

Morden College

Cullum Welch Court Care Home

Inspection report

Morden College
19 St Germans Place
London
SE3 0PW

Date of inspection visit:
26 July 2022
03 August 2022

Tel: 02084638399
Website: www.mordencollege.org.uk/care-home

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Cullum Welch Court Care Home is a care home providing personal and nursing care to up to 60 people across three separate units over two floors, each of which have separate adapted facilities including dining rooms and sitting areas. At the time of our inspection, there were 32 people were using the service some of whom had dementia and nursing needs.

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

Staff were not supported and supervised to be effective in their roles. People were supported with their needs. However, care plans did not always explore best possible ways to meet people's individual needs. Staff did not get the leadership they needed as there was inconsistency in management. There was high turnover of staff and managers which had affected the quality of the service and staff performance.

Risks to people were managed to reduce harm to them. There were management plans in place that provided guidance to staff to reduce risks to people. People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew actions to take to report abuse.

Incidents and accidents were reviewed, analysed and actions taken to ensure learning from them. People's medicines were administered and managed safely. There were enough staff available to support people. Staff were trained in infection control and followed procedures to reduce risks of infection.

People's needs were assessed in line with best practice guidance. People's nutritional needs were met. People were supported to eat a balanced diet and drink enough to keep hydrated. Staff had an induction when they started their jobs; and had received training in their roles. People had access to the healthcare services they needed to maintain good health; and staff liaised effectively with other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

People's end-of-life wishes were documented in their care plans and followed when required. People were supported and encouraged to participate in activities they enjoyed.

People and their relatives knew how to raise complaints about the service. Complaints were appropriately addressed in line with the provider's procedure. The provider worked in partnership with other organisations and services to develop and improve the service. The service had effective systems to monitor

the quality and safety of the service.

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 26 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service, staffing, poor care, safeguarding concerns and medicine management. A decision was made for us to inspect and examine those risks. We carried out a comprehensive inspection looking at all five domains.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cullum Welch on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was 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 

Cullum Welch Court 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 two inspectors, a specialist professional advisor and Expert by Experience. The specialist advisor was a qualified nurse. 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

Cullum Welch Care home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Cullum Welch Care home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 July and ended on 3 August 2022.

What we did before the inspection

We reviewed the information we held about the service which included concerns about the service, notifications of events and incidents at the service. 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 also reviewed the report from Healthwatch following their visit to the service. 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 all this information to plan our inspection.

During the inspection

We spoke with four people, 10 relatives, nine care staff members, two nurses, the manager and the director of care. We looked at six people's care files, medicines management records, seven staff supervision records, training matrix, incidents and accidents, quality assurance reports and other records relating to the management of the service, including safeguarding and complaints records. 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.

After the inspection

We received feedback from two members of the local commissioning team.

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 for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were systems and processes in place to safeguard people from abuse. People told us they felt safe in the service. One person said, "I certainly feel safe here." Another person commented, "Yes, I'm safe."
- Staff had completed training in safeguarding people from abuse and knew the signs to recognise if there was abuse and the actions to take. They told us they would report any concerns to the manager whom they knew would take necessary actions. Staff knew how to whistleblow and told us they would do so if they need to in order to safeguard people.
- Both the manager and the service director demonstrated they understood their responsibilities to safeguard people from abuse. We noted they had taken appropriate actions to address allegations of abuse involving the service. They had raised safeguarding alerts to the local safeguarding team, carried out thorough investigations, involved relevant agencies such as the police in their investigations and notified CQC.

Assessing risk, safety monitoring and management

- People were protected from the risks of avoidable harm. There were risk assessments in place to identify risks associated with people's physical health and mental health conditions, personal care, skin integrity, mobility, nutrition and moving and handling.
- People at risk of developing pressure sores were supported to reposition regularly and they had appropriate equipment such as pressure relieving mattresses and cushions to use. Where a person had developed a pressure sore, we saw that a tissue viability specialist was involved in the management. There was a wound care plan in place which the nurses followed. The person was supported appropriately to promote healing and to reduce the risk of the wound deteriorating.
- We saw risk management plan for reducing the risk associated with percutaneous endoscopic gastrostomy (PEG) tube for one person. A percutaneous endoscopic gastrostomy (PEG) feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. The nurses followed the NICE 2018 guidelines including how to manage the PEG site and keep it clean. The plan also covered how to maintain the equipment.
- We observed staff carrying out moving and handling tasks. They used the right equipment and followed safe procedures.
- Health and safety checks and risk assessments of the environment were carried out including fire safety, electrical installation, gas safety, portable appliance test (PAT), and water management and legionella. The fire risk assessment for the home was up to date.

Staffing and recruitment

- There were enough staff available to support people with their needs. We received concerns about staffing levels before our inspection. During our inspection, people, their relatives and staff told us staffing levels had improved since the new manager started. One person told us, "When I call for help, they respond quickly during the day, but the night staff seem to take longer to come." A relative commented, "There have been long periods of time when there were not enough staff, morale was very low. They seem happier now, but the managers must get recruitment right."
- We observed that there were enough staff around to assist people with their needs. Staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and supported people where needed.
- We reviewed the call monitoring system to check how long people waited to get a response when they called for help. We noted calls were responded to within 5 minutes both during the day and night.
- Staff told us staffing levels had improved and there were enough on each shift to support people. One member of care staff said, "Before, we were short-staffed, and it was hard but now it's okay. I'm happy with the number of staff we have now on each shift." Another staff mentioned, "At the moment the number of staff on duty is really good. The only problem now is the number of agency staff we use. It will be good to have more permanent staff."
- Staffing level was determined based on people's needs and occupancy level. The staffing rota showed the home was covered 24 hours by a team of care and nursing staff who were deployed around the home. There were regular agency staff who were used to cover vacant shifts.
- The service director and manager told us they were carrying out on-going recruitment to fill staff vacancies in the service.
- Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

Using medicines safely

- People's medicines were administered and managed safely. Only qualified nurses administered medicines to people.
- Medicine administration record charts were maintained and were legibly signed to show medicines administered.
- Where people had 'as when required' medicines, there was a protocol in place to manage this and we noted staff followed the protocol.
- Controlled drugs (CD) were locked securely in a cupboard. Two nurses administered and signed the CD records and carried out daily checks to ensure record tallied with stock.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learnt from incidents and when things go wrong. The manager and service director reviewed incidents that occurred in the home. They thoroughly investigated each incident to establish root causes. They analysed incidents regularly to identify patterns and trends. They took actions as necessary, for example if the incident was deemed safeguarding, they referred it to the local authority safeguarding team and sent a notification to CQC.
- Actions were taken to address causes of incidents. For example, appropriate actions and procedures were followed to deal with a recent medicine error. Lessons were shared with staff and systems were put in place to reduce the chances of similar incidents recurring.

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. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not supported to be effective in their roles. We found that staff were not getting support and supervision to improve their motivation and effectiveness in their roles. Seven of the nine staff files we reviewed showed they had not received any one-to-one supervision in 2022. Only two of those reviewed one-to-one supervision once in 2021.
- Staff told us they felt demotivated and lacked the support they needed from members of the management team to effectively deliver care to people. One staff member said, "I haven't had any supervision in a long time, I can't remember when I last had one. It's very hard for us to keep our motivation and carry out our jobs as we should. We [staff] have learnt to support each other, share information and find solutions to problems ourselves. Managers come and go so we have to support of each other." Another staff mentioned, "Supervision has not been regular because of the changes. Management should take time through supervision to provide one-to-one support to staff. We really need it to do our jobs thoroughly."

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed and staff confirmed they had completed training relevant to their roles. One staff told us, "We have been given a lot of training to do our jobs which is good. We have had training in PEG feed so we can switch off machine and then call the nurses. In the past we rely on the nurses for everything." Another staff commented, "I'm up to date with my training. We access to quite a lot of training and they check to ensure you have done them."
- One new member of staff commented that they received induction when they started in their role. They mentioned, "I had an induction when I started. It was helpful. It gave me an insight into the organisation/service and care needs of the people living here."

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

- Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Qualified nurses completed assessment of people's needs before people were accepted to use the service or when there were changes to their situations.
- Assessments of needs covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, and skin integrity. Various nationally recognised

assessment tools were used such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs.

- People's needs were reviewed on an ongoing basis and care plans updated to reflect changes and new information gathered about them.

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

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.

- People were given choices of what to eat and drink during lunchtime. Staff assisted people who required assistance to cut up their food. Staff sat with people who required support to eat and encouraged them to eat sufficient amounts. People were offered extra portions of food if they wanted. Staff interacted well with people and supported them in an unhurried manner. People told us the food was good.

- People were offered drinks and fruits throughout the day. Staff encouraged people to drink to reduce the risk of dehydration especially as the weather was hot. Fluid charts were completed as required.

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

- The environment had adequate adaptations and was suitable for people. People had access to communal areas where they could relax, socialise and spend time with their visitors.

- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

- People's rooms were personalised to their individual requirements. There was good signage around the home to help people find their way around easily and make it a more dementia friendly.

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

- People had access to healthcare services they needed to maintain good health. We saw and records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT), physiotherapist, chiropodist and community nurses. Staff made referrals for services and involved other professionals as needed. We saw staff followed the recommendations of the GP in managing people's conditions including diabetes.

- Staff worked jointly with other services and professionals to ensure people received effective and timely care. People took a copy of their personal profile sheet which contained important information such as people's medical history, medication list, GP and next of kin details which people took along when they go to hospital for admission or moved between services. Staff told us they supported people to take along personal items as such as hearing aids, glasses, and dentures they may need.

- Staff also gave handover and shared relevant information about people with staff of services people were moving onto to ensure a smooth transition.

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.

- People and their relatives where appropriate gave their consent to the care they received and people's liberty was promoted in line with legal guidance.
- Staff had completed training in the MCA and DoLS and understood their responsibilities to obtain consent from people in line with the MCA.
- People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions.
- We saw DoLS authorisations applications were made to the relevant supervisory body where it was deemed necessary. At the time of our visit, there were about 10 DoLS applications that were awaiting authorisations by the local authority.

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. At this inspection 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; Respecting and promoting people's privacy, dignity and independence

- People gave us mixed feedback about how staff treated them. One person said, "Most of the girls are lovely. They always know how to make me laugh." Another person mentioned, "They [staff] are very nice and helpful. They listen to me. Although, I have seen some that are not helpful but that's how people are." A third person however told us that some night staff always complained and gave them attitude when they requested to be supported with their toileting needs. They said staff would make comments like, "You have only just been, why do you want to go again." They told us it made them uncomfortable and sometimes hesitant to call for help when they need it. We spoke to the manager about this and they told us they would monitor this and take appropriate actions to improve staff behaviour and conduct.
- We observed people were comfortable in the company of staff and there was a calm atmosphere in the home. People communicated with staff with ease which showed a trusting and warm relationships existed. They shared jokes and laughter together. Staff addressed people by their preferred names and always spoke to people politely. Staff showed people kindness and consideration in the way they treated them and cared for them.
- People's privacy and independence was promoted. We saw staff knock on people's doors before entering. Staff supported people with their personal care and toileting needs behind closed doors. People were appropriately dressed and tidy. One person told us, "I wash and dress myself. I like to do things myself, but they help when I can't." A relative mentioned, "They [Staff] are lovely with [loved one] and they work hard to try to get them to do things."

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

- People and or their relatives were involved in making decisions about their care. Care plans indicated how people were involved and who supported them in making day-to-day decisions about their care. We saw people and their relatives had input in their care planning.
- We observed people were given a choice about their day to day activities, what to eat and things they preferred to do. Throughout the time of our inspection, we noticed staff communicating and involving people in decisions before any activity was carried out for them. Staff were patient and gave people time to express themselves. We noticed staff also observed non-verbal cues including facial expressions, signs and body language to help in ascertaining what people wanted.

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. At this inspection 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 received care that met their needs. People told us staff were responsive to their needs. One person said, "Staff help me whatever I need. I go for walks outside and the staff support me." Another person told us, "I get well looked after here. In the morning the care workers help me wash, dress and get ready for the day. I spend time in my room as I prefer, and they come in to chat with me."
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including support people needed to maintain their physical health and well-being, personal hygiene, oral and dental care; and support with activities of daily living.
- Staff worked with other healthcare professionals and services to meet people's needs. Where there were concerns about people's nutrition and weight, staff monitored their weight regularly and supported them to have regular nutritious meals. People who were prone to having urinary tract infection (UTI) were supported to increase their fluid intake to keep hydrated in order to reduce the risk.
- Staff had completed training in dementia and person-centred care. They told us they understood people's routines and worked with them in a flexible way. However, we noticed that care plans had not explored ways to remind people who have memory problems of daily activities in the home. One person told us they never seem to know what is going on around them. They told us staff informed them of activities and events taking place at the time of the event but not in advance to enable them to prepare their mind. The person's care plan had identified that they got very anxious when not aware of what is going on or happening around them and staff should inform them which we observed staff was doing.

We recommend the service explores best practice examples in helping people with memory problems be reminded of the daily activities in the home.

- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

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 through care planning. This included people's needs with regards to their hearing, sight and speech. People who needed hearing aids had them on. Hearing loops were available in the home.
- The service director told us that if people required information in different language and in formats such as Braille and large prints, they could make them available in these formats.

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 engaged in activities to occupy them. We observed staff engaging people in activities during the two days of our visit. Activities included exercise, games, puzzles and music sessions and performances. People were interested and participated in the activities. The atmosphere was cheerful and upbeat. One person told us, "I join in most of the activities and I enjoy them." Another person mentioned, "I participate in any activity going on as it keeps me going."
- We saw staff reading and spending time with people in their rooms. One person told us they preferred to spend time in their room reading a book or watching a TV programme. We saw staff supporting people to take a walk outside the home after lunch and some people spent their time relaxing and watching TV in the lounge with others.
- People maintained relationships which mattered to them. Visiting relatives told us they were welcomed at the service and they were given the space and time they needed with their relatives.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "If I have a concern or complaint, I ask to speak to the manager. They listen and sort it."
- There had been a high level of complaints about the service in the last year. These ranged from staffing levels, the standard of care and management changes.
- Record of these concerns and complaints had been maintained. The management of the service had followed the provider's complaint procedure in addressing them. Each complaint had been investigated and responded to. Some had been resolved and some were ongoing.
- Lessons learnt were discussed and shared with staff as part of improving service quality.

End of life care and support

- People had advanced care plans in place which stated their end of life wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status; and staff were aware of these plans. Staff had completed training in end of life care.
- At the time of our inspection, no one was receiving end of life care. The service had contacts with other services specialised in providing end of life care. The manager and service director told us they would work closely with people, their relatives and professionals to ensure people's needs were met, should they have end of life care needs.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and service director were working with staff to deliver care and support to people in a way that achieved positive outcomes for them. We had received concerns from relatives prior to our visit regarding the quality of the service delivered. The concerns included frequent changes in the management of the service, staffing concerns and the quality of care delivered.
- During this inspection, whilst relatives and staff highlighted some of the concerns, they had about the service, they acknowledged there had been improvements made. For example, one relative commented, "The service seems to have improved but it's not as good as it was before. The new manager is very good." Another relative mentioned, "We now have a "trouble shooter "called [the new manager] She seems very efficient and she is good with the residents. I feel much more confident with her but she's only there for a short time." One staff said, "The new one is trying her best to put things right. It's still early days so we'll see how it goes but for now she's approachable and giving us loads of support."
- The manager and director had put systems and processes in place to enable effective care delivering. For example, a system which prompts staff to attend to people's specific needs and to record care delivered like prompt fluid intake. However, when we reviewed the system it showed staff were not using it effectively as they should.
- We spoke to the manager and director about this and they had already identified it as a problem and were rolling out training programmes for staff to improve their skills and confidence in the use of this system. They also told us they were now working with staff to support them improve.
- The manager and service director were visible in the home and were monitoring how staff delivered care to people. They held a meeting with staff every morning to catch up on concerns around people's care and agreed actions to be taken to ensure people's needs were met.

Continuous learning and improving care

- There were systems and processes in place to monitor the quality of the service delivered. Audits and quality checks available included medicines audits, care records, health and safety, call bell audit, staff training and supervision audit, pressure sores monitoring, falls monitoring, fluid and food chart record audit.
- We found that these audits had been carried out in the last six months and they had identified areas for improvement. A service improvement had been developed to address the areas of concerns in the service.

Most of the issues we picked up during this inspection had already been noted in the service improvement plan. For example, supervision for staff to enable improve their effectiveness in their roles. Also, issue with staff updating people's fluid and food chart. The new manager told us they were working to ensure all staff received supervision as required.

- We noted that the new manager and service director were implementing lessons learnt from complaints, accident and incidents. They had improved on their communication and engagement with people and their relatives following complaints received. The new manager was regularly monitoring care delivered and how this is recorded due to gaps identified in this area.
- Whilst we noted there were areas of concerns in the service and we saw that work was being done to improve the overall quality of the service. The service director told us about their plans to carefully recruit a new manager who would be supported to drive the improvements the service requires.

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

- The views of people, their relatives and staff had not always been sought about the service, but this had improved more recently. Relatives complained that they had not been made aware of the changes in the service. One relative commented, "There was a huge problem in the way the service was run. No one knew what was happening." Another relative mentioned, "There was a huge problem with communication but that has improved greatly."
- Staff told us they were not involved, and their views were not considered. One member of staff said, "It's alright now. There was a time it was very unsettled. We didn't know what was happening or told anything."
- We saw the management of the service now held regular meetings with people, their relatives and staff to update them about the service. Zoom and face to face meetings were held with relatives of people using the service. These meetings were used as avenues to raise and discuss concerns about the service to share information and updates pertaining to the service; and to discuss plans for improvements. One relative told us, "We have regular zoom meeting with the manager now and emails updates regularly which are helpful."
- Regular meetings were held with staff to update, share learning, support and listen to staff. Daily handovers were held, and flash meetings were held every morning with team leaders. Staff were given opportunities to raise any questions and discuss any concerns they may have. Staff told us they found these meetings helpful. One staff member said, "The new manager is approachable, and I can ask her questions during or after meetings and she tries her best to resolve my concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was open, transparent and open when things go wrong. They had shared information about events and changes in the organisation with CQC and the local authority.
- The manager and service director understood their regulatory requirements in line with their registration. They had notified CQC of incidents in line with their registration conditions.
- They had been open and honest about events and incidents that had happened at the home such as safeguarding and complaints. We saw records of safeguarding allegations, complaints and incidents and accidents. Complaints had been investigated and addressed as required. Actions were taken to address areas they had failed.
- Staff knew their rights to whistleblow and felt confident to do so. One member of staff said, "I feel able to raise my concerns directly to the management or externally if I need to."

Working in partnership with others

- The service worked closely with local service commissioners, the NHS Clinical Commissioning Group, and health and social care professionals to improve the service delivered to people. Members of the

commissioning team we contacted told us they were working with the service to improve and implement required changes.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff did not receive the support and supervision they require to be effective in their roles