South Care Homes Ltd

# Manor Hall Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| 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
Manor Hall Nursing Home provides personal care and accommodation for a maximum of 44 older people who live with frailty and long- term health needs such as diabetes and Parkinson's disease. Some people also lived with dementia. There were 36 people living there at the time of our inspection.

The service is in its first year under a new provider which has had it challenges. There have been staff changes, especially at management level, which had impacted on their implementation of change and taking the service forward. Since November 2019 a new management team was created which has strengthened the team. This has been reflected in the report.

People's experience of using this service and what we found
Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of people's documentation that needed to be improved to ensure people received consistent, safe care. There was a new management team who commenced employment in November 2019. They have introduced comprehensive audits however time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I like living here, it's comfortable and I'm safe." A visitor said, "I visit all the time, they look after her very well, she is safe here." Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Infection control was well managed and the home was well-maintained and free from hazards.

Staff received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training ensuring all staff received the training and updates needed to provide safe consistent care. The staff rotas confirmed that staff deployment was consistent and that staff skills were considered when planning the rotas. A plan of supervision to support staff was available. One staff member said, "We get supervision every two months I think, we have a new manager, who is approachable." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals. Peoples' weight was monitored and fortified food provided when necessary. People enjoyed the food and comments included, "Pretty good," and "Tasty, sometimes too much." Visitors felt the food was "Good" and their relatives were eating well.

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.

Everyone we spoke to was consistent in their views that staff were very kind, caring and supportive. People were relaxed, comfortable and happy in the company of staff and we saw positive staff interactions during the inspection. Visitors told us, "Amazing staff," and "Kind and caring, second to none." People's independence was considered important by all staff and their privacy and dignity was also promoted.

Staff delivered care in a person-centred way based on people's preferences and wishes, which were clearly documented.

People were involved in their care planning as much as they could be and families told us that they were involved in the well-being of their loved ones. One visitor said, "I discuss my relatives care with staff, I feel involved."

Complaints made by people or their relatives were taken seriously and thoroughly investigated. The management team were committed to continuously improve their service. They had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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 09/04/2019 and this is the first inspection.

Why we inspected:
The inspection was prompted in part due to concerns received about care documentation and care delivery. A decision was made for us to inspect and examine those risks.

Follow up:
We will continue to monitor information we receive about the service until we 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?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Manor Hall 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

The service type
Manor Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager that had submitted their application to be registered with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider, including the previous inspection report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are

information about important events the service is required to send us by law.

During the inspection
We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 19 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with five visitors and had contact with one visitor and one staff member by telephone. We met with the provider , operation manager, manager and 14 members of staff, including registered nurses, assistant practitioner, care staff, house keeper, cook and members of the kitchen team. We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at resident and staff meeting minutes and training and supervision data. We spoke with two professionals who regularly visit the service.

Good

# 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 for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. Comments included, "I feel safe here," "I'm amazed by the amount of attention," The staff are very amenable," and "Caring staff and I feel safe because of them."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We would all report anything that is poor practice or abuse."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. This included risk assessments for health-related needs, such as skin integrity. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence care and regular monitoring. Checks for air flow mattresses were up to date.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, hot water testing, legionella, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.

Staffing and recruitment

● People received care and support in an unrushed personalised way. Comments from people included, "Plenty of staff to help me and always polite and never rush me." Another person said, "Usually very good, sometimes a delay when I ring for help, but they always answer and let me know." Visitors said, "Staffing levels are usually good, I've never been concerned," and "The staffing is generally good, I visit daily and stay all day," and "No concerns, lots of changes in staff but seems to be calm now."

● Rota's confirmed staffing levels were stable and the skill mix appropriate. For example, there was always two registered nurses on day duty , one registered nurse on night duty, supported by senior care staff and care staff. There was also a first aider on each shift.

● The manager monitored call bells randomly and looked for trends or poor response to call bells. Action was taken when required, for example looking at staff deployment and skill mix. Calls bells were responded to promptly by staff during the inspection. However, we did receive some negative comments about staff responsiveness to call bells. These were passed on to the management team to investigate.

● There had been a high turnover in staff over the past nine months, specifically registered nurses, which meant that the new team was still settling in. Staff recruitment was ongoing.

● New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

● Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely

● The service used an electronic medicine record system.(eMar. )Medicines were administered by trained staff who had been assessed as competent to do so. Each person had a medicines administration chart in place which contained a photograph, details of allergies and GP contact details.

● People received their medicines safely and in line with their prescriptions. People's medicine care plans contained guidance regarding how they preferred their medicines to be administered. Where people were prescribed medicines to be taken as and when required (PRN), guidance was in place to inform staff when and how this should be administered.

● The service was working with the local Clinical Commissioning Group (CCG) and GP's to ensure people's medicines were reviewed and that procedures for ordering, receiving and monitoring medicines were efficient and in line with best practice.

Preventing and controlling infection

● The service was clean and without odours. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "My room is really clean," and "Always smells nice, I have never visited and been disappointed with the cleaning, never any odours."

● Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was

clearly recorded. For example, one person had had unwitnessed falls in their bedroom. Staff had looked at the circumstances and ensured that risks such bed height, and trip hazards were explored. A referral had was made to the falls team for their advice. A sensor mat had been placed in their room which meant staff were alerted when the person was up and at risk and they could respond immediately.

- Specific details and follow up actions by staff to prevent a re-occurrence were documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Good

# 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 Good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools reflected NICE (National Institute for Health and Care Excellence) guidance.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team and speech and language therapists.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One staff member said, "There are some people who prefer a female carer, we make sure that a female carer is available."

Staff support: induction, training, skills and experience

- People and their relatives told us staff were knowledgeable and skilled in their roles. One person said, "I think they know their stuff, I've no complaints." One relative told us, "I am confident of the staff here." Another told us, "They treat my relative very well."
- Training was provided to staff in line with the needs of people they supported. Staff completed mandatory training such as safeguarding, moving and handling and health and safety in addition to training to support people's specific needs. The manager told us, "We have training booked for wound management, as this is an area we need to focus on."
- The management team supported staff to complete training workbooks and the Care Certificate in order to discuss their learning and how this was transferred into practice. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- There were two senior care staff that were being supported to become Care Home Assistant Practitioners (CHAPS) The CHAPs programme is an enhanced health care assistant role supporting the registered nurse.
- Staff told us they received an induction into the service which included shadowing more experienced staff members. One staff member said, "I had an induction and worked with a senior before I worked alone, it gave me time to get to know people."
- Staff felt supported and formal supervision took place in order to discuss performance, training needs and any individual staff concerns. The manager told us they were aware this was an area which required their

attention and, following the appointment of a clinical lead, were looking at systems to ensure all staff received consistent supervisions. We will review this system during our next inspection.
● Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and medicines were handled safely.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and there was plenty of choice. Comments included, "The food is good, we get lots of choices and the menu changes every week," and "I like the food, its very good, I choose to have all my meals in my room." Visitors told us, "I am happy with the care and nutrition, the food is fine and they cut it up for her. My partner is a nurse so he would pick up on any issues."
● Staff knew people's preferences, which were recorded in care plans. Discussion with the kitchen team confirmed they were knowledgeable about people's personal preferences and dietary requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
● Staff offered people drinks throughout the day and recorded in their care plan. People who had been identified as at risk from dehydration were closely monitored and drinks encouraged by staff and recorded on the care plan. All staff were informed at handover of those who had not been drinking very much.
● Food offered and taken by people was recorded in their care records and an overview of peoples' weights were kept by the manager. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose, such as referral to the GP or dietician. Evidence in care records supported this.
● Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake. The chef adds double cream, butter and evaporated milk to food and sauces to add calories."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapists (SALT) and the falls team. A relative said, "The GP is very good and my relative is seen when its needed."
● People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have been to hospital appointments, staff come with me, which reassures me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
● People's weights were monitored, and advice or referrals made when needed. We saw evidence of this within care plans.
● The service had developed relationships with healthcare professionals. We received some positive feedback
from health and social care professionals about the care and support people received. One health professional said, "We did have some issues especially with documentation and communication but things are moving forward. Communication is improving, staff are contacting us for advice," and "They have the relevant information ready now, that is better than it has been in the past so that is really helpful for us."

Adapting service, design, decoration to meet people's needs
● Manor Hall Nursing Home was an older style building which has three communal lounges, sun patio and courtyard.
● The first floor was accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.

● Appropriate signage was displayed to support people living with dementia/memory loss to recognise and access toilets and other key areas.
● People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests.
● Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was central to how care was provided. We saw people making choices about who supported them, how they spent their time, and meals and drinks.
●There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take.

Good

# 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

- Feedback from people and visitors described staff as kind, caring, patient and good humoured. One person said, "Staff are very kind and respectful." A visitor said, "Really happy with everything, I was concerned about staff changes but we see the same faces now."
- The service had received compliments from families and these were shared with staff. This had contributed to raising staff morale and told staff they were valued.
- A health care professional told us, "Very welcoming, professional but friendly." Another health professional said, "There has been a definite improvement in the past three months, was quite chaotic, a lack of consistent staff, seemed to be a lack of clear leadership, but now it's more organised."
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. Birthdays and special events were celebrated in the home. Photographs of special events, such as birthdays and people with visiting pets, were displayed in the home.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "Staff know I like to stay in my room, they tell me if there is an event so I can choose to attend."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
● People were supported by staff to take pride in their appearance and maintain their personal hygiene through baths and showers when they wanted them. One person said, "Wednesday is my shower day though I can have a shower anytime, and it can be changed if I'm not feeling well. It is almost always female staff." People were assisted with make-up, jewellery and nail care. The laundry team looked after peoples clothing and staff ensured peoples clothing and foot wear was of a good standard.
● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, cutlery that met their needs, such as smaller spoons and angled handles.
● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
● Confidential information was held securely in locked rooms and the computer care plans were password protected.

Good

# 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 received personalised care that was responsive to their needs. One person said, "I have a few health problems and the staff look after me very well." The manager said, "We are rewriting and transferring all information on to the computer. It's a work in progress." Staff said, "The care plans have taken a bit of getting used to, but we are getting there. It has an alert system so it tells us something has changed or that a care plan needs updating. It helps make sure we are up to date with any changes if we have been off. Handovers are really helpful because any changes are discussed, if someone is not well, we discuss what we can do and all ideas are discussed."

● Before coming to live at Manor Hall , senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.

● Care plans had been reviewed regularly and reflected people's changing needs. We found that some documentation and photographs for wound care was poor and not following National Institute for Health and Care Excellence (NICE) good practice guidelines management of wounds. We discussed this with the management team.

● The management team had identified this issue following feedback from health and Social Care professionals. We saw action had been taken and that training for both registered nurses and care staff had been booked for February 2020 with the tissue viability team. A management decision had been taken to keep separate paper files for wound care and skin tears. This would solve the poor-quality photographs that were generated by the computer and minimal records of wound data. The new documentation was available for review on the second day of the inspection. We received an in-depth action plan for improving wound care records during the inspection process. We will review this system during our next inspection.

● There was guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people who lived with diabetes had a plan of care that guided staff in meeting their specific health needs. There was also guidance of how staff were to respond to high and low blood sugars to support their health and well-being.

● People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.

● Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors. Staff acknowledged that they needed to add people's well-being and not just personal care tasks. One staff member said, "We all spend time with people, we paint

nails, we chat and read letters, but we aren't always recording these interactions."
● From our conversations with staff, it was clear they knew people well. One visitor said, "The staff are really very good, they know my wife and look after her well, lots of new staff which was a bit worrying, but it's settling now."

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.
● Staff were knowledgeable about people's communication needs and there were assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
● People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
●Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails if they wished to.
● Notice boards contained information about up and coming events. There was a specific resident and relative communication board that contained information and news. Another board contained staff photographs to help visitors familiarise themselves with staff. There was some pictorial signage around the home to help orientate people, for example, to locate bathrooms.

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 were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "Very homely and friendly here, I feel welcomed every time I visit." The staff also looked after the frail relatives who visited their spouses. One visitor said, "I join my wife every day for lunch, I stay all day." The manager also confirmed that if regular visitors don't arrive and they haven't heard from them, that they contact them to make sure they are alright.
● Care plans recorded information about people's interests and hobbies. People confirmed they were fairly happy with the activities on offer. It was acknowledged by the management team that the activity team is not running at its full potential and have plans to redevelop activity provision. At present people do go out in the service mini bus for coffee and visiting local venues. People were also offered the opportunity to join in activities at the sister home nearby. One person told us that they have been taken to the local park which they had enjoyed. Staff told us of one to one activities they do with people, which included hand massage, nail painting and reading to people.
● Discussion with the provider confirmed that the management team had identified that people preferred to stay in their rooms and this was being monitored and ways of encouraging people to make use of communal areas being explored. The operations manager said, " When we took over (as the new provider), we found that historically people stayed in their rooms, we are trying to encourage people to come down and join in but it has been very slow." The operations manager, "We are going to develop a separate dining room and try to enhance meal times, making meal times a social and enjoyable occasion."
●The activity programme displayed in the communal lounge was varied and included games, exercise classes, art and crafts, pet therapy and one to ones for people in their rooms. However, we were made aware that it was subject to change due to staff availability and people's preferences. The management team had identified that this was an area that they needed to develop.

Improving care quality in response to complaints or concerns

● There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on. For example, one visitor said that he had had concerns about the chair in his relative's bedroom and staff had worked with him to reassure its safety.

● We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, comments about the food had been taken forward and changes made.

End of life care and support

● Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "It's a very important part of care, we do get training and support from the hospice team."

● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.

● Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

Requires Improvement

# 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 as 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.

- The service was in its first year of registration, there had been a lot of changes within the service. There had been changes in the management team which had impacted on staff morale as leadership had changed and permanent staff had left for various reasons. A new manager, deputy manager and clinical lead had been recruited to lead the staff team. The manager and deputy manager had been in post since November 2019 and were making significant changes. The manager application to be registered was in progress.
- The manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. Discussion took place about wound care plan audits. It was confirmed that this would be completed by the new clinical lead who had commenced employment.
- The meal time experience was an area that needed improvement. People told us "I eat in my room, I did go down for breakfast once, but people were dotted around and it wasn't very friendly, that's why I don't go down." This was supported by another person who said, "I went down to the big lounge once, but nobody was at the big table so I didn't go again." These comments reflect that the culture at present did not encourage a meal time experience. Even those who ate in the lounge stayed seated in armchairs at ate in silence, there was no conversation or atmosphere. Most people ate in their rooms which was a missed opportunity to socialise and prevent isolation.
- Peoples documentation and handover information needed to be improved as there was inconsistent information recorded and there was a need for clinical oversight. We received action plans during the inspection of how they were taking the service forward.

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

- . Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service.
- The provider had informed the CQC of significant events including accidents and incidents and safeguarding concerns.

●The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together. This showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
● Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "We work as a team," and "It's a really good place to work."
● Staff felt supported and told us they received any support or guidance they asked for. One staff member told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. They said, "The manager is supportive I think the changes are exciting, we have been through a tough time as a team, changes, new staff but now I think we are really improving."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. However, at this time people felt communication could be improved. One person said, "So much change, I have no idea who the manager is," another said, "I don't know the manager, I haven't met anyone senior, there is a lack of communication, if had a complaint, I would talk to the nurse."
● One visitor said, " Think communication could be improved," and "I would like to see senior management more, there has been a lot of changes, there's a new owner and new manager, I naturally want to meet them." Surveys would be sent out to people, relatives and professionals yearly, going forward.
● There was a staff survey form box on the reception desk which suggested that the management were keen to address issues arising from the change in leadership.
● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
● Resident and relative meetings had not been well attended and this was something that the management team were trying to improve.
● For those unable to share their views families and friends were consulted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
●The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "The manager seems very good, very busy," It was also highlighted by the visitor that, "The manager came to see me, introduced herself , that was nice."
● The provider's ethos was the onus of all care whether nursing or otherwise is still making every effort to provide a rich, fulfilling and engaging life and to work with residents, their families, stakeholders and professionals towards meeting peoples' expectations. This was fully supported by staff. People and visitors were consistently positive about the staff. Comments from people, included, "kind," "patient" and "caring"
● The management structure allowed an open-door policy. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.
● Staff told us they worked closely as a team and made sure they shared information and tasks so everyone received good quality care.

Continuous learning and improving care
● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager

to share ideas and discuss concerns.

● The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward. For example wound care.

● The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:

● The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.

● Staff had a good relationship with health care professionals and contacted them for advice when needed.