

Avery Homes Edenbridge Limited

Edenbridge Manor 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Edenbridge Manor Care Home is a purpose-built residential care home providing accommodation and personal care for up to a maximum of 85 people. The service provides support to people who have various health issues or are living with dementia. At the time of our inspection there were 45 people using the service.

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

Although people and their relatives told us Edenbridge Manor was a safe place, we found some staff did not always recognise or report safeguarding incidents to the local authority for review. Risks to people, although recognised, were not always addressed by staff meaning people may experience potential avoidable falls.

Deployment of staff across the service was inconsistent which meant that some people did not always receive the support they needed to help ensure they were safe.

People lived in an environment that was clean and hygienic and people's rooms were personalised. However, further work was needed to ensure those living on the first floor of the service were supported with their dementia needs through adaptation and signage.

The quality of the service was reviewed through a series of audits and governance processes and as such some of the shortfalls we had identified at our inspection had already been recognised by management. However, not all of the gaps in people's care had been picked up through the governance arrangements within the service.

People received care from staff who were appropriately trained and demonstrated a caring, respectful and responsive approach. Staff knew people as individuals and provided person-centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received the medicines they were prescribed and were supported to access health care professional input when needed. People were provided with sufficient food and drink to help ensure they remained healthy, and they were given the opportunity to make their own decisions in relation to their care.

People were provided with a range of activities and the manager had recruited an additional staff member to help ensure those people living with dementia had appropriate activities provided for them. People's individual communication needs were recognised and responded to appropriately.

Everyone spoke highly of the manager and the service provided to them and staff felt supported and valued. The manager applied duty of candour when necessary and investigated and responded to complaints.

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

Rating at last inspection

This service was registered with us on 12 February 2021 and this is the first inspection.

Why we inspected

This visit was the first inspection of this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the key questions of Safe, Effective and Well-led.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to potential incidents of abuse, risks to people and staffing levels. We have also issued recommendations to the registered provider in relation to the environment for people living with dementia and the induction process for agency staff.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Edenbridge Manor Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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

Edenbridge Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edenbridge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, there was a manager in post who was going through the process to become registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed all of the information we held about the service. This included statutory notifications received from them and safeguarding concerns.

We used all this information to plan our inspection.

During the inspection

On the day of inspection, we spoke with 12 people and one relative about their experience of the care provided by the staff at Edenbridge Manor. We also spoke with seven staff, including the manager and the provider's senior management team.

We reviewed a range of documentation, including seven people's care plan, medication processes and records and four staff recruitment files. We also looked at the governance systems within the service which included audits, accidents and incidents, policies and procedures.

Following the inspection

We received feedback from eight relatives with their views on the care their loved one was receiving. We also received further documentation from the manager which included information on training, supervision and the opportunities for people and staff to be involved in the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us staff recognised potential risks to them, particularly during the pandemic. One person told us, "We were all protected. Everyone dressed like a spaceman." However, we did not always find risks to people were always being managed appropriately.
- One person was at risk of falls. Their care plan stated they should have a sensor mat and call bell near them to alert staff should they get up. We saw them sitting in their room with neither of these items in place and watched as they walked to and from their bathroom unaided or without staff support.
- A second person, who was assessed at risk of falls, was seen sitting in their room with their walking frame and call bell out of their reach as staff had not ensured it was near them. A third person was assessed as high risk of falls, and they had had three falls already this month. Their falls risk assessment had not been updated to reflect this. Their care plan also noted they needed to be assessed for a sensor mat, but this had not happened as there was no record in their care plan and there was no sensor mat in place.
- Other risks to people were addressed. One person was at risk of falling out of their bed and we saw a mat had been placed beside their bed to reduce potential injury. This same person was at risk of choking and staff had contacted the Speech and Language Therapy team for advice.

The lack of responding to people's individual risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Feedback from people on staffing levels was mixed. Some people told us, "They only answer requests for help if they are vital. They do not have enough time to get to know the residents." Others said, "It is sometimes alright, but short at weekends" and, "There aren't enough staff. I can't go out without someone and there is never anyone spare."
- Other people said, "Enough of them and they do a good job" and, "They seem to have enough although they are always busy."
- We observed sufficient staffing levels on the ground floor of the service to meet people's needs. This was not the case on the first floor where people who were living with dementia resided. One person who walked to and from their bathroom had had two falls recently and was at risk of falls. Their risk assessment stated their sensor mat should be switched on so staff were alerted to them getting up. There was no sensor mat in place and no staff around to notice they had got up from their chair and walked unaided into the bathroom. A second person, who was very frail, was being supported to walk by a staff member along the corridor during the morning and eventually a wheelchair was fetched for them as they were struggling to walk. During the afternoon though, we saw this same person walking around without staff supporting them,

despite their care plan stating they were at risk of falls.

- For a period of over 20 minutes, we observed people sitting in a lounge area without any staff around. At least one person in the lounge was at risk of falls and should not walk unsupported. Staff were constantly busy redirecting or reassuring people who were disorientated or distressed. This took staff away from the floor and not able to support other people or always know where people were. One person, who was at high risk of falls, and had already had three this month, was seen walking down the corridor without their mobility aid. Staff were unaware this was happening as they were not around and as such it was a while before a staff member stopped them to ask where their walker was.
- Staff reported, "[Person's name] was soaked this morning, because we couldn't get to him by 09:00." And, "We have a few people who are at high risk of falls. It's a lack of not being able to look after people. We have all said it is very unsafe up here."

The lack of a sufficient number of staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment processes promoted safety. Staff provided employment history and references as well as evidence of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer to help employers make safer recruitment decisions.

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

- People told us they felt safe living at Edenbridge Manor. They said they felt the building was secure and they had safes in their rooms for personal belongings. One person said, "I feel safe here. They take security seriously and they are always checking I am alright." A second person told us, "I have no worries here." A relative told us, "She feels safe and happy and it's an enormous comfort to my brother and I."
- Permanent staff received safeguarding training and applied this training in practice. Agency staff did not always know how to recognise potential abuse and as such report it. We read of two incidents which agency staff had not recognised as a safeguarding concern and as such had not reported to the manager.
- The manager investigated these incidents following our inspection and confirmed the reporting system within the service had not been followed by agency staff. They told us their in-house trainer was putting an on-line video on safeguarding processes for agency staff to watch prior to their shift.
- The manager reviewed accidents, incidents and safeguarding concerns on a monthly basis to look for trends, themes and learning. Therefore, it was important that the recording of such incidents was robust to ensure all information was available to the manager to carry out their analysis.

We recommend the registered provider includes internal processes and system training as part of agency staff induction.

Using medicines safely

- People said they received the medicines they required. One person told us, "I don't seem to have as much as some others, but they are given right." A second person said, "They arrive at the same time every day."
- People were supported by staff who followed safe systems and processes in relation to medicines. Medicine trollies were well organised with creams and liquids in date. Temperature checks were completed to ensure medicines were stored in line with manufacturers guidance and stock checks carried out.
- Where people were on 'as required' medicines we found that protocols had not been written to give guidance to staff on when this medicine might be required, or how someone (particularly if they were living with dementia) may display they were in pain. We read a review of medicines was completed in April 2022 and this had identified the lack of protocols as an action point. The manager told us this was in hand. We

will check at our next inspection that these have been completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements at the service followed government guidance. Relatives were able to freely visit their loved ones and we observed people receiving visitors throughout the day.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support may be inconsistent.

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

- Edenbridge Manor was a new, purpose-built service. The interior was light and spacious, each person had a room with an ensuite, which they could personalise and outside there was a large level garden area with seating. A relative told us, "We were allowed to bring items of furniture from Mum's home which helped her feel at home."
- Although inside on the ground floor, the environment met the needs of the people living there, on the 1st floor where people were living with dementia, it lacked some adaptations to help orientate people. People were walking around a lot during the day and one person in particular was confused and disorientated. There were no sensory items, or clear signage to help direct them. Staff told us, "They can't find the bathrooms as there are no signs and the door blends with the wall. It's all really confusing for people" and "We need something to prompt people to find their way."
- The manager told us that one of the provider's dementia specialists had been in to assess the first floor for its suitability for people living with dementia. They had identified some shortfalls in relation to dementia and were coming back to help them make the improvements. In addition, the manager had met with staff to discuss ideas. We also met with the providers senior management team to discuss their dementia strategy and plans for the 1st floor. They explained their vision for this floor and how they were using latest evidence-based practice to help ensure it was suitable for people living with dementia. Although the changes had not yet taken place, action was being taken to address this and we will check at our next inspection that the changes have been made.

We recommend the registered provider works with your reputable specialist regarding their dementia care environment.

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction and relevant training. One person told us, "They all seem capable."
- The service also checked staff competency to ensure they applied their training correctly. For example, for those staff administering medicines. A staff member told us, "I shadowed for two weeks, and the training was great." A second said, "I love the training. No matter what it is, it will always be appropriate. We have annual refreshers and I've been put on a course which I've wanted to do for several years now."
- Staff received support in the form of supervision. This gave them the opportunity to meet with their line manager on a one-to-one basis to discuss their role, any training requirements or concerns. A staff member said, "I had one supervision in January and another one last month. It gives you a chance to say anything and to get feedback, positive or negative."

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

- People received a comprehensive assessment of their needs prior to moving into the service. This helped the manager determine whether they could meet the persons needs and for staff to use the information to help formulate a care plan. The manager told us, "I like to do the assessments myself and I get to know people when they are living in their own home."
- People had their care delivered in line with national guidance as staff used universally recognised tools to monitor people, , for example, skin integrity, weight and mobility.

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

- People told us they had access to plenty of food and drink, however feedback on the quality of food was mixed. Some people said the food was good on certain days of the week, but that, "The chicken is always tough" and, "The food is mundane." Others however said, "The food is nice and you always get a choice." and, "I like the cakes." We noted from the residents meeting minutes that the chef was looking for a new supplier and people had been asked for suggestions in relation to meal options.
- People were supported to make their own choice around the food they ate. On the ground floor we saw a table set out with plated up meals of the food and drink options, so people could see them as they went into the dining room. On the 1st floor, staff went around with show plates to give people the opportunity see the meal.
- People's individual dietary needs were recognised. One person commented, "Lovely vegetarian salads. Grateful of the vegetarian options offered."

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

- Staff worked with other professionals and services to help ensure people received additional support in a timely way. This included referrals to the Speech and Language Therapy team where people were at risk of choking. The GP visited once a week and people had regular opportunity to see an optician. A relative told us their family member had taken ill when they were visiting and staff reacted quickly asking the GP to review them. They told us, "I felt reassured that they would keep a close eye on Mum that day and they phoned me later that afternoon to tell me that Mum was fine."
- People were supported to access health care services. People told us, "They got me a dentist a while ago", "I am seeing the doctor for my legs" and, "I see the doctor regularly and I see the physiotherapist."
- Staff supported people in relation to their oral health. One staff member told us, "I do support people with dental hygiene. I brush their dentures and clean around their teeth." People were weighed regularly to help ensure they maintained a healthy weight. We read one person had gained weight since they have moved into Edenbridge Manor which was something they needed to do.
- Staff told us they worked well as a team to help ensure the care they provided was consistent. A staff member said, "We work so well as a team. We have good communication, and we work hard. We get things done."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where it was identified that people lacked capacity, those involved in their care were consulted and best interests decisions were made. This included where people had sensor mats in their rooms, or to agree that it was in the person's best interests to live at Edenbridge Manor.
- Staff had a good understanding of the MCA and how to apply it in their daily practice. One staff member told us, "We always assume they have capacity. It's their choice to make decisions, even if we don't think it's the right decision. Even if someone kept saying 'yes' to everything, it would not stop me asking the question."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect. Interactions between staff and people were friendly and reassuring. Two people looked slightly confused and a staff member said to them, "What can I help you with?" They chatted with them and asked if they would like a hot drink, adding, "I think we might have some chocolate."
- Staff were calm and attentive to people's emotional needs. Where one person became distressed a staff member bought them a cup of coffee and chatted to them to divert them.
- Staff undertook equality and diversity training and recognised the individuality and differences in people. One person had been neglecting themselves when they lived at home, but since moving into Edenbridge Manor, with the input from an external professional, instigated by staff, they had made huge progress. One person said, "They are so kind and they always spare me time." A second said, "The staff we have are very considerate."
- Everyone was happy living at the service. People told us, "It is very nice here, everyone is friendly and you can make friends", "The home is lovely and the staff have come to know me", "It is really lovely. I like the garden" and, "I love my room and the terrace and garden."
- People said staff demonstrated a respectful approach towards them and considered people's comfort. One person said, "They are polite and kind." A second told us, "Last night it was very hot and this morning the girls changed my duvet for a lighter one without me asking."
- Relatives gave positive feedback on the care their family member received. One relative told us, "I am impressed with many aspects of the home, especially the caring nature of all staff." A second said, "Since she has been in the home, she has experienced nothing but the very best care from the team."

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

- People said they could make their own decisions. One person said, "I like to choose my clothes and a hat." A second told us, "I choose what I want to do. Everything is flexible." A third told us, "They look after me well and I can amuse myself. It is what I want."
- People were supported to make personal choices in how they wished their care to be provided. The manager told us each person had an oral health care plan where they could decide what support they wished from staff in relation to their oral health. This include how often they wished their teeth brushed, how they wished staff to look after their dentures, or who would take responsibility for replacement toothpaste or toothbrushes.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was promoted. One person told us, "I decide what I want to do. I like

my TV and I like to chat when the activities aren't what I fancy." A second said, "I am as independent as I can be and I am encouraged to do what I want."

- Staff demonstrated a respectful approach towards people's privacy and dignity. Staff knocked on people's doors, before going in and care was provided behind closed doors. If staff had to come out of a person's room to fetch something they were careful to sufficiently open the door so they could leave, but not too far so people could see into the room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff recognised people's individuality. One person told us, "They (staff) come and talk to me, but they know I prefer to be alone mostly." A second said, "They (staff) know me and what I like to do and what I don't want to do." One person told us, "They look after me well. They are curing my legs."
- Staff knew people well and what was important to them, and they planned personalised care to ensure people's needs and preferences were met. Where people wished it, there was detailed background history recorded and staff were able to talk to us about people's past, telling us, "If you know their history, you're not stuck for conversation and they (people) feel they can talk to you."
- Care plans contained information relating to people's sleep, nutrition, mobility, communication and health conditions. Care plans were reviewed regularly to help ensure they contained the most up to date information and audited to check information was accurate.
- People received care which had a positive impact on them. A relative told us, "Mum has thrived at Edenbridge Manor because she is so well cared for. The staff are great with her. I meet lovely staff who clearly know my Mum. What more could you ask for."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People told us communication within the service was good. People told us, "They tell us what is going on", "I think we are kept informed" and, "We get the weekly planner delivered to our rooms."
- Where people had a hearing or sight impairment, staff adapted the way they communicated with them. One person knew British Sign Language (BSL) and they had started BSL classes so other's living at the service as well as staff could learn signs to aid communication.
- People's individual communication needs were recorded in their care plans and staff followed these plans. For example, staff were advised to talk slowly and clearly to one person and we heard them doing this.

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

- People had started to develop relationships within the service and were enabled to see their loved ones.

One person told us, "You can make friends." A second person said, "I have made friends with another lady."

- During the day there were a large number of visitors to the service. People sat out in the garden with their loved ones, or participated in a singing session which was taking place. One person told us, "My family visit quite often." A relative said, "The home provides a wide range of activities, some of which Mum takes part in."

- People said there were activities taking place which they participated in. One person said, "I like the music." Another told us, "I like singing. But if I don't want to go, they don't press me." A third said, "I like to walk outdoors and I have my friend next door. I love my life here."

- Although there was a range of activities taking place and people living on the first floor were encouraged to participate, we heard from staff that more stimulation was needed for people living on the 1st floor. Staff said, "They will go down to an activity if they want to. I think we could do with more activities (on this floor)" and, "More activities are needed. It's boring for them up here." We heard one person say to staff, "What's going on, I'm so bored."

- The manager told us they had just recruited a head of wellbeing which would give them an additional activities person. This would address the disparity between floors in relation to activities. Following our inspection, they also sent us a range of photographs showing activities taking place across the service. We read in the resident committee minutes that plans were underway for a Jubilee celebration.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. One person said, "I have nothing to complain about." A second told us, "I have never had to complain." A third said, "If I wanted to complain, I would. I would go to reception and tell them and it would all be sorted."

- There was an internal complaints process which was followed by the manager. We reviewed the complaints received and could see the manager had responded to these, learning from them and taking action to help ensure people remained satisfied. As a result of one complaint, the manager had introduced a pager to alert staff when the doorbell was rung. This meant visitors did not have to wait so long outside. Where appropriate, the manager met with people to discuss their concerns.

- We read compliments received by the service which included, 'you are an amazing deputy manager and manager. Thank you so much for what you have done for me', 'you have very rare abilities to keep this place going and making it a happy place for so many people' and, 'thank you for all your hard work and generosity'.

End of life care and support

- People had a 'future decisions' section in their care plan where they could record their needs and wishes for the end of their life.

- Staff did all they could to help ensure people received personalised and appropriate care during this period of their life. One relative wrote, 'I just wanted to put in words how grateful we are for the wonderful care Mum received towards the end of her life. The compassion and dedication was clearly evident. I'm especially grateful to you for allowing me to bring my little dog in, as I know this will have meant a lot to Mum.'

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had good oversight of the service they managed and told us they felt supported by senior management. They told us, "Senior management are accessible." Senior management told us, "[Manager] is doing really well. She is definitely committed, involved in the residents and knows what is going on. She is very responsive and asks and acts on behalf of the staff as well as an advocate for the residents."
- Governance systems and processes were in place to regularly review the service provided to people to help ensure it was consistently of a good quality. In addition to the internal auditing processes, the provider's senior management team also carried out reviews of the service. Care plan and medication audits were completed and a monthly home review carried out which covered all matters relating to the service. The provider was moving to an electronic system which would allow all actions or events to be logged centrally. This would enable the providers senior management team to review live data about any one of their services.
- Although there were governance arrangements in place and the manager had already identified some of the shortfalls we found during our visit, other elements had not been picked up, such as staff deployment and the response to potential risks to people.
- Records showed 15 falls had occurred so far this month on the 1st floor. These related to six people. Although the manager recorded accidents and incidents, analysing the data monthly to look for trends and themes, they had not considered whether the high number of falls was due to a lack of staff on the floor. We also heard from staff that they had raised the issue of a lack of staff on this floor previously with the manager, but nothing had changed.

The lack of robust governance arrangements to help ensure people receives safe, consistent and timely care was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager promoted a hands-on approach within the service. We saw them out and about on the floor, engaging with people, demonstrating a patient and skilful approach towards people.
- Management had a good understanding of people's needs and led by example. The manager said, "I don't want to be one of those managers who doesn't know their residents."
- People told us they felt the manager was, "Excellent" and that the service was managed well. One person told us, "Everything rolls along."

- Relatives spoke highly of the service and the manager. They told us, "Staff always greet us by name. The manager is brilliant", "My sister and I believe that we have definitely made the right choice of home for our parents next chapter of their lives", "Overall, I am happy with the care provided and hugely relieved to know that Mum is safe and being cared for", "Right through the pandemic the staff have been exceptional in their care of the residents, putting their safeguarding and wellbeing first and foremost" and, "The manager in my opinion is excellent."
- Staff said, "[Manager's name] is brilliant. She is such a busy woman. She comes onto the floor", "I feel supported and I got employee of the month not long ago which made me feel valued" and, "We have such an amazing team. I am not felt pushed to one side by management."

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 applied duty of candour where appropriate. They understood their responsibilities in this respect and were open and transparent when people's care had not gone to plan.

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

- The manager told us, "I want the residents and staff team working together; working as a family." This was evident from the resident meeting minutes where people were invited to make suggestions around the food and activities. They were also invited to sit in on new staff interviews. In addition, a residents committee had been established which would meet twice a month to gather views from people.
- Relatives were invited to meetings to give them the opportunity to have an input into the service. It was also used as a forum for the manager to share news about the service. Records confirmed relatives were very involved.
- Staff also met to share news, updates and messages. Staff said, "Staff meetings are useful. We try to have one once a month." Staff were supported to progress, with one staff member telling us, "I came here as a senior night carer, and now I am a team leader."

Continuous learning and improving care; Working in partnership with others

- The manager engaged input and support from external professionals and agencies and records confirmed staff had contact with a range of health and care professionals.
- The manager had a clear vision for the service and where she wished to take it. They told us, "I want to create a community both internally and externally. Next month we launch a programme called Reach. They run sessions on topics such as bereavement, losing your home and moving into a care setting. They have guest speakers. I also wish to expand on the BSL lessons and have a government signer coming in to do a speech." They went on to tell us, "I have reached out to the town council for afternoon tea, as well as the clinical commissioning group. We have the councillors coming next week to discuss installing a zebra crossing outside the home and a blue trail on the pavement into town which is walking distance. It would enable people to go out in a safe way."
- The manager looked for ways to support their staff to continuously improve the care provided. A staff member told us, "If you do something wrong, they focus on the root cause. They don't scold you; they teach you the better way."

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 registered provider failed to ensure that risks to people were always responded to.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure that governance arrangements identified that people may not always receive safe, consistent and timely care.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure that staff were suitably deployed.