

# Care UK Community Partnerships Ltd

## Martlet Manor

### 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Martlet Manor is a residential care home providing personal and nursing care to up to 72 people. The service provides support to older people including those with dementia and younger adults with physical disabilities. At the time of our inspection there were 52 people living at the care home. The building was purpose built and had adapted facilities on 3 floors. The service was not providing nursing care at the time of the inspection.

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

Risks to people were not consistently managed and this had put people at risk of harm. Medicines were not kept securely and potentially harmful substances were not stored safely. The registered manager took immediate actions to address these shortfalls.

The service had vacant positions and used agency staff to ensure safe staffing levels. An active recruitment programme was in progress. Some staff, who were new to the service, had not received all the information they needed to keep people safe.

Staff did not always protect people's privacy and systems for managing laundry were not effective. This had a negative impact on people's dignity.

Management systems for monitoring the quality of the service had failed to identify and address these concerns.

The provider had a system for managing complaints but not all concerns were identified and responded to. We have made a recommendation that the provider reviews their complaints system.

People spoke positively about the staff and described them as kind and caring. They told us they were happy living at the home. One person told us, "We're a happy bunch of soldiers. You couldn't get better at a 5 star hotel. It's a nice place to live." Another person said of the staff, "They are all caring people."

The registered manager was passionate about creating a community spirit at the home. It was evident that many people had developed friendships and were engaged with the social life of the home.

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.

Assessments and care plans were well personalised, detailed and comprehensive. Records reflected the care people were receiving. People were supported to access the health care services they needed, and staff worked effectively with other agencies.

The registered manager used quality assurance systems to identify areas for improvement, including analysis of incidents to support learning and improve practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 15 October 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.

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.

#### Enforcement and Recommendations

We have identified breaches in relation to assessing and managing risks, supporting dignity and respect and monitoring the quality of the service, at this inspection.

We made a recommendation about reviewing systems for managing complaints and reviewing administration of medicines.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always caring.

Details are in our caring findings below

**Requires Improvement** ●

### 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** ●

# Martlet Manor

## 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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Martlet Manor 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. Martlet Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was no nursing care being provided at the time of 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 this information to plan our inspection.

#### During the inspection

We spoke with 10 people and 5 relatives about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 17 staff including the registered manager, the deputy manager, 3 nurses, 9 care workers, the wellbeing champion, the chef and the operational support manager. We looked at records relating to care provided, staffing and management systems.

# 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; Using medicines safely

- Risks to people were not being consistently managed, this put people at an increased risk of harm.
- Medicines were not stored safely because staff had left the medicine storage room unlocked and unattended. This was not in line with the provider's medicine policy or best practice guidance. We observed that some people who had dementia were in the vicinity of the unlocked storage room and there were no staff nearby to ensure medicines were secure.
- Cleaning products were not all stored safely because cupboards were left unlocked and some products were left out in the dining areas of the home. We observed people who had dementia were walking around in these areas with no staff present to ensure their safety. This practice was not in line with the Control of Substances Hazardous to Health (COSHH) regulations and meant that people were exposed to unnecessary risks.
- People had Personal Emergency Evacuation Plans (PEEP) in place to record the support they would require in the event of an emergency evacuation from the building, for example in the event of a fire. The provider's policy included having a colour coded sticker on each person's door to provide a visual check of their evacuation needs. We observed that these stickers were not present on all occupied rooms.
- Some staff who were new to the service, were not familiar with people's needs, including the support they might need to evacuate the building. This meant there was an increased risk of people not receiving the support they needed.
- Some people had risks associated with eating and drinking. One person had been assessed as being at high risk of choking. During the lunch time meal the person had difficulty in cutting up some large pieces of food. They were observed coughing and appeared to be choking on some food. Staff present did not notice this and did not take any action to check or assist the person. The person was successful in clearing the obstruction themselves but staff failure to notice their difficulty was a concern.

The failure to manage risks and provide safe care and treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought these concerns to the attention of the registered manager and they agreed to take immediate action to ensure people's safety.

- Other risks to people were assessed and managed. For example, some people had risks associated with skin integrity. There were clear assessments in place to identify the level of risk and to identify appropriate measures, including equipment, to prevent pressure wounds. Staff demonstrated a clear understanding of how to support people to maintain their skin integrity, including the importance of maintaining good hydration and ensuring they were supported to move regularly. Records were maintained accurately to

monitor care and support.

- Some people needed help to move around and had been assessed as being at risk of falls. There was clear guidance for staff in how to support people safely and in the way they preferred. We observed staff supporting people to move and noted they were kind and reassuring in their approach and used appropriate techniques and equipment.
- People received their medicines from staff who were trained and assessed as being competent to administer medicines.
- We observed that arrangements for administering medicines were lengthy. Some people told us they had to wait longer than they would want for their medicines. One person said, "I waited an hour for painkillers this morning because the nurse didn't arrive when she was supposed to, so it was all late." Another person told us, "There were no tablets until late last night, and I had to wait this morning. I hope they catch up because I need the tablets for pain."
- The staff member administering medicines said it was not unusual for medicines due at breakfast time to be given mid- morning because there were a lot of medicines to be administered. Another staff member said the high reliance on agency staff meant that staff were not always familiar with people and their needs. This meant that administration of medicine sometimes took longer than it should and we recommend the provider reviews the procedure for administering medicines so it is not so lengthy.
- Records were accurate and showed that people had received their medicines as prescribed.

#### Staffing and recruitment

- People told us they felt there were enough staff to care for them. One person said, "There is enough staff, if the bell rings they come running." Another person said, "Sometimes there's a wait (for staff to respond), but I would say there's a realistic level for staff."
- The provider used a tool to determine safe staff levels based on people's needs. There was a heavy reliance on agency staff to maintain staffing levels. On the day of the inspection staffing levels were further challenged by unexpected staff absence. This meant that people were not always supported by staff who knew them well and understood their needs. This had a negative impact on the care some people were receiving. We have reported on this further in the caring domain of this report.
- The registered manager recognised the importance of having a stable staff team and was actively recruiting to vacant posts to reduce reliance on agency staff. They explained that new staff had been recruited and were due to start in the coming weeks.
- The provider's system for recruitment was designed to ensure staff were suitable to work with people. This included checking references and employment history as well as 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.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse.
- Staff had received training and understood their responsibilities for safeguarding people. They were able to describe how they would identify signs of abuse and the actions they would take. One staff member said, "I would always report any concerns straight away."
- People told us they felt safe living at the home. One person told us, "They (staff) keep an eye on things, they look after you."

#### Learning lessons when things go wrong

- There were effective systems in place for recording and monitoring incidents. Lessons were learned and necessary improvements were made when things went wrong.
- Incidents and accidents were monitored to identify patterns and trends. For example, an increased



number of infections had been noted. The registered manager had identified this as a trend and had implemented systems to ensure staff were encouraging people to drink plenty of fluids to support their health needs. The number of people with infections had reduced the next month.

#### 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 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.

#### Visiting in care homes

- The arrangements for visitors were in line with current government guidance. There were no restrictions in place at the time of the inspection.

# 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

- Assessments were holistic and considered the full range of people's diverse needs and preferences including people's physical and mental health, their cultural and religious needs and social situation.
- People were assessed before admission to the home to ensure their needs could be met. Expected outcomes were identified and reviews took place regularly to update assessments and care plans. For example, a person was at high risk of developing pressure sores. A nationally recognised tool was used to check the level of risk and this was reviewed on a monthly basis. Their care plan included details of pressure relieving equipment to reduce the risk and we observed this was in use. Further measures to support the person's skin integrity included monitoring their diet and hydration levels and supporting them to maintain their weight. This demonstrated a joined-up approach to managing the risks for this person.
- The provider used an electronic care planning system to support the planning and delivery of care. This technology supported staff to access assessments and care plans and to record care provided. We noted that any changes in skin integrity were recorded on an electronic body map and within care notes. Staff described how this enabled them to make informed judgements about risks to people. One staff member said, "We can easily keep track of deterioration or improvements in people's conditions."

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

- Staff worked effectively with other agencies to ensure people received the support they needed. For example, a person with a wound needed support from a district nurse and tissue viability nurse (TVN). Staff described effective communication and collaborative working to ensure the person's wound care plan was managed in a timely way. Records showed how staff had sent photos to update the TVN and this had supported care planning to improve the healing process.
- People told us they were supported to access the healthcare services they needed. One person said, "I see the doctor here. I rarely need to see her." Another person told us they had seen a nurse when they had bumped their head. A relative said, "They (staff) are always checking on their health."
- Records showed that people were supported to maintain their health and wellbeing with regular appointments including with GP, physiotherapist, mental health professionals, dentist and opticians.
- Care plans included personalised support according to people's needs and preferences. For example, specific oral care was detailed according to people's needs.

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

- People were supported to have enough to eat and drink.
- People told us they enjoyed the food they were offered and we observed that people had drinks and

snacks available to them at all times. One person said of the food, "It's quite nice and there's lots of cups of tea."

- People were encouraged to choose their food and offered alternatives if they did not want what was on offer. A staff member told us, "At mealtimes I plate up both options from the menu to show people what it looks like rather than just telling them what there is. This helps them to make a decision about what they would like." We observed that this was happening during the lunchtime meal.
- Some people needed special diets or modified meals. There were systems in place to ensure that people with complex needs were provided with food that was suitable for their needs. Staff we spoke with were aware of people's dietary needs. For example, a person was at risk of choking and a staff member described the additional support they needed at mealtimes. This was reflected in the person's care plan, and we observed the support staff provided at mealtime was in line with their care plan.
- Some people were at risk of poor hydration or nutrition. Care plans included regular monitoring of people's weight and where necessary records were kept of their food and fluid intake. This had supported good outcomes for people. For example, there were concerns about 1 person's weight loss. They were referred to a dietician for advice and provided with fortified meals. Their weight was being checked regularly and identified improved weight gain. A relative told us, "They are well fed, they have put on weight and are getting on well, that's a testimony to the staff."

Staff support: induction, training, skills and experience

- The provider had a system in place for inducting new staff, when they first worked at the home. This was to ensure that staff were familiar with important systems and procedures the provider considered to be essential for the safety of people and staff.
- Staff told us they felt well supported and described having opportunities for training and regular meetings.
- Training records showed that staff were supported with training that was relevant to their roles and to the needs of people. We noted that themes were discussed in team meetings to further support staff and assess the effectiveness of training they had received, for example in safeguarding people.

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

- The service had opened in October 2021 and had been designed and decorated to a high standard, with adaptations and equipment that supported access and independence.
- Memory boxes outside people's rooms were personalised to support people to recognise their own room. There were quiet areas available for people to spend time alone or meet with their family.

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.

- Issues of consent had been considered and recorded in line with the MCA.
- Staff did not all demonstrate a clear understanding of MCA and DoLS but were able to describe how they

supported people to make choices and what their responsibilities were with regard to seeking consent from people. For example, one staff member said, "I always check with people before I start, if they say no, you can't force them."

- The registered manager explained that staff had not all completed MCA and DoLS training but this was planned. We did not identify that there had been a negative impact for people because senior staff were aware of MCA and DoLS.
- Records showed how consent was gained from people. Where they lacked capacity to make a specific decision appropriate measures were in place to involve relevant people in making decisions in people's best interests. For example, 1 person who had dementia sometimes needed support when they became distressed. Their care plan included details about how staff should provide support in the least restrictive way that was proportionate and appropriate for their needs.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were not consistently protected.
- Staff did not always recognise and respect people's need for privacy and support for their dignity. For example, during the inspection contractors were working in the building including within people's bedrooms. One person who had dementia was in bed when a contractor came into their bedroom with no staff member present. The person had removed the covers from their bed which left them in an exposed position that did not support their dignity. The inspector asked a staff member to intervene to support the person's dignity but the staff member did not understand why this was necessary.
- Staff were not always sensitive and discreet when talking with people. For example, we observed how a staff member spoke with a person about their personal care needs in front of other people. Another staff member gave a person their medicines whilst they were walking in a corridor and advised them not to crunch the tablets. This was in front of other people who were present in the corridor. A third staff member discussed a person's continence needs in front of them and the person showed signs of being upset and embarrassed by this conversation.
- Staff did not always notice when people had soiled clothing. This meant that people were not supported to maintain their appearance with clean and comfortable clothing.
- People told us there were problems with the laundry system which had resulted in them being without their own clothes. One person said, "They've lost some of my trousers even though I'd put my initials in them. I wash my own knickers and bras and socks because I don't want them to be lost." Another person told us, "They lose things in the laundry. I've got no knickers, I'm down to my last pair." People not always having access to their own clothing had a negative impact on their dignity.

The failure to protect people's dignity and privacy was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Support for people was inconsistent and not always responsive to their needs.
- People we spoke with described the staff as being kind, polite and caring. Relatives had mixed views, one relative said their loved one had, "Got to know the staff and they have a good rapport." Another relative said, "The day- to- day care is good. Dignity and privacy are respected." Other comments were less positive, one relative said, "There's no continuity of carers. They're always in a rush. They don't spend time with her. It's soul destroying to see they don't talk with (person's name)." Another relative told us, "There's lots of

agency workers. I've never seen a member of staff go into their room and talk to them."

- We observed that support was inconsistent. For example, during the lunch time meal service, some staff appeared uncertain as to what to do and people had to wait for a long time to be served. Some people did not have drinks offered and had to ask for them. One person needed support to be closer to the meal table but staff did not notice this until another person asked them to help.
- Some staff were task focussed and did not spend time with people to understand their needs, wishes and choices. We noted how staff did not always recognise when people needed help or emotional support. One person told us, "Most staff are ok, but there's a lot of unfamiliar staff," they said, "They stand around a lot and you have to explain what you want done."
- We noted that other staff were familiar with people, had developed positive relationships and provided compassionate support when people needed it. We saw positive interactions with staff who were attentive to people and supported their needs.
- We asked the registered manager about these inconsistencies. They explained this was because the number of staff who were new to the home (both agency and permanent staff) was higher than usual on the day of the inspection.

# 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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints and concerns were not always responded to in a consistent way.
- People told us they knew how to complain but some people said they did not have confidence that their concerns were thoroughly investigated and addressed. One person told us, "I don't think they always listen to us." A relative said, "I complained, but I never got an answer." Another relative said, "I've emailed the manager on a few occasions, and they haven't got back to me."
- We spoke to the registered manager about these concerns. They confirmed they preferred people to telephone or speak to them in person so they could respond quickly to any issues. They were unaware of any concerns that had not been dealt with and thought this might have been due to the large volume of emails they received.
- The registered manager described how they had made themselves available for people to speak to them. We noted this was included in notes of meetings with people and relatives to encourage them to raise any concerns. Most people we spoke with told us the registered manager was visible in the home and they felt comfortable to raise complaints with them.
- The provider had a system for recording complaints. Full and thorough responses had been provided for those complaints that were recorded. The registered manager told us they used the complaints process to improve practice and gave examples of this.

We recommend that the provider reviews systems for managing feedback or complaints that are submitted by email.

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

- Care plans were comprehensive and reflected people's diverse needs and preferences.
- People and their relatives had been involved in developing and reviewing care plans. A relative told us, "I was involved early on. (Member of staff) touches base with me regularly." Another relative told us how staff had developed a positive relationship with their relation. They said, "One of the staff properly gets my (relative). If things change, we are kept informed, she phones at regular intervals."
- When people's needs changed care plans were reviewed and updated to provide staff with accurate information about people's needs.
- Records showed how people had been involved and their views were considered.

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 were identified as part of the risk assessment and care planning process. There was clear guidance for staff in how to support people with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an effective system in place to help people to avoid social isolation and support them with activities that were relevant for them.

- The registered manager explained that there was a strong emphasis on developing a community spirit at the home. People spoke positively about their quality of life and described how they had developed friendships with each other. For example, 1 person described playing board games regularly with a small group of friends.

- We noted a range of activities were available for people and 1 person told us, "They have Pilates, a woman does dancing, they have mindfulness and talks on different parts of the world."

- A staff member told us how some people were encouraged to become involved in the activities including the Culture Club, where they could talk about countries they had been to and their experiences. A professional singer was at the home on the day of the inspection and we observed people were relaxed and appeared to be enjoying the music.

- Some people told us they preferred to spend time in their rooms but described this as being their choice and they were aware of activities that were available.

- One member of staff was a Wellbeing Champion and described their responsibility for developing community spirit at the home. They spoke with passion about their involvement with people and how this shaped the activity programme. For example, there was a focus on mindfulness, meditation and supporting people with managing emotions. People we spoke with valued these sessions and had clearly developed strong connections with other people.

- People were supported with their spiritual needs and the Wellbeing Champion explained how this was particularly important when people were at the end of life. They described how building relationships and supporting people with their emotions helped them to settle into life in the care home when they first came to live there. They described spending time individually with people who did not want to engage in group activities. A relative told us they had noticed this saying, "They (Wellbeing champion) are wonderful."

End of life care and support

- People and their relatives were supported to make decisions about end of life care.

- A relative described how a staff member had supported them in a sensitive way to be involved with treatment plans for end of life care. They said, "She talked to me about end of life care and I was very impressed with how she did that."

- Staff described working with health care professionals including palliative care nurses, to ensure people had the medicines and equipment they needed to be comfortable and pain free in their last days.

- Care plans showed how people's views, needs and preferences were considered and recorded.



# 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

- Not all staff were clear about the responsibilities of their role. Governance arrangements for inducting staff, including agency staff, who were new to the home, were not robust. This meant the provider could not be assured that staff understood the requirements of their role.
- Systems for monitoring risks and quality of the service were not consistent.
- Regular audits and risk management systems had not identified shortfalls that put people at risk of harm. For example, systems for monitoring health and safety had not identified failures in compliance with COSHH regulations and that medicines were not always secure.
- Systems for monitoring the quality of the service had not identified negative impacts on people's dignity, for example, because staff did not ensure people's privacy was maintained.
- There was a lack of oversight and monitoring regarding building work in the home. We observed that contractors had access to people's rooms throughout the home. Staff told us the contractors had been working in the home since it opened, and they had become used to them being there. We asked if consideration had been given to the impact or appropriateness of this for people, and staff told us this had not been fully considered.
- We spoke with the registered manager who confirmed that the provider undertook risk assessments regarding the contractual work, but this did not include people's individual needs. They explained how they had identified risks for 1 person who had found the noise and disruption distressing. The registered manager had worked with the contractor to ensure noise was minimised for this person. However other potential risks to people's mental wellbeing and to their dignity had not been identified, assessed and managed.

The failure to assess, monitor and improve the safety including risks and quality of the service, including people's experience of the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager told us actions had been taken to address these shortfalls, including introducing additional checks to ensure health and safety measures were consistently followed by staff.
- Other systems for managing risks and monitoring quality at the service were effective. For example, care plans had been regularly updated and reflected people's needs and the care people were receiving. Staff were consistent in recording care provided, this supported effective monitoring to identify any changes in people's needs.

- Systems for assessing and monitoring quality performance included reports to identify and analyse patterns and trends. The registered manager used these tools together with other feedback methods to develop service improvement plans.
- The registered manager described the challenges the service had faced since it opened in recruiting suitable staff to permanent posts. The provider had taken the decision to restrict admissions to the home so that no nursing care was being provided at the time of this inspection. This showed that the registered manager and provider understood the need to develop a safe, sustainable service over time.

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

- People and their relatives described the service as being generally well-led but with some areas that needed improvement, including staffing issues and difficulties with the laundry service that had an impact on some people's quality of life. One person told us, "She (registered manager) must be doing something right because they've got good staff here. I'm impressed with the staff." Another person said, "It's a new place, it's a learning place and it's still developing. I'm quite happy with it." A relative told us the lack of experienced permanent staff was a concern, they said, "On the whole, I'm happy, but I think experience affects how staff behave."
- Staff described being well-supported and spoke positively about leadership at the home. One staff member said, "I feel very positive and managers are supportive." Another staff member said, "It is a good team. There are a lot of new hires but communication is good." A third staff member said, "There is good teamwork in this home."
- The registered manager described their commitment to creating a positive and open culture at the home. They used learning from incidents and mistakes as opportunities to make improvements. For example, a thorough investigation was undertaken when concerns were raised about oral care. The registered manager arranged additional training for staff and put in place further checks and measures to ensure all people were receiving appropriate support with their oral health care. Learning from the investigation was shared across the provider's network.
- The registered manager understood their regulatory responsibilities. They had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the duty of candour which requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff described being involved in developments at the home. The registered manager held meetings with people and relatives and encouraged engagement. The notes for these meetings confirmed views and opinions were sought and valued.
- Staff described positive working relationships with health care professionals including GP, district nurse and tissue viability nurse. Records also confirmed collaborative working with mental health community services and physiotherapists.

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 10 HSCA RA Regulations 2014 Dignity and respect  People's privacy and dignity were not always protected.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not consistently managed to prevent avoidable risks of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to assess, monitor and improve the safety and quality of the service, including people's experience of the service.