed staff support a person to stand to transfer them into their wheelchair. When they stood the person the inspectors noted the person had been incontinent. Staff told us they were aware the person had been incontinent and were taking them to get cleaned and changed. The staff did not attempt to close the lounge doors, these were fully open onto the corridor where anyone could walk past or enter the room, this did not respect the person's privacy. The staff also did not discretely explain to the inspectors what they intended to do so they could leave the room before the staff assisted the person to enable the person some privacy. The staff did not respect the person's dignity. We also observed staff shout across the dining room to each other about who still needed assistance with their breakfast. One staff member shouted, 'We still have two bed feeds.' This was not respectful.

One inspector was talking to a person in their bedroom and a care worker walked in between the inspector and the person without saying a word. They then proceeded to raise the back rest of the bed to sit the person up this was not explained to the person they did not say what they were going to do. They then put some breakfast in front of the person this was the first time they spoke. They then again raised the bed more but did not explain what they were doing.

Care records showed that people or their representatives had been, or were being asked to have, regular and formal involvement in on-going care planning and risk assessment. For example, one relative told us, "Mum forgets to drink so they make sure she drinks, they [staff] keep me well informed." They also said, "She fell out of bed at 4 in the morning and they rang to tell me."

## Is the service responsive?

### Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive person-centred care which was appropriate and met their needs. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to continue and embed the improvements.

Information about specific healthcare conditions was included in care records and supporting plans and assessments had been written detailing how staff were to mitigate risks to people's health and wellbeing. Staff knew people well and had a good understanding of their preferences and wishes. Care records reflected these preferences and we saw staff supported people with these choices. Most care records held information on people's personal and social histories and people's preferences and wishes were incorporated into their plans of care. We spoke with a senior member of the care team who told us care plans had been reviewed and updated to reflect the risks associated with people's care.

Although people's care plans were evaluated on a monthly basis, we found they were not always updated in response to people's changing needs. For example, one person's care plan stated they needed to be assessed by an occupational therapist (OT) to be able to get out of bed and be safe. On 15 January 2018 the OT had been but the notes stated the person refused to be assessed. On 20 March 2018 there no mention in the review of an OT assessment and on 9 May and 9 June 2018 the review simply stated; [person] refused will continue to ask if they want to get out of bed. Yet this person had a specialist chair and was out of bed for a short while during our inspection. It was not clear from documentation in the care plan when the OT assessment had taken place or if it had taken place. There was no guidance or advice documented from the OT. It was therefore not clear if the staff were getting this person out of bed safely.

At our last inspection there was a lack of activities and meaningful interactions in the home to reduce the risk of social isolation for people. Since then, the registered provider had an external organisation deliver training specific to activities. A programme of activities including arts and crafts and games was available and advertised however people's response to activities was not always positive. Some people told us, "I don't do anything just the TV", "We sometimes have entertainers, but not very often", "We do have a pub and games night every other Friday and that's good" and, "We used to have a singer on a Monday but that's stopped for some reason." We saw there were a range of activities planned for July and August including a dementia awareness coffee morning, a garden party and musical entertainment. There was also a relatives meeting with a guest speaker discussing Lasting Power of Attorney.

The activities coordinator had been absent due to illness since January 2018. The initial recruitment of another activities person had been unsuccessful. However, the provider had recently been successful in recruiting a wellbeing coordinator. The provider told us the new appointment would ensure greater access and choice of activities, particularly those outside of the home.

A complaints procedure was available and meant people could raise any concerns or complaints. Any

received were reviewed and responded to by senior managers within the organisation. The complaints log showed any complaints had been responded to as per the provider's compliant policy and procedure. Staff told us they would report any concerns to the manager if they were reported to them.

The manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

# Is the service well-led?

## Our findings

The previous three inspections had identified this domain as inadequate or requires improvement and the provider's quality assurance had not enabled them to address the concerns we identified during our inspection visits.

This domain was rated as 'Inadequate' at the comprehensive inspection in October 2017. At that inspection we found there was a lack of leadership and oversight at all levels. Audits in place to monitor the service were not effective and we received mixed comments from people about the confidence they had in the management team.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made. Risks to people's safety and wellbeing had improved. Aspects of staffing within the service were now suitable to meet people's needs. Medicines management showed signs of improvement. Staff had received appropriate levels of training which they told us they found effective. Care plans had been reviewed and updated but did not always reflect people's care and support needs; and the care to be delivered. People were mainly positive about the care provided and no evidence of poor care practices by staff were witnessed during the inspection. The registered provider's and manager's governance arrangements and overall oversight of the service also showed improvement but more was required to fully embed and sustain the improvements.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection to the service in October 2017, two new managers had been appointed and subsequently left. The current manager was in the process of registering with CQC and had previously been a regional manager with the company.

Staff were complimentary and positive that the current management team were supportive, approachable and were making improvements. Staff were very positive about the changes made and said the manager and deputy manager were very good. Comments included; "It is much, much, much better, we are so much better supported", "I was going to leave, but things have really improved", "A lot better, new management are not judgemental and you are listened to" and, "Lovely atmosphere."

The management team had taken charge of the actions required following our last inspection to improve and move the service towards compliance with all the required Regulations. They recognised that previous compliance in the home had not been good and poor management and practices had led to a serious decline in the level of care provided in the home.

During our inspection, we met with the manager who was responsible for the day-to-day management of

the service. They demonstrated a clear understanding of the duties and responsibilities associated with their post, including the need to submit statutory notifications to CQC in line with the provider's registration with us. The service's current CQC rating was clearly displayed at the premises, as the provider is required to do.

The management team promoted an inclusive culture within the service, based upon open communication with people, their relatives, community professionals and staff. One person told us, "Everything has changed this year, more room, better décor, food and care it needed it." A relative said, "Lots of changes happening since the 'embargo thing, all for the better, if they keep it up."

People's relatives had growing confidence in the overall management of the service, and spoke positively about their relationship with the management team. One relative told us, "If I had a problem I'd go to see the manager, she's more upfront and it's stricter than it was before, I trust her."

Staff had clear guidance and support to understand and recognise their responsibilities in the home. A structure was in place to ensure staff were supported through supervision, training, mentoring and observation to understand their roles and responsibilities. The manager recognised this was a work in progress as staff adapted to new responsibilities and understandings of their role but that they were confident staff would continue to embrace the changes in the working practices and culture in the home which had been required.

There was a system of audits in place to ensure the registered provider could monitor and review the quality and provision of care in the home. These included audits on infection control health and safety, training, care records and incidents. Whilst these audits were improved from our last inspection they had not highlighted all the issues we identified such as; mental capacity and consent, medicines and care planning.

People using the service and their relatives gave mixed feedback when we asked if they had regular meetings whereby they were encouraged to have a 'voice' and to express their views about the service or been given the opportunity to complete a satisfaction survey. Comments included; "I don't know, I don't get asked anything", "No one asked me my opinion", "I've never filled anything in or been asked my opinion" and, "I attend a meeting once a month and if I have something to say, I say it, I only wish some of the other relatives would come. I don't even know if they know about the meetings, I've never seen it on the notice board."

The provider had a whistleblowing policy in place, and staff told us they would follow this, if necessary. We had received whistleblowing concerns following our last inspection. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

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 11 HSCA RA Regulations 2014 Need for consent   |
| Treatment of disease, disorder or injury                       | Mental capacity assessments and best-interests decisions had not always been carried out in line with the requirements of the Mental Capacity Act 2005. |
| 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                       | The provider's quality assurance activities were not always as effective as they needed to be.  |