GCH (Midlands) Ltd

St Stephen's 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St Stephen's Care Home is a residential care home providing accommodation and personal care to up to 51 people. The service provides support to younger adults and older people, including people with dementia. At the time of our inspection there were 25 people using the service.

St Stephen's Care Home accommodates people in one adapted building.

People's experience of using this service and what we found
Risks to people were not consistently reduced because of the way their medicines and risks were managed. Where the provider's checks had identified areas which required improvements, such as premises improvements, these had not always been promptly addressed. There were inconsistencies in the guidance provided to staff on how to safely assist people. However, people and relatives told us there had been recent improvements made in the way safety was managed.

Staff understood what actions to take to prevent people from experiencing abuse. There were enough staff to care for people and the provider checked staff were suitable to work with people. Systems were in place to reduce the likelihood of the spread of infections. Where learning from safety concerns had been identified leaders communicated this to staff teams.

A new manager was in post and was applying to become registered with The Care Quality Commission. People, relatives and staff were positive about the support now provided but told us they wanted continuity of leadership.

People's care plans were not always updated promptly when their needs changed. In addition, people's care plans did not consistently give staff the guidance they need to support people's individual underlying health needs effectively. People and relatives told us there had been improvements in the personal care provided. People were positive about the support they received to keep in touch with others who were important to them.

Some people enjoyed the range of interesting things they were supported to do, but other people told us there was limited activities available in the evenings and at weekends. Systems were in place to respond to complaints and to support people with their communication needs, and meet people's end of life preferences.

People were cared for by staff who had received training and developed the skills and knowledge to look after them. Relatives and health and social care professionals advised us people were supported to have enough to eat and gave us examples of how this had led to improved health outcomes for people. Where people wanted support to see other health and social care professionals staff assisted them.

People were supported to have drinks of their choice and enough to eat to remain well.

Some areas of the home had recently been refurbished but these areas were not yet fully used. This meant areas of the home were crowded at times, which may affect people's well-being.

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 told us they were treated kindly by staff. Staff supported people with compassion, encouraged and assisted people to make their own choices and promoted people's independence.

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

Rating at last inspection
The last rating for this service was good, (published 25 December 2021).

Why we inspected
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 inspection was prompted in part due to concerns received about how people were supported to have their medicines as prescribed, assistance with skin health and falls management. A decision was made for us to inspect and examine those risks.

We found evidence during this inspection that people were at risk of harm from the way their medicines were managed. Please see the safe section of this full report. The provider's representative and manager began to address these concerns during the inspection.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

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

Enforcement
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 a breach in relation to how people's medicines and risks are managed at this inspection.

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 work alongside the provider and local authority to monitor progress. 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 effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Care Quality Commission

St Stephen's 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 team consisted of 2 inspectors, a specialist advisor in nursing and an Expert by Experience, on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection team consisted of 2 inspectors on the second day of the inspection.

Service and service type
St Stephen's 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. St Stephen's 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 the Care Quality Commission 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 not a registered manager in post. A new manager had been

appointed and was in the process of applying to become registered with The Care Quality Commission.

Notice of inspection
The first day of the inspection was unannounced. The second day of the inspection was announced.

Inspection activity started on 14 September 2022 and ended on 10 October 2022. We visited the service on 20 and 21 September 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection
We spent time seeing how people were cared for and spoke with 11 people living at the home. We also spoke with 6 relatives and a health and social care professional for feedback on their experiences of care and working with the service.

We spoke with 12 staff who worked at the home. This included the manager, 2 senior care workers, 5 care staff, an activities co-ordinator, 2 catering staff and a member of maintenance staff. We also spoke with 3 provider's representatives.

We reviewed a range of records. This included 8 people's care records, multiple medication records and people's fluid records. We looked at records relating to the management of the service and people's safety, such as checks on the premises and people's personal emergency evacuation plans.

We also looked at audits and checks undertaken by the manager and provider's representatives about the quality of the care provided. This included surveys completed by people and relatives. We reviewed records showing how staff were recruited and trained and how staff competency was checked.

We checked records showing how staff communicated people's changing needs, including staff meetings at the start and end of each shift. We reviewed a range of policies and procedures and checked systems were in place to manage any complaints received.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely
● Systems and staff practice used to receive, administer and manage people's medicines required improvement.
● People's medicine administration records had not been consistently or accurately completed to confirm what medicines people received. For example, there were unexplained gaps in people's medicine administration records, and running balances were not always accurate. This increased risks to people's safety, as it was not always clear what further medicines would be safe to administer.
● One person's tablet medicine had not been taken and remained on a table within their room. This had not been identified by staff and remedial action had not been taken to support the person to have their medicine as prescribed.
● Staff acted on verbal changes to people's prescribed medication without signing to confirm the accuracy of the revised instructions. This practice did not follow NICE guidance "Managing medicines in care homes".

Assessing risk, safety monitoring and management
● Improvements were required in the way risks to people were managed.
● People's risks and care needs had been identified, however; there were inconsistencies in the guidance provided to staff on how to safely assist people. This included guidance on the support people needed to move around the home, or to manage their underlying health conditions. This increased the risk people's care may not be safely provided.
● Improvements were required to the environment, to reduce risks to people further. These included considering people's safety needs when they chose to use the stairs and ensuring potentially hazardous substances were consistently safely stored.
● In addition, where the provider had identified actions were required, to reduce the risks to people arising from the maintenance of the home and garden areas, these needed to be promptly undertaken.

We found no evidence of harm to people, but systems were either not in place or robust enough to demonstrate safety was effectively managed, and risks to people promptly mitigated through consistent staff practice. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's representatives and manager told us they would take immediate action to increase the checks they undertook on the administration of medicines to reduce risks to people.

New maintenance staff commenced employment during the inspection and started to address the concerns

we found in relation to the environment.

● People told us there had been improvements in the way their safety needs were met. One person said, "I feel safe now; I didn't, but that's getting better."
● Relatives confirmed there had been improvements in the management of some areas of their family member's safety, since new leadership at the home had been introduced. This included improvements in pain management and a reduction in the number of falls their family member experienced.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse. People told us they were comfortable to discuss any concerns they had about how they were cared for by staff. One person told us, "Staff will always help me if I don't feel safe or I'm worried."
● Staff had received training and knew how to recognise and respond to any signs of abuse, should this occur.
● The provider and manager understood their responsibilities to support people and work with other agencies, should any safeguarding concerns arise.

Staffing and recruitment
● There were enough staff to care for people. We saw people did not have to wait long if they wanted support from staff. New staff were being recruited, with a view to reducing the number of agency staff.
● People and relatives told us there had been previous concerns regarding staffing levels, which meant people sometimes had delays in their care being provided. However, people and relatives said this had improved. One relative said, "Turnover of staff has lessened. They [staff] know [people's] needs. I see a lot of the same staff faces." A staff member told us, "Staffing levels feel much better, so [people] get the care they deserve."
● Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● New staff were supported through an induction programme and opportunities to work alongside more experienced staff. This gave them the chance to get to know people and their care preferences.

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. Some surfaces within the home required maintenance, so they were fully sealed. The provider had developed a refurbishment plan for the home to address this, and new maintenance staff commenced employment during the inspection.
● We were assured that the provider had systems in place to safely admit people to the service.
● We were assured that the provider was using PPE effectively and safely. One relative told us, "They [staff] always wear masks and I have seen the manager correcting staff if they forget."
● 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. One relative said, "Cleanliness including [person's name] room and [bathroom] is very good."
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We found the likelihood of the spread of infection could be further reduced through correct disposal of sharp items and checks on staff practice regarding personal items worn, such as nail varnish. Incorrect management of sharp items could increase the risk of injury to staff and the spread of infection to

people living at the home. The provider's representatives and the manager confirmed they would address this promptly.
● We were assured that the provider's infection prevention and control policy was up to date.
● People and relatives told us there were no restrictions on visiting.

Learning lessons when things go wrong
● Checks on the safety of the care provided and the environment had not always identified areas of learning. This included in relation to medication management. However, incidents and accidents were reviewed and investigated by senior staff, and any trends or patterns considered. Investigations also checked if people may want support from other health and social care professionals to further assist them.
● Learning was communicated to staff, to further reduce risks to people. This included in relation to falls prevention.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 moved to the home. One staff member said, "We need to make sure we can meet their needs. We discuss referrals with the seniors and manager. We meet with the [person] and family if possible."
● Relatives' views were considered when people's care needs were assessed. This helped to identify what support people wanted, and how they preferred to be cared for.
● Staff told us people's assessments gave them the information they needed to care for people when they moved into the home. This included guidance on how to meet physical health and well-being needs.

Staff support: induction, training, skills and experience
● People told us staff had the knowledge and skills to support them. Relatives said staff understood how to assist their family members. One relative said, "They [staff] do know how to how to look after [person's name]."
● Staff were encouraged to develop the skills they needed to care for people living at St Stephen's Care Home and had access to a range of relevant training. This included training on caring for people with dementia, people with limited mobility and people with multiple health conditions.
● Staff were confident if they requested additional training to enable them to provide good care to people this would be arranged.

Supporting people to eat and drink enough to maintain a balanced diet;
● People were supported to have enough to eat to maintain their health. People were shown choices of meals and encouraged to decide what they would like to eat. One person told us about the choices they made and said, "You can have whatever you want here. If I don't like it, [the choices], I have a jacket potato instead."
● Relatives told us their family members were encouraged to have enough to drink. One relative explained their family member often chose to get up in the night. The relative said, "[Person's name] sits with staff who give them a warm drink." We found 2 instances where people's fluid monitoring did not reflect what they had consumed. This increased the risk people may not be supported to have enough to drink to remain well. The manager and provider told us they would address this without delay.
● People were not rushed when being supported to eat and drink. When people wanted support from staff, to enable them to eat and drink as independently as possible, this was provided.
● A health and social care professional we spoke with told us, "[Staff member's name] is keen on monitoring people's weights, follows weight supplements advice, and asks for emails to confirm advice given and for follow up. You can see the outcomes; [people] have gained weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Relatives told us there had been some previous concerns people's health needs had not been promptly escalated to external professionals, but this had now improved.
● A health professional who regularly worked with the staff at St Stephen's Care Home said, "We have [meetings] every week with [staff member's name]. They will telephone us for advice and are proactive."

Adapting service, design, decoration to meet people's needs
● Some areas of the home had recently been refurbished and included improved décor and facilities. However, we found these areas were not yet fully utilised.
● We saw some areas of the home were crowded at busy times, with activities taking place close to areas where people were eating. There was a risk the levels of noise may adversely impact on people's well-being. The manager and provider told us they would review the way the layout of the building was used, to further promote people's enjoyment and well-being.
● Some people were able to choose to spend their time in quieter areas of the home, as they wished.
● People's rooms were personalised for their comfort and well-being.

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.

● Staff had considered if people needed assistance to make some decisions and completed mental capacity assessments.
● Key people were consulted about any decisions which were required to be made in people's best interests. One relative told us they had been consulted about the care their family member received, and said, "They [staff] have [person's name] best interests at heart and do things in [person's name] best interest."
● Systems were in place to apply for and manage DoLS applications. This helped to promote people's rights.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 positive about the relationships they had built with staff and described staff as kind. One person said, "Staff are fantastic, really caring, and the pastoral support is good." Another person told us they trusted the staff and said, "I have not been let down yet."
- A further person told us how well they got on with staff and said they felt valued because, "Staff are kind. They speak to me nicely and respectfully."
- Relatives told us their family members had developed strong bonds with the staff caring for them. One relative said this also included staff who had only recently been recruited.
- Staff showed empathy and compassion when supporting people. For example, if people were anxious staff spent time comforting and reassuring them. This helped people to regain their well-being as soon as possible.
- A health and social care professional we spoke with told us, "[Staff] seems very caring about the residents and want to know how they feel."

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

- People made their own choices about many day to day aspects of their care. This included what time they wanted to get up and go to bed, where they wished to have their meals and what interesting things they wanted to do.
- Where people wanted some support to make day to day choices staff assisted them. This included showing them different meal options. One person explained they liked staff to help them to make some decisions, because, "They [staff] know me well."
- Staff used their knowledge of what mattered to people, and the individual ways people communicated their choices, when encouraging people to make their own decisions. This included showing people with dementia their preferred options of clothes they may wish to wear. Staff checked people's body language, so they could be sure people were making their own choices. This helped to ensure the decisions of people with protected characteristics were listened to.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their privacy and dignity. One person said before staff entered their room, "They [staff] always knock the door and introduce themselves." Another person told us they their privacy was respected and they had their own room key to promote this.
- Relatives told us their family member's independence was promoted. One relative explained how staff had supported their family member and said because of this, "[Person's name] is now brushing their own

teeth, gets help with a shower and is treated with kindness." Another relative said, "They [staff] protect [person's name] dignity, and always close curtains and shut doors before changing them."

● Systems were in place to help to ensure people's private and confidential information was respected. However, we found some people's private and confidential information would benefit from more secure storage. This included information which may be required to guide staff how to support people in the event of a fire. The provider gave us assurances this would be secured without delay.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans did not always guide staff to provide the care they wanted. For example, we found some people's care plans had not always been updated when their mobility and other care needs changed. This increased the risk staff would not know what care people wanted.
● People did not always have care plans to guide staff to meet the full range of their needs. This included care plans about their underlying health conditions.
● The manager and provider had identified the consistency and breadth of care planning needed to be improved. A care plan was immediately put in place to support one person's underlying health needs. The manager and provider also gave us assurances people's care plans would be updated without delay.
● People and relatives told us there had been improvements in the way their care was provided since the leadership at the home had changed. One person said that now, "People are clean, their hair is nice and the home smells better." Another relative told us, "Since the change of manager they [staff] are more thorough. They get on to things now and [person's name] seems happy. There has been a vast improvement."

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 did not always have the support they wanted to do things which were important to them. Some people told us activities were not available during the evening, or at weekends. People said they did not always have support to do things they enjoyed, such as going to the cinema.
● Other people told us staff assisted them to do things which they enjoyed doing. This included listening to singers, spending time with pets visiting the home, going out for pub meals and taking part in bingo and gentle exercise, as they wished. One person said, "People are doing a bit more now and it's nice to see others doing things."
● Relative's views on the support their family members received to do things they enjoyed was mixed. One relative told us their family member's support to maintain their interests was not always personalised. For example, staff did not assist them to use the items their family had provided to aid their reminiscence. Other relatives said their family members were supported by staff to do things they enjoyed. One relative said, "There's a band coming next week. Staff will bring [person's name] down to hear the guitar. When new residents move in it will become livelier."
● We saw some activities were conducted in the lounge area of the home, next to the dining room, whilst other people were watching the television. This made people's dining experience noisy, and risked interrupting their television viewing. The provider's representatives gave us assurances this would be promptly addressed.
● People were supported to keep in touch with others who were important to them. One person told us,

"They [staff] do help me stay in touch with my relatives."
● People told us they appreciated the support they received to practice their faith. One person said, "I don't like to go to church but I like it when they come here once a month for a service." A relative told us, "[Person's name] doesn't go out to church but loves the hymns. The once-a-month service is good."

Improving care quality in response to complaints or concerns
● People said they had not needed to raise any concerns or complaints about the care provided. One person said, "I have no complaints, I wouldn't stay if I did."
● Relatives told us they would be comfortable to contact the manager, should they have any concerns or complaints about the care provided. One relative told us they had raised some concerns with the manager, and this had resulted in positive improvements in the care provided.
● Systems were in place to manage any complaints or concerns, should these be raised, and to take learning from these.

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's communication needs had been assessed and plans put in place to support them.
● Staff gave us examples of support they had previously provided to people to meet their communication needs. These included the use of pictorial cards, providing key documents in large font, and language translation, so people's needs would be met.

End of life care and support
● People's wishes at the end of their lives had been identified by staff and recorded in their care plans. Staff worked with people, their relatives and other health and social care professionals to do this. This helped to ensure their wishes at this stage of their lives were respected.
● One staff member told us, "We look at their [people's] religious preferences, such as if they want the last rites."
● Staff gave us examples showing how they had supported people's relatives when they spent time with their family members towards the end of their lives. For example, by providing refreshments, so relatives could comfortably spend extended periods of time with their family members.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care
● There have been changes to the management of the home and provider leadership since our last inspection. New governance systems and checks on staff practice had been introduced. These required further time to embed to ensure they provided an effective means of continually reviewing and monitoring the quality and safety of care provided. For example, in relation to people's care planning and improvements required to reduce risks relating to the safety of the environment.
● Checks undertaken by the provider had not identified the concerns we found in respect of medicines management, so learning had not been taken from this. However, other provider's checks had identified some of the concerns we found and were working effectively. This included the monitoring of accident and incidents and falls management.
● The provider planned to develop their governance systems. This included additional checks on staff recruitment, fluid monitoring and the management of people's medicines, so they could be assured people received the care they wanted safely.
● Relatives told us the way staff were now led meant their family member's care was improving. One relative said, "They [staff] are more observant. [Person's name] had lost a load of weight and no one was overseeing this, but they are gaining weight now. It had previously recorded, but not actioned." Another relative told us they saw the manager checking staff were taking appropriate action to support people safely.
● Staff told us they now felt more supported to provide good care. For example, one staff member told us the manager had spent time with staff to provide guidance on the safest way to assist a person to move around the home. Other staff told us they knew what was expected of them through regular meetings at the start and end of each shift, and through advice provided by senior staff.
● A new manager had been appointed and was in the process of registering with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People told us the care provided and culture at the home had improved, with leadership more visible. One person said, "The current manager has the door open unless they are busy."
● Relatives were also positive about the changes to the culture of the home. One relative told us, "It is reassuring to see the manager on the floor [working with people and staff] and chatting with us." Another relative said, "Since change of manager it feels more friendly. The new manager is quite open, and things get done; you do not get dismissed." A further relative told us, "To be better, [the provider] needs to keep the same management in place. This [manager] seems good; I hope they stay in situ. It is unsettling for staff and

residents [when staff leave]."
● Staff said they were now encouraged to focus on the needs of people living at the home and the open approach of senior staff enabled them to do this. One staff member told us, "Management are very approachable, and you can raise any questions about [people's] changing needs directly with [manager's name]."
● Another staff member said, "[Manager's name] has a lot of time for people and staff. They want the best for people, for it to be homely, with the right staff, the best end of life care, and to have activities for them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
● People's views on the care provided were gathered through suggestion boxes, day to day discussion with staff and surveys. Action plans were developed to improve the service further.
● People also met prospective staff and were asked for their views on potential applicants. This gave people the opportunity to have a say in the staff caring for them.
● Relatives were also asked for their views on the quality of the care provided to their family members. One relative said, "They do have relatives meeting, and relatives are encouraged to ask the manager if they have any concerns."
● Staff were encouraged to make suggestions for developing people's care further. This included in relation to activities people may wish to participate in. Staff gave us examples showing how their suggestions had been listened to. For example, the purchase of board games and jigsaws, to meet people's preferences.
● The manager understood what important events needed to be notified to The Care Quality Commission, and knew they were required to be open and honest in the event of something going wrong with people's care.

Working in partnership with others
● The manager and staff team worked with external organisations such as faith and local community groups, so people would have opportunities to do things which were important to them.
● A health professional told us regular meetings took place to ensure people's health was promoted and to inform continual development of the care provided.

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 Systems were either not in place or robust enough to demonstrate safety was effectively managed, and risks to people promptly mitigated through consistent staff practice. This placed people at risk of harm.