

Sage Care Homes (Jansondean) Limited

Jansondean Nursing Home

Inspection report

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Date of inspection visit:
10 February 2020
12 February 2020
13 February 2020

Date of publication:
06 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Jansondean is a care home that provides accommodation and nursing care for up to 28 older people. At the time of the inspection 20 people were using the service.

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

At our last inspection of the service we found breaches of regulations in relation to staffing, activities and people's meal times experiences. At this inspection we found improvements had been made in relation to activities and people's meal times experiences. However, we found that people were not supported by enough numbers of suitably qualified, skilled and experienced staff, risks to people were not always managed safely, people's medicines were not always safely managed, and staff were not always up to date with training. We also found that the systems in place to monitor and improve the quality and safety of the services provided to people were not operating effectively.

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had access to health care professionals when they needed them. Improvement was required to meet people's needs and promote their independence. We have made a recommendation about dementia friendly environments.

People and their relatives had been consulted about their care and support needs. The home had a complaints procedure in place and people and their relatives said their complaints were listened to and acted on. There were procedures in place to make sure people had access to end of life care and support when it was required.

The manager and staff worked in partnership with health and social care providers to plan and deliver the service. All of the staff we spoke with said they enjoyed working at the home. However, there were mixed views about the support they received from the registered manager. We have made a recommendation about motivating staff and team building.

Rating at last inspection and update: The last rating for this service was requires improvement (published 13 February 2019) and there were multiple 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 some improvements had been made but we found further breaches of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

Please see the action we have told the provider to take at the end of this report.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Jansondean Nursing 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.

Inspection team

Two inspectors and an expert by experience carried out 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.

Service and service type

Jansondean 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used this information to plan our inspection. 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.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a nurse, five care staff, the activities coordinator and the chef. We reviewed a range of records. This included six people's care records and

multiple medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection we found people did not always receive care and support from sufficient numbers of suitable staff. People were at risk of receiving support from staff that had not had adequate rest between shifts. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff were taking sufficient rest between shifts, we found enough improvements have not been made and the provider is still in breach of regulation 18.

- At this inspection we found that people were not receiving care and support from sufficient numbers of suitably qualified, competent, skilled and experienced staff. We looked at the staff rota, this confirmed on the first day and second days of the inspection three out of the five care staff on duty were agency staff. On the third day two out of the five care staff on duty were agency staff.
- A staff member told us, "Five or six staff have left recently so we are short on permanent staff. We use a lot of agency staff and they don't always know what to do as we don't always get the same ones." Another staff member said, "There are issues with staffing levels. We use lots of agency staff that don't know the residents."
- A person using the service told us, "Some of the regular staff have gone recently. It took two agency staff that I had never seen before to get me ready for bed and they didn't know what they were doing. I had to call a senior member of staff when they had finished, and they helped me the right way." A relative commented, "The recent high turnover of staff is a big concern and it's having an impact on the residents. I visit regularly and have noticed there is a very heavy reliance on agency staff that are not regulars at the home. There are different ones every time I come here."
- We also found that staff were not always effectively deployed throughout the home to meet people's needs. For example, during the first morning of our inspection we observed the activities coordinator supporting seven people by themselves in the lounge. The manager told us that the care staff were providing personal care to other people in their rooms throughout the home.

We found no evidence that people had been harmed however, people did not always receive care and support from sufficient numbers of suitable staff. This placed people at risk of receiving poor care. This was a continued breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate recruitment procedures were in place. Recruitment records included completed application

forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. Where people had been assessed as being at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- However, we found staff were not always following the advice provided by health care professionals as this information was not always passed on to them. For example, for one person a health care professional had advised a minced and moist diet. There was some confusion between staff as to whether this person was required to have a minced and moist or pureed diet. The manager told us they had updated the chef with the persons correct food consistency at 1pm on the day of the inspection even though the health care professional's advice had been received into the home three days before.
- Another person's diet care plan stated [according to advice from a health care professional] they were to eat using a tea spoon. On the third day of the inspection we saw this person was provided with a bowl of soup and a table spoon. When we asked staff, they were not aware that this person was to use a tea spoon to eat their meals. This was discussed with the manager and the person was provided with a tea spoon to eat their meal. This failure to follow the advice of health care professionals placed the person of unsafe care.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. However, training records showed that some staff had not received up to date training on fire safety.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- Other risks to people were managed safely. People's care records included risk assessments for moving and handling. Care plans included information for staff about action to be taken to minimise accidents occurring.

Using medicines safely

- We observed a medicines round. The manager told us the medicines round began at 08:30am. We saw the round finished at 11:30am. We noted a person had been prescribed a medicine that should be given at the same time each day. The nurse confirmed the person was given the medicine late, "because we are short of staff today." The nurse told us that on some days there were two nurses on duty. They said, "I can get a lot more work done on those days as when I am by myself most of the day is taken up doing medicines."
- Medicine audits were carried out on a regular basis. However, we noted that a person had been prescribed a transdermal patch to be applied daily. The MAR recorded that the patch should not be applied in same location for 14 days. Staff had recorded that the patch had been applied to the right side and left side however there was no body map in place. Following the inspection, the manager confirmed with us that a body map had been put in place alongside the persons MAR to ensure that the patch would not be applied in same location for 14 days.

We found no evidence that people had been harmed however, medicines were not always safely managed. This placed people at risk of harm. This was a new breach of regulation 12 (Safe Care and Treatment) of the

- Medicines including controlled drugs were stored securely in a locked cabinet in a locked clinical room.
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording. Fridge and room temperature monitoring was in place and recordings were within the appropriate range. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief.
- A relative told us, "The medicines have been managed very well. My loved one had trouble swallowing pills, so the staff got their medicine in liquid form."
- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the clinical lead nurse.
- On the third day of the inspection the manager told us that from the week following the inspection they would ensure there were two nurses on duty during the day time so that nurses had more time to complete their duties.

Preventing and controlling infection

- At our last inspection we found there was no cleaning schedule in place to ensure the home was free from dust and that the kitchen floor was adequately cleaned to minimise the risk of cross contamination. At this inspection we found there was a cleaning schedule in place and the home including the kitchen was clean.
- The home employed a domestic member of staff. They had been trained on health and safety and infection control and they had access to cleaning materials, equipment and protective clothing.
- We saw hand wash and paper towels in communal toilets. We saw personal protective equipment such as gloves and aprons were available for staff when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I am safe. When I ring my bell, the response time is generally pretty good." A relative commented, "My loved one is very safe. There has never been anything untoward."
- There were safeguarding adults' procedures in place. The manager and staff had a clear understanding of these procedures. Our records showed, and the local authority confirmed that the manager had reported safeguarding concerns on a timely manner.
- Staff told us they would report any concerns they had to the manager and to the local authorities safeguarding team and CQC if they needed to.
- Training records confirmed all staff had received up to date training on safeguarding adults from abuse.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring and investigating incidents and accidents. The manager told us that incidents and accidents were monitored to identify any trends. If any trends were identified they said they would take appropriate action to reduce the same things happening again. For example, where people had fallen their risk assessments were reviewed.

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 as 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

- Staff were not always up to date with training. Training records showed that twelve staff had not completed refresher training on moving and handling and fourteen staff had not completed refresher training on fire safety. A member of staff told us, "I have done quite a lot of training but there are topics that I need to be updated on."
- The manager responded immediately during the inspection. They confirmed they had arranged for staff to complete training on moving and handling and fire safety in February 2020.
- Staff had completed up to date training on food safety, health and safety, first aid, safeguarding adults, equality and diversity, dementia awareness, infection control and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed training in clinical areas for example, wound care, venepuncture and medicines.
- Records showed that staff had completed an induction when they started working at the home. Records showed that staff were receiving regular supervision with their line managers up until October and November 2019. The manager started working at the home in December 2019, they told us they held a whole home meeting with staff on the 17 January 2020 and planned to hold group supervisions with staff throughout February.

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

- We observed that parts of the home appeared run down. For example, walls and skirting boards in some of the corridors were scuffed and some carpets looked worn. There was seating in the lounge with over chair tables that could restrict people's movement. We saw some discarded rubbish in the corner of the lounge. The manager asked a member of staff to remove the rubbish.
- Improvement was required to meet people's needs and promote their independence. We noted some walk ways were slightly sloped and there were no handrails for people to hold on to. Some people using the service were living with dementia however there was no signage to aid their orientation
- The manager told us there was a refurbishment programme continuing at the home. Since the last inspection new flooring had been laid leading to the lounge, tablecloths and condiments had been purchased for the dining area. The manager showed us some newly decorated bedrooms on the top floors of the home. They said they hoped to get some new beds for these rooms. They told us they planned to remove the over chair tables and get some new side tables for the lounge.

We recommend the provider considers current guidance on dementia friendly environments.

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

At our last inspection we found people were not supported consistently or with dignity when eating their meals, people's meals went cold and the atmosphere was hurried and tensed. This was a breach of regulation 10 (Dignity and respect) 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 10.

- At this inspection we found improvements had been made. We observed how people were being supported and cared for at lunchtime. People were supported with dignity and they received hot meals on time. The manager told us that the range of food and peoples mealtime experience had improved, but they had plans to make things even better.
- One person told us, "The food is very good." A relative said, "The new chef is wonderful." Another relative commented, "We never had table clothes or salt and pepper before. The menu is really good, and I can go to the chef and they will give my loved one whatever they want."
- The chef had commenced work at the home three weeks prior to the inspection. They told us they had introduced a new four-week seasonal rolling menu. They were on the last week of the menu and planned to discuss its content with people and their relatives and make changes if required.
- People had an option of two meals at lunch time. The chef told us if people didn't want what was on the menu they could prepare them something of their choice such as an omelette, salad or sandwiches.
- We noted that the kitchen was clean and well maintained and had received a four-star rating in food hygiene in November 2019.
- The chef told us they worked closely with staff and health care professionals when required to make sure people could enjoy food and drinks that met their needs. Improvement was required as staff were not always following the advice provided by health care professionals.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service. A health care professional told us the nurses were friendly, things were ready for them when they visited people for appointments, and they never had any problems with the home.
- One person told us, "The staff look after me well. The doctor comes when I need them." A relative commented, "All my loved one's medical needs are catered for. I don't need to worry about anything. If there is a problem the staff will tell me."
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's [SALT] and dietitians. Improvement was required as staff were not always supporting people in line with the advice provided by the SALT.

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.

- The manager demonstrated a good understanding of the MCA and DoLS.
- Where the supervising body (the local authority) had authorised applications to deprive people of their

liberty for their protection we found that the authorisation paperwork was in place and kept under review. The previous registered manager had applied to the local authority for to renew authorisations for some people and the current manager was liaising with the DOLS team in order to obtain these into the home.

- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- Initial assessments of people's health care and support needs were carried out when they moved into the home. These assessments were used to draw-up care plans and risk assessments.
- People had been consulted about their needs and choices and where appropriate their relatives provided further information to help the service meet their loved ones needs.
- Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] was being used to assess nutritional risk and the waterlow score were being used to assess the risk of people developing pressure sores.

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 as Good. At this inspection this key question has remained the same. 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

- Peoples care plans included sections that referred to their cultural and religious needs and relationships there were important to them.
- The manager and activities coordinator told us representatives from local Churches visited the home to support people to practice their faiths.
- One person told us, "The staff are very kind. I am very happy here." Another person said, "I am very happy with the staff, they are very caring, but some have left recently." A relative commented, "When my loved one came here they were constantly distressed. Staff were amazing within three months my loved one began to respond to them. The nurses here are fantastic."
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs.

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

- People and their relatives, where appropriate, had been consulted about the care and support they received. A relative told us, "My loved one has a care plan which I know was recently reviewed." Another relative said "My loved one has been here a few years now and I visit very regularly. If my loved one needs change I can talk to the staff about it. They let me know if anything is different."
- Care records included people's life histories and their views about how they wished to be supported.
- One person whose first language was not English was supported to make decisions about their care using communication cards, pen and paper had a mobile phone to communicate with family members. Family members also offered support to staff to aid communication.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I am always treated with respect." A relative said "The staff treat my loved one with dignity and respect." Another relative commented, "The door is closed when the staff are giving my loved one personal care. They always knock before they come into their room."
- On the second day of our inspection we visited the home in the evening. At 7.30pm we found that all of the people using the service had retired to their bedrooms. One person said, "During the day we do lots of things that I enjoy but there is not much going on after supper, so I go to bed and read or watch television. Sometimes I think I go to my bed too early but everyone else is happy to go to their bed's, so I do too." A relative commented, "My loved one wants to bed early. It's their own choice and the staff respect that."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they

explained to the person what they were doing as they went along and by asking if they were happy to continue. They maintained people's independence as much as possible by supporting them to manage as many aspects of their own personal care that they could.

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

- The provider had introduced an electronic system for assessing people's needs and compiling, monitoring and reviewing care plans and risk assessments.
- Care plans described people's health care and support needs. For example, there was information for staff for supporting people with eating and drinking, oral health care, moving and handling.
- Care records showed that people's care and support needs had been discussed with them and their relatives [where appropriate] to help establish their preferences in the way they received support. The manager told us they were in the process of gathering further information from people and family members to ensure their care plans were more person centred.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, a staff member told us how they supported a person to move around the home and how they supported another person to eat and drink independently.
- Improvement was required as staff had not followed eating and drinking information provided by health care professionals. The manager told us there was a feature on the system that highlighted areas in care plans where updates or amendments had been made. This feature required staff to confirm they have read the care plan. They told us this feature had now been activated so that staff would be notified of any changes in people's care and support needs.

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 inspection we found people were at risk of social isolation as the provider did not provide ongoing social stimulation to engage people in meaningful activities. 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.

- One person told us, "There are enough activities, we are kept very busy." A relative commented, "Things are better with activities at the home. There more going on now."
- The home employed an activities coordinator. We observed activities taking place throughout the two days of our inspection in the lounge. The activities coordinator showed us an activity plan for the week. This included for example arts and crafts, singalongs, board games and musical bingo. Volunteers visited the home to entertain people with old time music and reminiscence.

- The manager told us they planned to make further improvement to the activities provided to people in the evenings and they had advertised for a weekend activities coordinator.

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 needs were identified, recorded and highlighted in their care plans.
- The manager told us where appropriate people could be provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. One person told us, "I would complain to staff or the manager." A relative commented, "When I raised a complaint, the manager was on to it straight away. She took immediate action and notified the local authority."
- We looked at the home's complaints file. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. When necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- People had been consulted about advanced care planning and how they would like to be supported at the end of their lives. This information was included in their care plans to ensure their end of life wishes were met.
- None of the people currently living at the home required support with end of life care. The manager told us they would work with the GP, the local hospice and family members to provide people with end of life care and support when it was required.

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 as Requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

- At our last inspection we found that the providers auditing systems did not always identify issues to ensure action was taken in a timely manner. At this inspection we found that the systems in place to monitor and improve the quality and safety of the services provided to people were not operating effectively.
- The provider undertook regular quality visits to the home. During their last visit in January 2020 they checked on areas such as medicines, staff training, supervision, activities, the environment, infection control, care plans, safeguarding and complaints. The report from this visit included an action plan for the manager to follow. Actions included redecorating the home, introducing pictorial menus, improving staff supervision and training, employing a weekend activities coordinator and support for nurses to complete admission assessments.
- The report picked up that staff required training on moving and handling and a date for action was recorded for 31 January 2020. We found that twelve staff had not completed refresher training on moving and handling at the time of the inspection. The visit did not identify that staff training on fire safety was not up to date. Medicines audits had not picked up that a person with transdermal patch did not have a body map in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The London Fire Brigade visited the home in December 2019 and placed an enforcement notice on the premises. They recorded areas of concern and the necessary steps for the provider to take to remedy the contravention before April 2020. The manager showed us an action plan and told us they were working to complete the necessary steps.
- We saw records confirming the fire alarm system was being tested weekly out at the home. There were also systems to manage portable appliances, electrical, gas and water safety. Equipment such as hoists, bedrails and lifts were also serviced and checked regularly to ensure they were functioning correctly and safe for use.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and

empowering, which achieves good outcomes for people

- The home did not have a registered manager in post. The current manager had managed the home since December 2019. At the time of this inspection they told us were in the process of applying to the CQC to become the registered manager for the home.
- The manager told us they had identified areas where improvement was required when they started working at the home. They had acted to improve meal times, personal care practices and staff performance, the environment and reporting safeguarding concerns.
- Some staff told us they enjoyed working at the home. However, there were mixed views about the support they received from the manager. Positive comments from staff included, "The new manager is making good changes, the food is better, more people come down for breakfast and people's hygiene has improved. She wants the best for the people living here.", "The manager supports us if we need support and has praised me when I have done good work." Less positive comments included, "The manager is not approachable. They ignore me. I get scared when I come to work, some colleagues have been dismissed recently and I don't know who is going to be next.", "The new manager is changing how staff work. She is trying to make the place work better but she's not always good with staff." We discussed these issues with the manager.

We recommend that the service seek support and training, for the management team, about motivation and team building.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us for example, they regularly liaised with family members about any incidents, accidents or safeguarding concerns.

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

- Relatives views about the new manager was also mixed. One relative told us, "The manager always seems to be well organised. She is welcoming." Another relative said, "Things have definitively improved since the new manager came. I am really pleased with all the changes." A third relative commented, "The manager is making some great changes like the food, but she is not approachable and there is an absence of communication."
- The manager told us they were liaising with family members and had held a relative's meeting in January 2020 and planned to hold another meeting in March to discuss the changes being made at the home.
- The manager told us they planned to carry out a residents and relatives satisfaction survey. They said they would use feedback from the survey to make further improvements at the home.

Working in partnership with others

- The manager worked with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The manager told us they planned to attend provider forums to learn about and introduce best practice to the home. An officer from the local authority commissioning team told us they visited the home recently. They told us the manager had identified a number of areas that needed improvement and had been working to implement some changes.

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 Risks to people were not always managed in a safe way. People's medicines were not always safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems for monitoring and improving the quality and safety of the services provided to people were not operating effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive care and support from sufficient numbers of suitable staff.