Coate Water Care Company (Church View Nursing Home) Limited

Mockley Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Mockley Manor is a residential care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. Some of the people being cared for at the home were living with dementia or physical disabilities. At the time of our inspection visit there were 42 people living at the home.

People's experience of using this service and what we found
Risk's to people's health were not always managed safely. We found risks associated with catheter care, skin damage and aspiration. Risk's within the environment were not always managed safely. We found a risk of entrapment and a potential risk of cross infection due to people sharing slings. Some immediate actions were taken to protect people from the risk of harm and other action was planned to ensure records supported the management of risk.

People told us they felt safe. The registered manager and staff understood their safeguarding responsibilities to protect people from avoidable harm. People told us their medicines were managed safely. We found medicines were ordered, received, stored, administered and disposed of safely.

Staff told us they were recruited safely. People told us they felt there was a shortage of staff and some staff agreed. However, records demonstrated staffing levels met required dependency levels. Staff understood their responsibilities to report accidents and incidents, and analysis took place to identified patterns and trends.

The mealtime experience required improvements. There were missed opportunities to encourage people to eat and drink more.

People told us staff at Mockley Manor were caring and kind. Staff respected people's rights to privacy and dignity and enabled them to make choices about how they wanted their care to be delivered.

People's needs were assessed before being supported by the service. This meant the service could be sure they could meet people's varying needs. Staff received appropriate training and guidance to complete their role well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

People told us they had access to medical professionals where required and referrals were made in a timely way. A healthcare professional confirmed their advice was followed.

People received personalised care and records supported this practice. Systems were in place to manage and respond to any complaints or concerns raised.

Systems and processes were in place to monitor the quality within the home. However, these had not always identified the issues we found during the first day of our visit. The registered manager understood their regulatory responsibilities and had informed us of significant events at the service since taking on the management role.

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 08 February 2017).

Why we inspected
This was a planned inspection based on the previous rating. The overall rating for the service has changed from good to requires improvement. Please see the safe, effective and well-led sections of this full report.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

Mockley Manor 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.

Inspection team
The inspection was carried out by two inspectors, a specialist nurse advisor 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
Mockley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. 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 sought feedback from the local authority and professionals who work with the service as well as

Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service, a friend of a person who used the service and three relatives about their experience of the care provided. 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 the registered manager, a director from the provider company, the deputy manager, the clinical lead, the non-clinical lead, the home mentor, a senior care assistant, three care assistants, the chef, the activities co-ordinator and three domestic staff.

We reviewed a range of records which included two people's care records in full and specific issues in other people's care records. We reviewed three people's medicine records and looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the overall management at the service.

After the inspection
We received concerns relating to poor care practices at the service. Most of these were explored during our visit. However, we continued to seek clarification from the provider about these, and to validate the evidence found. We looked at risk assessments and quality assurance records. We also spoke to a healthcare professional who regularly visited the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

● Records demonstrated risks to people's health had been identified. However, risks were not always managed safely. One person had been assessed as 'very high risk of aspiration' and it had been agreed in a best interest meeting the person required observations via a camera to enable staff to respond quickly to keep the person safe. During the first day of our visit, we found the camera was not being monitored as it had been left in the nurse's station at various points throughout the day. We could therefore not be sure this risk was being managed safely.

● We found one person in bed with a full catheter bag. It was not in the correct position and was so full, urine was unable to drain into it. This posed risks to the person's health. The required checks had not been undertaken to demonstrate this risk was being managed safely.

● There were insufficient records to support the management of risks related to skin damage. Some people needed to be repositioned regularly because they were at high risk of developing pressure sores. Records did not always evidence repositioning was being done in accordance with people's care plans .

● The provider had systems and processes to check the environment and equipment was safe for people. However, we found one person's mattress did not fit a person's bedframe and they were able to put their arm between the mattress and bed rails. This presented a risk of entrapment which could lead to serious injury. We discussed this with the registered manager who assured us this risk had already been identified and a new mattress was being implemented immediately.

● Some people had been prescribed thickener to add to fluids to reduce the risk of choking. We found more than one occasion where thickener had not been stored safely and had been left unattended in a communal area and in people's bedrooms. This meant it was accessible to people as they walked around the home. NHS England issued a safety alert in February 2015 for the need for proper storage and management of thickening powders in response to an incident where a care home resident died following the accidental ingestion of thickening powder.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

● We discussed this with the registered manager and director. Action was immediately taken to address some of the concerns. The camera used to monitor a person's risk of aspiration had been moved to the registered manager's office and was being monitored. The person's catheter had been emptied and more regular monitoring was put in place to minimise risk. Safe storage had been sourced for people's prescribed thickener and staff had been reminded of the associated risks of leaving this product unattended. The risk of entrapment had also been minimised as the mattress had been replaced.

● The registered manager also assured us they would be carrying out frequent checks to ensure staff were managing risk's associated with people's health and safely. The director explained there had been some 'teething problems' with staff recording information on the new electronic care planning system. A full review was planned to ensure all interventions required by staff to manage risk were recorded on the system and additional sessions had been arranged to support staff with using the system following our visit.

Using medicines safely

● People received their medicines as prescribed and records had been completed correctly to show medicines were ordered, received, stored, administered and disposed of safely.

● Regular checks were complete to ensure the safe management of medicines and each boxed medicine was counted before administration to prevent errors.

● Care records included information about how people liked to take their medicines and demonstrated people's medicines were reviewed regularly with other healthcare professionals to ensure they remained effective and appropriate for people's individual needs.

● Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.

Systems and processes to safeguard people from the risk of abuse

● People and told us they felt safe. Comments included, "Yes I am safe. Safe as houses" and "I feel safe. Everybody here comes in and looks after me."

● Relatives confirmed people were safe. One relative told us, "[Person] is safe here. Safer than being at home. The carers make [person] safe."

● Staff had received safeguarding training and understood their responsibility to report any concerns about a person's welfare. One told us, "You would have to report it to the manager or the nurse on duty if the manager was busy."

● Records showed the registered manager understood their safeguarding responsibilities and had made referrals to the local authority and CQC where necessary.

Staffing and recruitment

● The provider used an accredited dependency tool to calculate staffing levels. This was regularly reviewed and provided confidence there were enough staff to provide safe care. Records showed the number of staff calculated was the same as the rota for planned care delivery.

● However, most people told us they felt there was a shortage of staff. Comments included, "They are short staffed" and, "They are a bit short."

● We received mixed feedback from staff about whether staffing levels enabled them to provide care in a safe way. Some staff told us they felt pressured to complete tasks and would like to have more time to spend with people outside of meeting their care needs. Others told us they could not always maintain a constant staff presence in the communal lounges when supporting people in their bedrooms. One staff member explained, "If you are in people's bedrooms you have to leave the door open a bit, so you can hear the sensor mats going off (in the lounge). I personally think there should be a member of staff in there."

● We observed enough clinical and care staff to meet people's needs. Staff were busy, but not rushed and call bells did not ring for any extended length of time. Whilst there were occasions when there were no staff in the lounge of one area of the home, this was not for any extended period of time.

● We discussed this with the provider and registered manager who told us concerns with staffing levels had not been raised with them but they would look at the deployment of staff to ensure people received safe and effective care.

● New staff told us the provider followed a thorough recruitment process to ensure they were suitable for their roles. This included carrying out Disclosure and Barring Service checks and obtaining references prior

to them starting work.

Preventing and controlling infection

● Prior to our visit we received some concerns about poor infection control practices within the home. These included staff not having enough personal protective equipment to minimise the spread of infection and concerns the home was dirty. We specifically asked people and staff their views of infection control practices at the home. Each person we spoke to told us staff followed good infection control practices which included wearing personal protective equipment and washing their hands.

● People told us there was a good level of cleanliness. Comments included, "Yes, spotless" and, "Every day they clean." However, some areas of the home, such as the clinic room required a deep clean. Immediate action was taken, and improvements had been made by our visit the following day.

● Staff understood their role and responsibilities in relation to infection control and hygiene. Domestic staff explained the extra precautions they had taken following a recent episode of diarrhoea and vomiting in the home.

● Some risks relating to infection control had not been adequately assessed or managed. For example, the home had two pet dogs which increased a potential risk of spreading infection and the risk management plan was basic. However, the registered manager took immediate action and completed a detailed risk assessment to mitigate this risk and sent it to us following our visit.

● Some people required equipment such as hoists to mobilise. We found hoist slings were not individually named which posed risks of cross infection if used for more than one person. Some staff were unable to tell us how they identified people's specific slings. This posed additional potential risks if staff used the wrong sized sling for people. Immediate action was taken to wash each sling and ensure they had been named.

Learning lessons when things go wrong

● Staff understood their responsibilities to report accidents and incidents. We saw examples of where immediate action had been taken to reduce the chance of reoccurrence.

● Accidents and incidents were monitored and analysed to identify patterns and trends. For example, a recent analysis had identified an increase in falls at tea time. As a result, the times staff finished their shifts had been altered and the number of falls had reduced.

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 rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- On the first day of our visit the mealtime experience required improvements. For example, some people waited 50 minutes for their food to arrive. One person commented "I have gone stiff."
- People chose what they wanted to eat for lunch during the morning. However, we did not see people being offered a choice at the point of service, so they did not have an opportunity to change their minds. In one area of the home, we did not see people being offered a choice of whether they would like to move from their lounge chairs to eat their lunch at the dining table.
- There were also occasions where staff missed opportunities to encourage people to eat and drink more. For example, at lunch time one person left all their vegetables and told us they were still hungry. Staff cleared away the person's plate without asking if they wanted anything else to eat. Another person asked for a cup of tea and was told the tea trolley would be round soon, but it was 40 minutes later.
- We discussed these issues with the registered manager who told us they were implementing observations, so the dining experience could be monitored. They did not feel this was usual practice within the home.
- Records also showed people were not always offered enough fluids. However, everyone we spoke to told us they had enough to eat and drink. Comments included, "I can eat and drink at any time" and, "You can get drinks and snacks when you want." The director confirmed they felt this was a recording issue and confirmed supervision meetings would be held with staff to ensure they knew how to record offered fluids in the new electronic recording system.
- The chef was aware of people's nutritional needs and sought feedback from people, so they could provide a varied menu that met people's individual preferences.
- People spoke positively about the quality of the food and told us they could eat and drink at times to suit them. Comments included, "The food is very nice."
- Where risks had been identified related to eating and drinking, such as difficulty swallowing, adaptations were made to reduce the risk of choking. For example, some people received a soft diet, or their food was pureed.

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

- People's needs and preferences had been assessed before they moved into the home. This enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments were used to develop individual care plans in line with

current best practice guidelines.

Staff support: induction, training, skills and experience
● People received care from staff who had the relevant training to meet their needs.
● The provider's induction for staff new to care included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
● Records demonstrated a good level of compliance with staff training which kept staff up to date with best practice. One staff member told us about some 'virtual' dementia care training they had recently received and how this had helped to improve their practice. They explained, "It made me think probably more about what they are going through and how we approach them."
● A healthcare professional told us the provider was very responsive to any training sessions they arranged and a representative from the home was always in attendance to ensure they were aware of the latest best practice guidelines.
● People and relatives told us staff had the right training to meet their needs. Comments included, "They are trained. They use the hoist and they know how to use it" and "They [staff] know what they are doing, even the new ones."
● Staff felt supported in their roles through individual and team meetings. One described their supervision meetings as 'really good and went on to say, "I get to sit with my manager and discuss any things I need to improve or need help with, or anything I am not too happy with."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff communicated with each other and shared information through the electronic care records and during handover and daily head of department meetings. The chef explained how this enabled them to provide effective care, particularly to people who were unwell.
● People and relatives told us they received effective and timely care. Comments included, "They call the doctor when I am not well" and "[Person] has had a few infections and they are quick to get antibiotics."
● Records showed people had access to a doctor who visited the home regularly and referrals had been made to other health professionals such as dieticians and speech and language team.
● The local authority 'Red Bag' initiative had been introduced into the home. The initiative is designed to ensure information is shared in a timely way with other healthcare professionals, if a hospital admission is needed .

Adapting service, design, decoration to meet people's needs
● An extensive programme of expansion and refurbishment was taking place in the home which had some impact on the environment and meant people had limited access to the outside areas. The provider assured us this was a short-term issue and people would benefit from the improvements and better communal facilities.
● People were encouraged to personalise their bedrooms. One person told us they felt 'at home' because they had pictures and photographs of their family around them.

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

possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood the principles of the MCA and we saw staff offered people choices about how they lived their lives and wanted their care to be delivered.

● People agreed and told us staff asked for their consent before delivering care. One person told us, "They always ask for my agreement."

● Where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed however these assessments lacked detail. The registered manager told us these were being reviewed in line with the forthcoming changes in legislation.

● Where people were deemed to lack the capacity to make a decision, decisions had been made in their best interests.

● Staff understood when they needed to act in the best interests of people who lacked capacity to maintain their health and wellbeing. One staff member explained, "If people lack capacity, but you know there is something that needs to be done, for example if they are soiled, then you have to act in their best interests to prevent skin damage."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. Comments included, "They are kind and caring", "They are lovely and nice" and, "We have become good friends."
- Relatives agreed, and one relative told us, "When [person] sees the staff, they start smiling."
- Staff communicated with people in a warm and friendly way. We saw staff holding hands, smiling and laughing with people. One person told us, "They treat you exceptionally well. They treat you as an individual, they don't rush you and whatever they are doing to you, they are very calm."
- We saw one staff member assist a person with lunch in their bedroom. The person had a soft toy lying on the pillow by their head. The staff member knew the name of the soft toy and asked if they could move it. They then explained to the person what food was on their plate and how they were going to support the person to eat. The person was assisted to eat in a relaxed and unhurried manner.
- One person told us about an occasion a staff member had sprayed their bed with perfume to make them feel better when they returned from hospital. They said, "It was lovely."
- Staff demonstrated a caring commitment to the people who lived at Mockley Manor. For example, staff had worked together to raise money to purchase an electronic interactive activity table for the home for people to enjoy.
- The provider recognised people's diversity and had a policy in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals regardless of their background or beliefs.
- People's spiritual and religious needs were supported with visits from different faith groups. Staff had recently supported one person to renew their wedding vows and this was celebrated with friends and family at the home.

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

- People were supported to express their views and were involved in making decisions about their care. One person told us, "They [staff] listen to me and act on what I say."
- Where appropriate, people's relatives were involved in making decisions about their care. One relative told us, "I was involved in their move here and the support they need." Advocacy information was also available if required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We saw staff asking people discreetly if they needed assistance with personal care and knocking bedroom door's before entering.

● The provider understood the importance of promoting dignity and respect in care. They had developed a dignity pledge which they had encouraged all staff to sign up to.
● People were encouraged to maintain their independence. One person told us, "They encourage me to do things for myself."

Good

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 rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and told us overall, staff were responsive to their needs. One person told us, "I get the support when I need it." Another person told us, "I can get up and go to bed when I want."
- The views of people, their relatives and other health and social care professionals had been considered when plans for people's care had been put in place and reviewed. Some information was yet to be transferred to the new electronic system, but paper copies were available.
- People and relatives told us staff knew people well. One person told us, "They know what I like and don't like."
- Where people could become anxious or agitated, staff had explored ways of providing them with reassurance. One person particularly benefited from doll therapy and felt reassured by having something to look after.
- However, staff had limited access to information about people's backgrounds, so they could understand their interests and motivations and have meaningful conversations with them. The registered manager said this was an area that had been identified as requiring improvement and work was being done to capture and share this information within a 'This is Me' document . Despite this, staff knew people well and had a good understanding of people's interests to generate conversations.

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.

- Care plans contained information about people's preferred method of communication and described how staff should engage with people to ensure they provided responsive care.
- The activities co-ordinator told us how they planned to introduce pictures and photographs to help some people make their meal choices.

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

- People were supported to take part in activities of their choice. A variety of group activities were available to people and included soft ball exercise, chair exercise, music therapy and crafts. Some activities were also organised around seasonal and religious events to recognise their importance.
- People who were cared for in bed or preferred to stay in their bedrooms benefitted from a one to one

session with the activity co-ordinator. These sessions were designed around people's individual preferences.

● An interactive activity table had recently been purchased for the home which was particularly beneficial for people in the moderate to severe stages of dementia. It was an interactive light game which projects bright and colourful images on to a screen. The images respond to hand and arm gestures by moving around the screen and encourage physical activity and social engagement, and we saw this being used.
● Staff had also supported one person to use an electronic device to communicate with their family who lived abroad.
● The registered manager had developed links with the local community. Children from a local preschool visited the home regularly to sing with people at the home. A local cub group also visited to make memory boxes with some of the residents. A relative wrote to the home to express how moving it was to see the residents interacting with the children and 'getting so much out of each other's company.'

Improving care quality in response to complaints or concerns
● A complaints policy was in place and was displayed in the home and in people's bedrooms. The policy was written in an easy read format and gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
● People told us they knew how to complain but stated they had 'no complaints.'
● The provider had received four formal complaints in the six months prior to our inspection visit. These had all been fully investigated and action taken to resolve any issues identified.

End of life care and support
● At the time of the inspection, there was no end of life care being delivered. However, staff had very recently supported a person at this stage of their life. This person's relative commented, "We believe the treatment here was second to none. As a family we feel we were also supported by the staff, especially during her last few weeks and days. [Person] always said how caring the staff were and that she felt loved at Mockley. They respected her dignity at all times especially during the last few days."
● The registered manager explained as a person reached the end of their life, the service liaised with other healthcare professionals to ensure people received the right care and support.
● People's preferences and wishes for end of life care were recorded in their care plan so staff could be sure people were supported in the way they wanted.

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 rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant outcomes for people were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The deputy and registered manager completed regular checks to ensure people received high quality and compassionate care. However, these checks had not always been effective or identified the issues found during our visit. For example, risks of aspiration were not being managed as per a person's care plan, people at high risk of skin damage were not being repositioned when they should have been, checks were not in place to ensure people had been offered enough fluids, risk assessments for catheter care lacked detail to guide staff how to mitigate risk and regular checks on a person's catheter had not been complete.
- Checks of the environment had not always identified risk's to people's safety. For example, slings had not been named to reduce the risk of falls and the spread of infection, and safe storage of prescribed thickener had not been maintained.
- Where the provider's checks had identified areas for improvement, it was not always clear what actions had been taken to drive improvements. For example, during a night visit on 27 February 2019 issues were identified with three people's catheters. At this inspection we found the risks around catheter management still needed to be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

- Although the provider's systems and processes had not identified these risks to the health, safety and welfare of people who use the service, the registered manager and director were responsive to our findings and immediate action was taken to address some of the concerns.
- Assurance was also provided by the registered manager who told us they would be carrying out more frequent physical checks to ensure staff were managing risk's associated with people's health safely.
- The director had also recognised some staff had not been recording information within the electronic care planning system. Plans were in place to review the electronic care planning system to ensure all staff interventions such as emptying catheter bags and repositioning had prompts which alerted staff to ensure these tasks were completed to manage the risks associated with people's care.
- We were also assured action would be taken to audit people's food and fluid recordings to ensure people were being offered enough to eat and drink .
- The registered manager understood their regulatory responsibilities. They had provided us (CQC) with notifications about important events and incidents that occurred in the home and the rating of the last

inspection was displayed on the provider website and clearly within the home.

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

● People and relatives told us they could speak to the manager. Comments included, "I can speak to the deputy and the registered manager" and, "They are approachable."

● However, we received very mixed feedback from staff about the management of the home. Some staff had confidence the home was managed well, but others did not. Comments included, "[Registered manager] has always been so supportive of me" and, "Some feel they don't get support from above. Staff have raised issues, but they feel it is brushed under the carpet."

● Some staff told us the morale at the home was low and explained they felt 'under pressure." One issue staff were concerned about was the lack of a staff room because of the building works. One staff member explained, "I don't think I have bonded with staff as before because there is nowhere to sit and talk to them."

● We discussed this with the director who explained there had been some difficulties within the staff team, but these were being addressed in line with the provider's standards and expectations. They assured us staff would have their own space once the building work had been completed. Records showed an employee of the month scheme had also been implemented to help celebrate success and raise morale.

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 registered manager and provider worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

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

● Records showed some surveys had been sent to people and relatives to gather their feedback about the home.

● The provider had invested in a 'future leaders' programme to upskill their current members of staff. One staff member had successfully completed the programme and had become a deputy manager.

● The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and their internal clinical governance group, as well as being members of Skills for Care. The director told us, "All managers are expected to be active in the networks in their region."

● The provider and registered manager worked with other health professionals and local organisations to enhance the support people received. A healthcare professional told us, "We have recently worked with Mockley to support patients with dysphasia. They have got a good grasp on this and had researched new guidelines. What we recommend is put in place."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) Providers must provide care and treatment in a safe way. 12 (2) (b) Providers must do all that is reasonably practicable to mitigate risks 12 (2) (d) Providers must ensure the safety of their premises and the equipment within it. They should have systems and processes that assure compliance with statutory requirements, national guidance and safety alerts.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider must have a process in place to make sure this happens at all times and in response to the changing needs of people who use the service. 17 (2) (a) Systems and processes must assess monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity 17 (2) (b) Systems and processes must assess monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity