Four Seasons (No 7) Limited

Norwood Green Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Norwood Green is a residential care home providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The service can support up to 92 people and is registered to provide nursing care to people with dementia, mental health needs and general nursing care.

The home accommodates people across three separate units, two that provide nursing care and one that provides personal care for those people without a nursing support need. Norwood Green is part of Four Seasons Limited, a national organisation that provides mostly care home services to people in the UK.

People's experience of using this service and what we found
We found end of life care plans were not always detailed and did not reflect people's preferences or the support they required to meet their diverse , spiritual, and cultural needs. There was therefore a risk that all their needs might not be met.

Some social and recreational activities were taking place in the home, but these were not always effective in stimulating and keeping people engaged. There was a lack of dementia friendly signage and points of reference to help ensure the premises were always suitable to meet the needs of all people using the service. Some people's bedrooms were not personalised and lacked personal objects and items of interest to make their bedrooms homely and inviting.

The provider had reviewed their recruitment procedures to ensure staff had been recruited in a safe manner. Some recruitment records had been identified as missing during audits. The provider was working towards addressing this concern. Staffing levels were assessed and provided accordingly to ensure there were adequate staffing levels to meet people's needs. People assessed as requiring one to one care received this.

The management team had systems and processes to monitor and audit the quality of the care provided. Whilst the management team had made improvements in addressing the management of risks and improving wound care to people there were still some aspects of the service which required addressing and improvement.

There had been over the past few years several changes of managers and deputy managers. Some staff told us they found these changes of management disruptive and difficult. The provider was aware of this dynamic and had tried to facilitate continuity where possible so any improvements were embedded and sustained over time.

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.

We found the systems and practices for managing the risk of pressure ulcers and management of wound care were embedded. The nursing staff were knowledgeable and supported the care workers to provide appropriate skin and pressure area care to people.
Medicines were well managed by staff who had received training and understood their responsibilities to administer medicines in a safe manner.

People and their relatives told us they felt safe in the home. They found staff to be, "good" and "friendly" with a "good atmosphere," in the home. We found during our observations staff and management were caring and kind towards people. They spoke in calm and reassuring tones. The provider had systems in place to identify safeguarding adult concerns and to report and investigate accordingly.

People were supported to access health care professionals and services. Nursing staff were well informed, and staff had received training and support to meet people's health support needs. People were supported to eat meals in line with their assessed nutritional needs. Most people spoke favourably about the meals served.

The provider demonstrated they supported the staff well and were open, transparent and inclusive in the way they managed 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 and update
The last rating for this service was requires improvement (published 24 September 2019). Since that inspection we undertook a targeted inspection to look at the management of pressure ulcers and wound care (published 12 August 2020) but we did not rate the inspection at that time and the rating remained as requires improvement.

At the previous rated inspection (24 September 2019) the service was in breach of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice on the provider for the breach of Regulation 9 and a requirement notice for the breach of Regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve

At this inspection we found that the provider had made some improvements but remained in breach of the two Regulations. They told us and showed us plans to make further improvements to meet the Regulations.

Why we inspected
This focused inspection was carried out to follow up on action we told the provider to take at the previous inspections of the service.

We found evidence that the provider needs to make improvements. Please see the effective, responsive and well-led sections of this full report.

We also 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
We have identified breaches in relation to person centred care and good governance at this inspection.

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

Follow-up
We will continue to monitor information we receive about the service using our monitoring activity system. This will indicate when we next inspect the service.

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.	**Good**
Is the service effective? The service was effective. Details are in our effective 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**

Norwood Green 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 Care Act 2014.

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 was conducted by two inspectors, and a nurse specialist advisor. An Expert by Experience supported the inspection by contacting the relatives of people who used the service after our visit. 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
Norwood Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced and took place on 9 August 2021.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service this included notifications which

the provider has to send to us by law and communications from the provider since the last inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service about their experience of the care provided. We spoke with the manager, regional manager, regional support manager, three nursing staff and one senior care worker, activities co-ordinator, chef, housekeeper and laundry staff. 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 undertook a partial inspection of the environment.

We reviewed a range of records. This included nine people's care records, risk assessments, daily health recordings and medicines administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
Following our visit to the home the expert by experience spoke with ten people's relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was not rated. The service was last rated following an inspection in July 2019 and at this time it was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

●The provider ensured that staff recruited were suitable to work at the service. They had recently reviewed the recruitment records of their staff and during this process they had identified some recruitment checks had not been appropriately documented or were missing. The provider had taken action and was working with their human resources department to address these shortfalls and to be assured that their staff were suitable to work at the service and to maintain the safety of people in their care.

● For example, two recently employed staff did not have records to show their identity had been checked and they had the right to work in the UK. Following the inspection we received evidence to show all the checks were in order.

●The regional manager described how they were improving their recruitment processes to make these more robust, quicker and easier to track candidates progress so they could fill vacancies more promptly.

●The provider was assessing people's support needs using an individual dependency tool and ensured there were appropriate staff available to meet people's care needs. We were satisfied that in general there were adequate staffing levels, but we noted an occasion at lunch time when staffing resources were not that well deployed to meet people's needs in a more respectful manner. We brought this to the manager's attention who said they would monitor mealtimes to ensure staff were appropriately deployed. Where a person had been identified as requiring one to one support throughout the day, we saw this was being provided.

● People told us there were enough staff who responded to support them when they needed help. Their comments included, "Well looked after yes, fine good [care workers], yes enough staff" and "Yes enough staff." Some relatives found it difficult to comment on staffing numbers as they had not been able to visit due to the pandemic. Those who had visited told us, "Yes they do, because from what I can see no one waits. I always see staff around, lots of different staff members around" and "Well it's difficult for me to say, but there are always plenty of staff around and they seem quite established for what's required" and "What I see is okay, they seem to be fine on this floor, but I can't talk for the other floors."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

●The provider had systems and processes to safeguard people from harm and safeguarding record keeping was undertaken in a safe manner. However, we noted whilst accidents and incidents were recorded, updates including analysis, outcomes or lessons learnt were not always recorded in a timely manner. For example, one person had injured their wrist on 25 July 2021. We saw an investigation into the incident was in progress, but the person's records had not been updated with the medical advice provided. This meant staff may not have had the most up to date information about how to care for the person.

●We brought it to the attention of the manager who explained the electronic system had various sections to

be completed including an automatic root cause analysis and lesson learned section. This one and others on the system had not been fully completed by the previous manager so they were going through the records to complete all the sections and ensure the care plans were up to date. After the inspection, senior managers assured us that the files we identified during the inspection as requiring updated, had been.

● People told us they felt safe at the home. Their comments included, "Care workers they are good, yes, they are good" and "I feel all I have to do is press a button and a nurse arrives…just ring and they come, better than a hotel! I feel safe." Relatives felt their family members were safe, their comments included, "When I visit, [Person] seems happy enough there, I think I would have picked up on anything if I was not right, the staff are very friendly," and "[Person] is very safe and I am quite happy and relaxed about their care. Their presentation, they are always clean, and they are dressed well" and "Yes, I do, [feel they are safe]. I interact well with the staff and they all seem to know [Person] quite well, there is a nice atmosphere at the home. There has never been any reason to think they have been harmed in any way."

Assessing risk, safety monitoring and management

● At our last inspection in July 2020 we undertook a targeted inspection to ensure risks around wound care and skin breakdown was being managed in a safe manner. We found at that inspection a new assessment systems and processes had been introduced to support good practice around tissue viability and maintaining good skin integrity. During this inspection we found these had become embedded and the risk to people was being well managed.

●The provider used a 'Waterlow' assessment, a recognised tool used in assessing and managing skin integrity to assess people's risk of developing pressure ulcers. In addition, care plans to manage people's wound care were used to give nursing and care staff appropriate information to treat the wounds and to promote healing.

●The provider assessed the risks to people to ensure their safety and gave guidance for staff to help mitigate any identified risks. Risk assessments were reviewed on a monthly basis and in response to changing circumstances.

●Records reviewed contained risk assessments to manage people's care in a safe manner. Risk assessments included, risk of choking, falls, moving and handling, medicines, risk of infection and use of call bells. The nurses completed a Malnutrition Universal Screening Tool (MUST) to assess if people were at risk of poor food and fluid intake. These assessments identified if a referral to a relevant healthcare professional such as a speech and language therapist or dietitian should be made and contained measures for nurses and care workers to manage the risk to people

Using medicines safely

●The provider ensured medicines were being administered and stored in a safe manner by nursing staff or senior care workers who had received training to do so.

● Medicines administration records were completed without error. There was guidance for staff about when and how to administer medicines. This included, as and when required medicines and covert medicines. Covert medicines are those agreed by the prescriber to be given in the person's best interest without the knowledge and consent of the person, because they lack the capacity to agree to the medicines.

●All medicines, including controlled drugs were stored securely and controlled drugs were administered by two staff who made an appropriate recording of the administration. All medicines were checked and audited on a regular basis to ensure any errors or poor practice was identified speedily and addressed.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

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 the last inspection this key question was not rated. The service was last rated following an inspection in July 2019 and at this time it was rated requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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

- The home was purpose built and some redecoration had taken place to meet the support needs of people with dementia, but further work was still required to make the home more dementia friendly.
- We noted signage for people with dementia was not always in place, for example, toilets and bathroom were not clearly identified with pictures or symbols to help people recognise these areas and to orientate themselves. Doors were not of sufficiently different colours to differentiate them and there was a lack of points of reference to help ensure people were familiar with their environment.
- Although some people's bedrooms were personalised, other bedrooms were not personalised with the person's possessions and memorabilia. These rooms did not appear to provide the environment to stimulate the person's interests or the standard of decoration to make the room homely and inviting to stay in. In another instance we found one person's bedroom clock on the wall was not working. They told us it had not been working since they arrived at the home. Care workers had not noted this needed to be addressed to give support to the person to know what time of day it was.
- We discussed our findings with the management team who said they were already aware of a number of the issues we identified during the inspection and had plans to make improvements. This included implementing change, as directed by The King's Fund, an independent charitable organisation working to improve health and care in England, and the University of Stirling guidelines for a dementia friendly environment. After the inspection, the provider sent us a completed Kings Fund assessment to identify how dementia friendly the home was. This demonstrated that the provider had started making improvements and implementing change to make the service more dementia friendly.
- However, at the time of the inspection, they were still in the process of change and the lack of a dementia friendly environment had been raised at the 2019 inspection. Therefore, we found that two years later, the provider had not fully implemented the changes and was still in the process of change.
- The provider had decorated some of the corridors to stimulate people's interests and attention. For example, one corridor had a London bus seating area and another floor displayed in the corridors tactile wall hangings for people to look at and touch as they walked about the home. There were memory boxes outside some doors with items familiar to the occupant to help them identify their room.

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

- The provider worked closely with health professionals to ensure people could access healthcare services in a timely manner.

●There was positive feedback from a visiting health professional in July 2021 about the good practice with regard to wound care and people's skin integrity they witnessed in the home. They congratulated the staff on achieving this, "Well done, to your team on the good practice. Keep up the good work."
●We found, with a few exceptions in people's fluid charts, people's daily health records and associated health recordings were completed promptly. Health records included, nutrition and fluid charts, bowel movements, oral hygiene, body maps and monthly weight charts. This good practice meant nursing staff and health professionals could monitor and identify changes in people's health.
● The staff supported people to access appropriate health care and made referrals to healthcare professionals in a timely manner. Referrals included, dietitians, tissue viability nurses, speech and language therapists and chiropodists. There was frequent engagement with the GP service for advice, in virtual rounds and visits.
● Relatives told us, "My [Family member] is a very tricky person especially when it comes to health, things have to be a certain way, [Family member] had to get adjusted…[Family member] said [Staff] are like their extended family…They are very happy and so I am happy…They do not want to leave."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The provider completed assessments prior to accepting a person into the home. These were usually completed by telephone and reviewing health and social care professional's assessments and reports and speaking with their nursing staff.
●The management team told us they spoke with people and their relatives whenever possible prior to or just after admission. Using their contribution, they expanded the care plan with people's preferences and further background information. There was ongoing amendment of the care plans and risk assessments as they got to know the person and as their circumstances changed.

Staff support: induction, training, skills and experience
●The provider had systems to ensure staff received appropriate training and support to undertake their role.

●Staff were provided with supervision in line with the provider's guidelines as support to help them undertake their role and completed a yearly review/appraisal of their work. They also had ongoing support from senior care workers and nursing staff through daily meetings and the management team through an, 'open door' policy.
●Staff were provided with e-learning induction training which covered relevant areas of care and included, basic life support, pressure area management, dignity in care and equality and diversity. They completed moving and handling training and undertook practical competencies where staff were observed. Training about infection control, donning and doffing of PPE equipment was provided. Further guidance was displayed for staff as reminders on notice boards in prominent positions in the home.
●The management team had designed a programme for training about dementia care to meet the training and development needs of all staff, this included housekeeping and kitchen staff as well as care workers. The programme included, communicating with people who had dementia and responding to people when they were distressed.
●There were champions of various aspects of care provided in the home. This included end of life champions and infection control champions who acted as a role model for staff and who offered further advice and support.

Supporting people to eat and drink enough to maintain a balanced diet
●The provider had systems and processes to ensure people's dietary and support to eat needs were well managed.
●Information about people's dietary requirements was available in care plans for nurses and care workers

to understand. The care plan information was also in the kitchen for the chef and kitchen staff. In addition to dietary information which was displayed for quick reference. There were daily meetings where any changes to people's dietary support was shared with the chef, so they always had up to date information.

●We observed staff supporting people to eat food prepared with the right texture as the speech and language therapists had assessed. Pureed food was served piped in an attractive way and care workers described what each piped food was and asked if the person enjoyed their meal. People's dietary requirements were supported so that they could eat appropriate meals. For example, people with a diagnosis of diabetes were offered alternate desserts which were sugar free. Those who had religious or cultural food requirements were supported to eat appropriate foods.

●There was a four weekly rolling menu. This was designed by the provider and they had produced a sizable book of alternatives and ideas for the chef to reference. The home catered for Eurocentric diets and Asian diets and had two separate menus each day with choices on both menus. The chef and staff asked for feedback each day. The chef gave an example that one dessert proved to be unpopular from feedback, as such they now substituted another dessert which people much preferred.

●We observed choice was given, people who had difficulties choosing from the written menu were offered two different plates of food so they could see and chose which one they preferred. There was a good choice at breakfast, which included, multiple types of egg dishes, bacon and other cooked foods as well as a variety of cereals, toast and spreads.

●People's comments were mostly positive about the meals, but two people felt they were not always receiving a variety of dishes they preferred. Comments included, "This is a nice breakfast," and "The food is adequate," and "Yes nice food," and "The food is not good, sometimes not much variety, they asked me, [What I would like to eat], but they went away and the same thing is coming, always same rice and dal, I would like macaroni cheese or anything different."

Ensuring consent to care and treatment in line with law and guidance

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

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

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

●We found staff had completed mental capacity assessments for people when it was indicated they may not have capacity to make specific decisions. A best interest decision was then made on their behalf in line with the MCA 2005.

●Applications to deprive a person of their liberty had been made with the appropriate body and reviews were requested in a timely manner.

●We observed staff gave and encouraged peoples, 'everyday' choices wherever possible and staff demonstrated they respected people's decisions.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. The service was last rated following an inspection in July 2019 and at this time it was rated requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure care plans and the care provided was person centred. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

● People's end of life care plans were not always person centred. Whilst people's health needs in relation to end of life care were assessed and documented, their personal preferences and wishes about how they wanted to receive end of life care were not always recorded.
●During the inspection, the care plans we looked at only contained 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions. They did not have information about the person's cultural and spiritual considerations about end of life care. There was therefore a risk that a person might not receive the necessary religious or cultural support they needed at the end of their lives, such as prayers and support from a relevant spiritual leader. Also, it was not recorded if the person had specific wishes about their funeral arrangements or if there were specific people who should be contacted in the event of their death.
●Following the inspection, the provider sent us two completed end of life care plans to show that they had started working on the care plans to improve and individualise them to the needs, preferences and wishes of the person and their relatives.
●The manager informed us that recently two senior staff had taken the role of end of life champions and had received training to support them to undertake their role. They offered advice and support to other nursing staff and care workers. They liaised with GP, pharmacist and palliative care staff to ensure the person remain pain free and comfortable.
●With the exception of the end of life care plans, people had person centred plans which addressed their other needs, and which detailed how they wanted their care to be provided. This included the support people required to manage their personal care and their preferences about how that care should be provided.
●People's care plans contained information about their diverse needs, cultural heritage and backgrounds so care workers could have a better understanding about the person and their needs and preferences.

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

●Although there were strategies to engage people in activities these were not fully successful in facilitating meaningful activities for people. Most relatives told us they thought their family members did some activities but often relatives had only been able to visit in a limited capacity due to the pandemic and as such could not state with certainty what took place. One relative told us, "I have told them we are not happy with [family member] being in their room alone…they should have the radio or TV, so they have some background noise." Another said, "[Person], is not involved in any activities, I think staff just go in [for personal care]. There is only one staff that would speak to them, but I don't think [staff] spends much time with [Person]".

●Two activities co-ordinators were employed and had been trained to offer activities throughout the week. This was to engage with people for group and individual activities and there was an activities programme displayed. Advice and support were being provided from the providers activities programme team called, 'Magic Moments'. However, our observations throughout the day of inspection found people were not being engaged in a meaningful way. Thought was not being given about how activities could be introduced or how to effectively engage with and involve people.

●For example, the activities co-ordinator had an electronic tablet with activities on it such as quizzes and games. They showed the tablet to one person for five minutes but were in the same room as a loud television. The noise and changing images on the television were distracting which meant these would have caused difficulties with hearing or concentrating on the conversation or tablet.

●A group of mostly sleeping people were presented by an activities co-ordinator with a football to pass or kick around, as an activity. This was not a successful activity as people were just waking up from sleep.

●We observed a care worker tried to talk with someone about war time but randomly just introduced a statement about war time. There was no context, no item or photo used to trigger a memory or start a reminiscence. As a result, the person did not engage with them.

There was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●We observed whilst the garden did need some attention there was some vegetables growing in raised beds and high level troughs were used as a gardening activity. Additionally, there was garden furniture available for people's use. People told us they were supported to go out in the garden when the weather was warm enough. One relative told us, "Yes the nurses do say when the weather is good. [Person] will sit in the garden and do game boards and take part in activities, but not sure what type of activities."

●The management team member shared with us a video where the, 'Magic moments' team had facilitated a session of Bhangra music and dancing. People had clearly enjoyed this, and further activities were planned to build on this successful event. One relative said, "The staff that [Person] really likes is the one who does the activities. When the weather is good, they do go out and do things outside."

● The care workers and activities co-ordinators supported people to remain in contact with their family members through the pandemic. They had facilitated phone calls and used electronic tablets. Relatives confirmed they were supported to remain in contact with their loved ones. Their comments included, "They would email during the pandemic and they would bring the phone to [family member] when I ring" and "We can talk to [family member] any time; they would take the phone to them and tell them who is on the phone. Staff are always helpful and seem really nice."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

●Information was provided for people to view or to make choices. There was literature displayed in the entrance foyer area which was accessible, and some complaints procedures were in an easy read format so those could be easily understood. The staff also use picture cards for illustrations and translations via the internet if necessary. For people whose first languages were other than English the staff had provided a, 'Service User Guide' written in their preferred language.

●People's care plans included the equipment and aids they required to communicate effectively such as use of glasses and hearing aids. One person who had nursing support needs and a learning disability had one to one support from care workers who understood how best to communicate with them. For example, they knew some MAKATON. [This is a method of communication which uses signs together with speech and symbols, to enable people to communicate].

●People's care plans stated their language preferences and what support they required to understand what was being said and how to make themselves understood.

●Several staff spoke a number of Asian languages and we observed they spoke with people in their preferred language. Many other staff had learnt key phrases or words in certain languages to support them to work with people more effectively.

Improving care quality in response to complaints or concerns

● The provider facilitated people and relatives to complain and complaints procedures were displayed in the entrance foyer of the home and on notice boards so people and relatives could refer to those.

●Most relatives told us they knew how to complain should they need to do so, their comments included, "If I have a problem with [family member] care I would speak to the manager… we did speak to the previous manager about general care and they sorted regarding how often [family member] had a shower and they did not make us feel uncomfortable," and "I have not seen any information or anything about making complaints but I have never had to make one," and "Well I would know how to complain, but I have not had to make a complaint,"

●The provider acknowledged, investigated and addressed complaints appropriately. They responded to people and relatives with their findings.

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 the last inspection this key question was not rated. The service was last rated following an inspection in July 2019 and at this time it was rated requires improvement. At this inspection this key question has now remained the same. 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

At the previous rated inspection in the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met some of the concerns identified at the last inspection but was still in the process of making further improvements.

Not enough improvement had been made sustained and the provider was still in breach of regulation 17.

● The manager and staff undertook health and safety checks and monthly audits, including care plans and medicines audits. But these were not always effective to identify areas where improvements were required so these could be addressed.
● We saw evidence that the provider's quality assurance systems on 29 July 2021 had identified the need to improve activities. However, the need to improve activities had been identified at the 2019 inspection and we found at this inspection the provider had not made sufficient changes to the recreational and social activities provided in the home to make them more meaningful and stimulating for people.
●Further work was also required to make the home more dementia friendly in terms of signage and to, as far as possible, make people's bedrooms more homely and inviting.
●There had been several changes of manager since our last rated inspection in 2019. At the time of this inspection the provider was recruiting for a deputy manager and a clinical lead and had just recruited a manager into post. Staff told us they had found adjusting to the frequent changes of manager and senior staff difficult. We found this inconsistency in leadership had impacted on achieving some of the actions required from our previous inspections, such as making every person's end of life care plans more person centred and improving the provision of meaningful activities for people.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Notwithstanding this, the provider had endeavoured to create continuity, but explained circumstances, which included national current market forces had made it difficult to retain managers and recruit permanent nursing staff. The area director and regional manager had worked with the management in the home since spring 2020. They had put in various strategies to encourage recruitment of permanent nursing

staff. An agency nursing staff member told us they felt well supported when they worked at the home. They said, "I like it here I come regularly once or twice a week, I only started here last month, but I like coming back as the manager is very supportive, for example, in the morning they come and see us and help if we need it."

● During the inspection, we noted the permanent nursing and senior care workers in post were committed to moving forward and providing quality care. Their comments included, "I hope it will get better, we need some regular staff, some core staff for stability, but I am not going, I am not running away I am here to stay," and "I hope it will get better, I like it here and I care about the residents. I get to learn a lot. It feels like my second home and we work as a team."

●The provider had just appointed a manager into post who had worked as the deputy previously. The manager demonstrated to us they were familiar and knowledgeable about people living in the home and were aware of staff's individual strengths. Management, nurses, senior care workers and care workers and associated staff members were clear about their role. There was a clear line of management responsibility this included quality assurance with actions and outcomes recorded in action plans to address shortfalls.

● Relatives told us they felt the home was well-led and generally well-organised. Their comments included, "They seem organised, the way they keep the home and staff are friendly, the place is tidy, it looks like its organised well," and "As far as I can see, from January onwards it's been great. [Family member] is happy and they are doing a great job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider recorded equality characteristics of people in their care records and took those into account when planning people's care and support. The provider had also recorded staff equality characteristics and demonstrated they considered those when supporting staff in their role.

●People spoke positively about living at the home and the care they received from nursing and care staff. Relatives comments were generally favourable, "Yes I am happy, and [Family member] is happy there. [Family member] likes all the staff and said they are good. [Staff] always greet the residents and they accommodate what [Family member] wants," and "The managers keep changing but they seem very nice and friendly," and "I have met the new manager who is very good."

●There were good lines of communication within the home. Information was shared verbally through team handovers and daily briefing sessions with heads of departments. People's information was recorded, and care workers had access to changes and updates. The manager walked around the home and spoke with people, so they had opportunities to share their views or concerns. The provider representatives, the regional manager and regional support manager visited several times a week and spoke with people to capture their views. They checked daily records to make sure people's needs were being met appropriately.

●Relatives told us they found communication good and inclusive. Some, but not all, spoken with told us they received updates about changes in the home. Their comments included, "I get an email each month. I know if there is a family meeting, but usually it's when I am at work. The manager will email if anything is going on," and "Yes, they are very good at communication," and "There seems to be a lack of communication online," and "I don't have a lot to do with management team, but they will send the emails, and I know their names and they know me and I have a nice rapport with the staff".

●Relatives were sent surveys and questionnaires to gauge their satisfaction with the service provided. The provider reviewed these and actioned measures in response to comments and feedback.

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

●The manager and regional manager described how they understand duty of candour and would be honest

and open with people, relatives and appropriate bodies when there was a concern.

●The management team investigated complaints and shared the outcome with the complainant. They discussed outcomes in the heads of department daily meetings, information from the meetings was cascaded to care workers. This was to ensure going forward there was no reoccurrence.

Continuous learning and improving care; Working in partnership with others

●The newly appointed manager was knowledgeable about the people and the staff team. They described how they were being supported to learn more about their new management role. The provider confirmed training was being accessed to enable the manager to learn new skills and embed their current knowledge.

●The management team worked closely with health and social care professionals for the benefit of people living at the home. They liaised closely with the commissioning bodies to ensure they were providing an appropriate care and attended provider meetings to keep abreast of changes in social care.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care was always designed to meet the social and recreational needs of the service users according to their preferences. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)