CareQuality Commission

Barchester Healthcare Homes Limited

Snowdrop Place Care Home

Inspection report

Snowdrop Place
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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
Snowdrop Place Care Home is a residential care home providing personal care and accommodation for up to 68 people. The service provides support to older people and those who may be living with dementia. At the time of our inspection there were 43 people using the service. Snowdrop Place Care Home accommodates people in a purpose-built building. People are accommodated across two floors and the first floor specialised in providing care to people living with dementia. People had access to a range of communal areas including dining, cinema, salon, and lounge areas with a lift to enable people to move between floors.

People's experience of using this service and what we found
Some information about people's personal risk and risk management plans were inconsistent or incomplete. Information in respect of people's medicines were not always detailed to ensure staff had access to all required information to support consistent administration of all people's medicines. We received feedback from people, relatives, and staff that they felt staffing levels needed to be improved. Staff knew how to raise concerns about abuse and neglect to keep people safe, and there was a clear safeguarding process in place to record, report and respond to information of concern.

The environment did not always support people's orientation, accessibility and independence. Most people told us they found food options adequate, but quality and variety did not always meet people's preferences or expectations. People were supported to have 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 mostly supported this practice.

We received mostly positive feedback that people were provided with kind, caring and compassionate support. People were treated with dignity and respect and staff promoted people's independence where possible.

People's care records were person-centred and captured their personal history, things that were important to them and their preferences. There were dedicated activities staff and people were given opportunities to join in with a range of activity sessions and events.

Quality assurance and governance systems in place were not always effective or robust. Although there was a range of auditing systems in place, they did not identify the concerns we found at this inspection. We identified several examples where people's care records were not always consistent, accurate or up to date to reflect the care they required.

Rating at last inspection
This service was registered with us on 16 April 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We have identified a breach in relation to good governance and clear, up to date and accurate records at this inspection. Please see the action we have told the provider to take at the end of this report.

We have recommended the provider reviews and implements all relevant best practice guidance in respect of care home environments to promote all people's independence.

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?

Requires Improvement 🟠

The service was not always 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?

Good 🟢

The service was 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.

Snowdrop Place 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.

Inspection team
This inspection was completed by 2 inspectors and an Expert by Experience on the first day, 1 inspector on the second day and a member of CQC's medicines optimisation team on the third day. 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
Snowdrop Place 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. Snowdrop Place 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 May 2023 to help plan the inspection. We sought feedback from the local authority and a professional who worked with the service. We used all this information to plan our inspection.

During the inspection
We spoke with a range of staff including the registered manager, deputy manager, the provider's e-care lead, chef, housekeeping and care staff. We spoke with 12 people using the service and 3 visiting relatives about their experience of the care provided. We completed observations of the care people received in communal areas and spoke with a visiting professional. We looked at a range of records related to people's care including 10 people's medicines records, information on accident and incidents, complaints and compliments and 3 staff recruitment records. Following the onsite inspection activity, we remotely reviewed 4 people's care records, staff training records and various audits in place to oversee and monitor the running of the service. We also received feedback from 18 employees, 3 professionals and contacted 10 relatives by telephone.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
● Some information related to risk was inconsistent or incomplete. For example, where a person was identified as being at higher risk of developing pressure areas, there was no corresponding care plan in place to identify what measures were in place to mitigate this.
● Where pressure area care plans were available, information included steps staff should take to manage the risk of people developing pressure areas which included regular repositioning at specified intervals. We reviewed care plans for 3 people and identified records did not show people were repositioned in line with their risk management plan. The provider could not provide evidence that repositioning had been completed for the dates of records we reviewed. We found no evidence people had come to harm.
● Required monitoring of people's risk of dehydration was not always well-managed. For example, where a person was identified to be at high risk of dehydration, information on how to manage the identified risk was not consistently reflected throughout their care plan and records of their daily fluid intake were inconsistent. This meant we could not be assured that the risk of dehydration was always effectively or consistently managed.

Failure to ensure complete, accurate and contemporaneous records was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider used a range of risk screening tools to identify and assess risks to people, and information was captured in their care plans. This included risks associated with moving and handling, tissue viability, nutrition, and the use of equipment such as bed rails.
● Environmental risks were assessed, monitored, and reviewed regularly. This included fire safety, electrical and gas safety checks, and water temperature monitoring and checks.
● In the event of an emergency, such as a fire, people had a personal emergency evacuation plan, which outlined the support they required to keep them safe or safely evacuate the building.

Staffing and recruitment
● Systems in place for recruitment practices of new staff were not always robust. Of the 3 staff recruitment records reviewed we identified 2 staff had gaps in their full employment history which had not been identified or followed up by the provider. We raised this with the registered manager who took immediate action to address this.
● The provider completed other relevant pre-employment checks which included Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions
● On the first day of the inspection, we observed a person walking in the corridor with soiled clothing and wearing footwear incorrectly. On arrival, the registered manager intervened and offered assistance to the

person. There was no care staff present to offer support for approximately 12 minutes. We conducted further observations during our on-site activity and identified no other concerns.

● We received feedback from 13 staff members that they felt staffing levels required improvement. Comments included, "It's a constant battle during the day and our residents often feel upset due to the lack of staff on the floor and not being able to spend time with them or we are arriving late to give personal care", "It leaves staff feeling overwhelmed, frustrated, unacknowledged and unappreciated and it affects the level of care that we can provide to residents", and, "Because of [staffing] issues all carers and seniors are very stressed and struggling a lot, as a result of this staff couldn't meet all the residents needs on time."

● We received feedback from some people who felt staff were not always available or they needed to wait for support. Comments included, "No, there are not enough staff. Sometimes if we need staff you have to wait your turn and at times you might find they [staff] are missing", "They certainly do need more staff, you can instantly tell whether they are shorthanded when they are getting you ready in the mornings, they rush more because they have so much more to do and you know they have more than the usual number of people to attend to", and, "There are too few staff, you will get help eventually and the staff will admit it that they are short, they do know."

● The provider used a staffing dependency tool to support them to assess the levels of staff required to meet people's needs. We reviewed records which evidenced the provider exceeded the dependency tool. This meant they provided more staff than the tool assessed them to require. People's feedback indicated the levels of staff assessed as required did not always provide a good experience of care.

● The registered manager kept oversight of call bell responses times. They completed weekly audits and followed up any entries that exceeded 5 minutes. We reviewed records that demonstrated call bells were responded to by staff in good time, and where this had exceeded 5 minutes the registered manager had investigated this.

Using medicines safely
● We were not assured that all required records were sufficient to ensure consistency in the administration for 'when required' medicines. Most documents to help staff administer 'when required' and variable dose medicines lacked sufficient person-centred information to support staff when administering these medicines. For example, with variable dose medicines, which dose to administer when. Or where 2 medicines were prescribed to treat 1 condition, when to use which medicine.

● Information in some people's care plans was not always consistent with the medication administration records and associated 'when required' documents. For example, where a person was prescribed medication to manage periods of anxiety, and another person was prescribed laxatives, this information was not included in their care plan.

Failure to ensure complete, accurate and contemporaneous records was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines including controlled drugs were stored securely. We reviewed records which demonstrated medicines were stored within their recommended temperature ranges.

● Most medicine administration records (MAR) showed medicines were administered as intended by the prescriber. However, 1 medicine lacked sufficient information and on investigation was recorded twice on the person's MAR. This was raised with staff who investigated and resolved our concerns.

● A member of staff described the information within the e-care record to support the administration of creams as part of personal care. This included regular and additional administration records.

● We spoke to 2 people who were self-administering their own medicines. They explained how they had been assessed that medicines were received monthly, and staff checked they were taking their medicines as intended each week.

Systems and processes to safeguard people from the risk of abuse
● People we spoke with told us they felt safe, comments included, "I do feel safe living here, I just do", and "Oh yes I feel perfectly safe." However, we received mixed feedback from relatives. For example, 1 relative commented, "No worries at all my relative is safer now than ever and I have no concerns", while another relative said, "[I'm] not sure how safe my [relative] is as every night she is visited by other residents and a few nights ago found someone in her bed asleep." Following feedback the provider told us they had taken action to address this.
● Staff were knowledgeable on how to raise and report concerns. Staff were aware who they could speak with including the senior management team and other organisations such as the local authority safeguarding teams.
● There was a clear safeguarding process in place to report and respond to concerns. We reviewed records which demonstrated appropriate actions were taken, which included relevant information being shared with the local authority where this was required.

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 supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● There were no restrictions on people receiving visitors to the service. Visitors were welcomed to spend time with their loved ones in their room or communal areas of the home as the person wished. One person told us, ""I have 7 grandchildren and it is lovely that they can come and visit me."

Learning lessons when things go wrong
● The registered manager and delegated senior staff maintained oversight of all accidents, incidents and information of concern at the home. This enabled them to identify potential patterns, themes or trends at the service and take appropriate action. We received feedback from a professional who commented, "The home has been very transparent and prompt with reporting errors to Safeguarding and have been keen to accept support and advice."

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 did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs
● The environment did not always fully reflect relevant best practice guidance to support people, including those living with dementia, with appropriate orientation and navigation around the building. For example, we noted signage, with particular reference to identifying toilets and bathrooms, was not easily visible or not always well-positioned on the door to support people's independence.
● Visibility of the lift was obscured and there was limited signage. We observed visitors unable to independently locate the lift. We raised this with the provider who told us they had addressed this.
● We received feedback from a person that their independence was impacted by the home's design. They said, "The bathrooms are an issue, when they built the home they did not design and build them with disabled people in mind. There is a seat in the wet room but nothing to hold on to, no handles, when I raised the issue they told me [it was impracticable]. It does affect me because I can't have a shower when I want to [independently]." We raised this feedback with the provider who told us they had reviewed and addressed this concern prior to our inspection activity.
● Based in a purpose-built building, the service offered a variety of communal and quieter spaces for people to access including activity rooms, cinema room and a salon. The home was furnished to a high standard and included homely décor such as photos, artwork and people's rooms were personalised with their own belongings. A person commented, "I have a lovely room, I like having the French window and a view of the gardens. You can have shelves put up if you want to hold your books and belongings."

We recommend the provider reviews best practice guidance related to care home environments to promote independence for people, including people living with dementia or disability.

Supporting people to eat and drink enough to maintain a balanced diet
● We received feedback from most people that food and menu choices were not always to their preferred choice. Comments included, "there are always 2 choices, but they are usually predictable, but I think food is always a very personal choice.", and "Drink is not so bad, cold drinks are always available and there is the morning and afternoon tea and coffee rounds but the food, it leaves a lot to be desired, for the lack of variety as much as anything else."
● The registered manager told us the provider had taken steps to change food supplier in response to people's feedback and people were encouraged to share their feedback through residents' meetings and communication with the kitchen staff.
● People's fluid monitoring records were not always consistently completed. We reviewed fluid intake records for 3 people and identified records were not always consistently completed to demonstrate people

always achieve their identified daily fluid target. Please see the safe and well-led section of this report.
● People's care plans included information on their dietary and nutritional needs. For example, where a person required a modified diet, this was clearly captured in their care plan and information was available for staff on how they would like to be supported.
● People had access to appropriate support during mealtimes. This included assistance from staff and access to crockery and utensils to meet their needs, such as contrasting coloured plates for individuals where this was of benefit.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Peoples care records included detailed and personalised information about their life histories and people that were important to them.
● People's likes, dislikes and preferences on how they would like their care provided was included in their care plans.
● The provider ensured people's needs were assessed before offering to provide a service. Pre-assessment visits were completed with people and their relatives and where available they used information provided by commissioners to support them to identify people's needs and explore how these needs could best be met.

Staff support: induction, training, skills and experience
● Staff received a range of training to support them to have the skills and knowledge required for their role. This included assessments of staff's competencies where they administered people's medicines. A staff member commented, "We have lovely [trainer] who trains us all the time, if we need something more they let us know."
● New staff received an induction period to enable them to complete relevant training, shadow experienced staff and understand people's needs.
● Staff could access support from senior staff. There were senior care staff allocated on both floors for each shift, who were responsible to leading staff and completing delegated tasks such as medicines.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We reviewed records which demonstrated the provider supported people to maintain their healthcare needs and access health services such as the GP and community nursing team.
● A professional told us staff escalated concerns and sought advice and guidance appropriately and promptly where community nursing support might be required.
● The home worked in collaboration with the local GP practice to promote communication and information sharing of people's health needs.
● We received feedback from some relatives that access to dentistry was a concern. We raised this with the registered manager who advised people's oral hygiene was supported as part of their daily care routines where this was required but acknowledged that local resource capacity was beyond their control. The registered manager told us they supported people to refer to emergency dental services if this was required.

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.

● The provider had a clear system in place to ensure they made appropriate applications to the authorising body in respect of deprivation of liberty where appropriate.

● We saw examples where mental capacity assessments had been completed where there was a concern the individual's ability to make a decision might be impacted, for example by a diagnosis of dementia. And where decisions were made in people's best interests, records demonstrated people's relatives were consulted in the decision making where this was appropriate.

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
● Staff treated people with kindness and compassion. One person commented, "They are all very nice, there are no nasty people that I have come across."
● Most relatives we spoke with told us they felt staff supported their loved ones with a caring manner. Comments included, "The staff did their utmost to settle my relative, just cannot fault them.", and "My relative needed an operation as she entered the home. Because of the exceptional care she has received the consultant says the operation no longer needed. That is caring and good staff."
● People's cultural and religious beliefs were respected. During the inspection a church service was facilitated by a local parish. We noted people were free to access the communion service which was held monthly for those who wished to attend.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to be involved in the planning and delivery of their care, this included opportunities to participate in residents' meetings. One person said, "We do have residents' meetings. I would usually go, along with my friend and one of the managers would run the meeting. Sometimes quite a few people attend."
● Staff understood the importance of involving people in their care and seeking consent. Comments included, "We are a team working in the resident's home and [people] should always consent to everything that we do within their rooms as it is their home.", "Without consent, the personal care could pose as invasion in their privacy.", and, "It's important residents consent to their care to show we respect the individual and to give them freedom of choice, also respecting their dignity and decisions. I would always gain consent by explaining what care I was going to give and ask if they were happy with this."

Respecting and promoting people's privacy, dignity, and independence
● Staff understood their responsibilities when respecting people's privacy and dignity. However, we received feedback from some people and relatives that they and their loved ones had experienced personal items go missing which they felt impacted on their privacy.
● Staff encouraged people to maintain their independence and care records included detailed information on how staff could encourage people to maintain their strengths in aspects of their daily routine. A professional commented, "People seem happy, people get on on their own until they can't do it which is much better. They push independence."

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
● People's care plans included information on their life history, previous employment, relationships, and things that were important to them. This supported staff to work with people in a person-centred way.
● Where people had a medical diagnosis, there was information in their care plans on how this might affect the person's abilities and how staff should support the person.
● Where some people required additional support to manage increased anxiety or agitation, care plans included information for staff on ways they could support the person's wellbeing. This included offering reassurance, moving to another area of the home, or engaging them in activities which they enjoyed.

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.
● Information was provided to people throughout the home environment which included an activity notice board, printed activity programmes and menus were displayed outside of the dining areas for the meal options available. However, we noted the font of written information was often small which may not be easily accessible for some people. We also found the activities board was located on the ground floor and there was not a visual board on the first floor for people to access.
● People's communication needs were included in their care plan. This included information on how staff could support the person to communicate or understand information more effectively.

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
● There was a dedicated team of staff to support people to engage in activities. Activities on offer were shared with people in a weekly timetable and included knitting groups, arts and crafts, quizzes and minibus outings. Staff told us they regularly consulted with people on what activities they would like to see on offer.
● Alongside the in-house activities, the home also engaged with a range of community resources to promote regular social events which included a visiting therapy dog, links with a local school where children attended to sing and local faith groups and representatives providing communion.
● The home also organised a number of larger events throughout the year which people and their relatives could attend. For example, we noted decorations around the home from the previous day's charity bike event that the provider organised. A person commented, "They brought three types of bikes, two with pedals and one you propelled with your arms. I sat on it, it had three wheels mind. A helmet was put on me and we

went round the car park."

● The activities lead spoke passionately about the importance of bringing people together and exploring meaningful ways to involve individuals in planning and delivering sessions. They said, "[Person] was previously a florist, so we started a flower arranging group. It's about empowerment and I supported her to lead the group."

Improving care quality in response to complaints or concerns

● The provider had systems in place to record, respond, follow up and close complaints. The registered manager maintained oversight of feedback about the service. We reviewed records which demonstrated the provider followed their policies and procedures.

● We received mixed feedback from relatives regarding openness following concerns being shared. For example, one relative commented, "Usually if I mention a concern one of the staff comes and has a chat, I think they are very attentive and try to do their best", whereas another relative told us, "If you raise some issues [staff] do tend to back each other up if you 'hit' a weak point, if something goes wrong."

End of life care and support

● Some people's care records included information on their end of life wishes. The registered manager discussed resources they could access for people when they required end of life care to ensure people were comfortable and pain free. This included offering support to relatives and enabling people's loved ones to be present and comfortable during difficult times.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Quality assurance and governance systems in place were not always effective or robust. Although there was a range of auditing systems in place, they had not identified the concerns we found at this inspection.
●For example, medicines audits had not identified the concerns we found during the inspection as outlined in the safe domain.
● Systems to monitor and review staff recruitment practices were not adequate and had not identified the gaps in staff employment which we found during the inspection.
● We acknowledged the provider was in the process of piloting electronic care records at the service. The provider had not operated effective systems and processes to ensure staff had access to all relevant information to keep people safe while piloting their system.
● There were multiple examples where people's care records were not contemporaneous, accurate and kept consistently up to date to reflect their current needs and the care provided. This included records in respect of people's care planning, repositioning records, daily fluid records, and daily/night interaction records. We found no evidence people had been harmed, however this meant people relied on support from staff that knew them well to ensure their needs were consistently met.

Failure to operate effective systems to improve the quality and safety of the service and maintain accurate, complete and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager and senior staff completed a range of regular audits. This included review of call bells, accidents and incidents and clinical governance of people's care. Where tasks were delegated, the registered manager ensured they maintained oversight of any actions or outcomes.
● The registered manager promoted good communication between heads of departments. There were regular opportunities for planned discussions to promote a 'whole team' approach to people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The senior team were motivated and passionate about the culture they wanted to create within the service. This included embracing opportunities within the provider's resources to innovate and influence models of care through the digital platform pilot.
● We received mixed feedback from staff regarding the support they received from the senior team. Some staff told us they felt supported in their role, while other staff told us they did not feel supported and felt the

leadership team were unapproachable or unresponsive to their feedback.

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 registered manager understood their legal responsibilities to act in accordance with their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider took opportunities to engage people with the local community. For example, they had recently facilitated the setup of a local dementia café community group, to support people, relatives and people in the local community to come together to share their experiences.
● The service facilitated separate residents and relatives' meetings. We reviewed records which demonstrated people and relatives were given opportunities to provide feedback on their experience of the care provided, and the meetings were used as a forum to share relevant information on any changes or upcoming events.

Continuous learning and improving care
● We received feedback from a professional that the service acted with transparency when commissioners were reviewing aspects of the care provided. They commented, "The home have been very transparent and prompt with reporting [the] errors to safeguarding and have been keen to accept support and advice."
● The provider had a range of internal resources and staff leads that supported the registered manager and staff team to drive improvement. They also coordinated opportunities for senior staff to meet together across the provider's other services to share information, seek advice, share safeguarding outcomes and best practice guidance.

Working in partnership with others
●We received feedback from professionals that communication and timely responses to information requests could be improved.
● For example, a professional commented, "There has been a bit of difficulty with getting the information I require from the home manager in a timely manner [for a person]. This has resulted in myself having to chase this a couple of times. This is something my [colleague] has also experienced."
● We received positive feedback from professionals that the senior team worked well with individuals and their families.
● A senior member of staff told us staff had built positive relationships with a range of professionals. This included participating in a local living well project, which they advised was supportive in having daily contact with the GP to access advice and support on any queries regarding people's healthcare needs.

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 17 HSCA RA Regulations 2014 Good governance The registered person had not operated effective systems and processes to assess, monitor and improve the quality and safety of the services provided. The registered person had not maintained accurate, complete and contemporaneous records in respect of each service user. Regulation 17 (1) and (2)(a) and (c)