

Care UK Community Partnerships Ltd

Elizabeth Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

Elizabeth Lodge is a nursing and residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection the service was supporting 75 people.

Elizabeth Lodge can accommodate up to 87 people across five separate units called Windsor, Tudor, Hanover, Stuart and York. Each unit has separate adapted facilities. The units specialise in providing nursing and residential care to people including those living with dementia.

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

People were not always receiving care that respected and promoted their dignity.

Care was seen to be task focused with minimal interaction and stimulation taking place especially between people and the staff supporting them.

The lack of activities, interaction and stimulation for people on individual units, especially those who did not join in with group activities was not person centred and did not promote people's well-being.

We have made a recommendation about the appropriate deployment of staff to ensure people's safety at all times.

Despite management audits and checks that monitored the quality of care people received identifying these issues, sufficient improvements and changes had not been made to improve people's experiences.

People and relatives were overall happy with the care and support that they received at Elizabeth Lodge. However, negative comments were made around staffing deployment, provision of activities and the level of personal care that people received.

Risks associated with people's health, care and social care needs had been assessed to enable the safe delivery of care for each individual.

Processes in place for medicines management and administration were appropriately followed to ensure people received their medicines safely and as prescribed.

Care plans were person centred and gave information about people's lives, their likes, dislikes and preferences.

People and their relatives told us that they felt safe and secure living at Elizabeth Lodge. Care staff understood their responsibilities around safeguarding people and the steps they would take to report their concerns.

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.

Care staff were appropriately supported through training, supervision and annual appraisals.

People were observed enjoying their meals and were given a choice of what they would like to eat and drink. Snacks and drinks were readily available and offered to people throughout the day.

People and their relatives knew who to speak with if they had a complaint or concern to raise and were generally confident that their concerns would be appropriately addressed.

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 Good (published 15 December 2016). However the key question Responsive was rated as requires improvement. There were no regulatory breaches identified but improvements were required. At this inspection sufficient improvements had not been made and the provider was now found to be in breach of regulations in relation to person centred care, dignity and respect and good governance.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always 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.

Elizabeth Lodge

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

This inspection team consisted of one inspector, one specialist advisor pharmacist, one specialist advisor nurse and three experts-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

Elizabeth Lodge 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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed information we had received about the service since the last inspection which included notifications affecting the safety and well-being of people who used 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 used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 23 relatives about their experience of the care provided. We also observed interactions between people and care staff which included the delivery of care. We spoke with 16 members of staff including the operations director, operations support manager, registered manager, a regional clinical lead, nurses, team leaders, care workers, an activity co-ordinator, a housekeeper and a business administrator. We also spoke to two visiting health care professionals on the first day of the inspection.

We reviewed a range of records. This included 21 people's care records and 34 medicines records. We looked at six staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Elizabeth Lodge. When we asked people if they felt safe and how they knew that, responses received included, "Yes, I feel safe. There are lots of carers around. If I press my buzzer they come quite quickly" and "Yes, I am alright here."
- Relatives also confirmed that they felt reassured that their relative was safe living at Elizabeth Lodge. Feedback included, "Yes, he is safe", "Yes, he seems safe. He had a fall and they put in remedial measures" and "Oh yes, she is very safe."
- The registered manager and the senior management team understood their responsibilities around reporting any concerns or allegations to the appropriate authorities. Policies in place supported their practices.
- Staff explained the signs they would look for to identify any potential concerns or cases of abuse and explained the steps they would take to report their concerns. Staff also understood how to whistleblow and named organisations they could contact to express their concerns such as the local authority and CQC.

Assessing risk, safety monitoring and management

- Care plans identified and recorded risks associated with people's health, care and medical needs. These were individualised.
- Risk assessments assessed the level of risk and gave guidance to staff on how to minimise the risk and support the person to ensure their safety at all times.
- Assessed risks included falls, moving and handling, choking, skin integrity, behaviours that challenged, risks associated with specific medicines and medical conditions.
- Where monitoring charts were in place to assist in minimising risks associated with poor nutrition and hydration or the breakdown of skin these had been appropriately completed with recorded follow up where required.
- Building safety and equipment checks were routinely completed to ensure the safety of people living at the home. People's care plans included Personal Emergency Evacuation Plans which gave direction to staff and emergency services on how to safely evacuate people in the event of a fire or other emergency.

Staffing and recruitment

- Recruitment checks in place ensured that the service only recruited those staff assessed as safe to work with vulnerable adults. Checks included criminal records, conduct in previous employment, right to work in the UK and proof of identity.
- At the last inspection in December 2016 we observed that the deployment of staff did not always ensure people's safety. People were left unattended for considerable periods of time. At this inspection we found

that this had not improved.

- Our observations saw that communal areas, where people were sat, were left unattended again for up to ten minutes at any one time. We also saw that people who were left in their bedrooms were not always checked upon regularly. Where checks had taken place this was a tick box exercise with no evidence of any social interaction taking place between the person or the staff member. This left people at possible risk of social isolation.

We recommend the provider and the registered manager review the current deployment of staff and implement the required adjustments to ensure that people's safety is maintained at all times.

- However, despite our observations most people and relatives we spoke with told us that there were enough staff available and that they were always supported in a timely manner.
- The registered manager, regional support manager and regional director were informed about our findings and agreed that they would begin to address our concerns immediately.

Using medicines safely

- People were receiving their medicines safely and as prescribed.
- Medicine administration records were complete and no significant gaps or omissions in recording had been noted.
- All medicines were stored securely. We looked at controlled drugs and saw that balances were correct. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.
- Where people were receiving their medicines covertly, multi-disciplinary agreements were in place which involved the service, GP, pharmacist and involved relatives to ensure decisions had been made in the person's best interests. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- We asked to check the stock levels of medicines that were provided in their original packaging to see if they had been given as prescribed. Most checks completed were accurate with a couple of discrepancies identified which were addressed immediately.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- We observed people receiving their medicines and this was done with a person centred approach.
- Regular medicine audits had been completed to ensure that people were receiving their medicines safely and as prescribed. Where issues were identified these were addressed with details of the actions taken. All staff who were authorised to administer medicines had received the appropriate training and had been assessed to confirm their competency in undertaking this task.

Preventing and controlling infection

- Staff had received training in infection control. Staff had access to personal protective equipment to prevent and control the spread of infection.
- We observed the home to be clean and free from malodours.
- The service had been rated four stars at the last food hygiene inspection in May 2018, carried out by the environmental health agency. We were assured that the service was following appropriate food hygiene procedures.

Learning lessons when things go wrong

- All accidents and incidents were recorded, with details of the accident/incident, actions taken and

learning taken forward to prevent any future occurrences.

- The registered manager gave examples of how the service reviewed and analysed each occurrence so that learning and improvements could be identified to prevent future re-occurrences. This included discussions at staff handovers, staff meetings, senior manager meetings and clinical review meetings.
- Staff confirmed that all accidents and incidents were discussed so that they could learn and improve. One staff member told us, "Yes we discuss incidents. They inform every one of us and how we can avoid that."

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 Good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager explained that a comprehensive pre-admission assessment was always completed prior to any new admission and for people returning to the home following a hospital admission.
- The assessment enabled the service to make a judgement about whether they would be able to effectively meet people's required needs. Assessments looked at people's needs around personal care, moving and handling, skin integrity and continence needs.
- A care plan was then compiled to give staff the information and guidance on how the person wished to be supported taking into consideration any risks, special needs and requirements.

Staff support: induction, training, skills and experience

- People and relatives told us that they felt the permanent and regular staff working at the home were appropriately trained and skilled to carry out their role. However, some negativity was shared around agency staff that were brought in to work at the home. People and relatives lacked confidence in their skills and knowledge of people and their needs. The registered manager told us that continuous recruitment of permanent staff was ongoing to reduce the reliance on agency staff.
- Staff told us and records confirmed that they were supported in their role which included regular training, supervisions and an annual appraisal. However, supervision records were not always available to confirm supervision had taken place. We highlighted this to the registered manager who stated that they would try and make sure records of each supervision were kept on file.
- Newly recruited staff underwent a comprehensive induction which included classroom based and online training as well as a period of working alongside a more qualified member of staff to gain experience. One new staff member told us, "The training was fantastic, it enhanced my knowledge to a better understanding. It was essential. The induction covered everything like, fire, basic life training support, documentation and everything that comes within care, manual handling."

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

- Most people that we spoke with were complimentary about the food and meals that they received. One person told us, "The food is lovely." Another person stated, "The food is good." Relatives also gave positive feedback about the quality of food and told us, "The chef makes an effort to find out about her favourite foods" and "He is happy with the food here. He is not meant to eat meat because of religious reasons but he does. He loves it."
- Some people were not so positive about the quality of the food and told us, "Well it is not what I would have at home. I did ask for smaller portions and I got them. It is sort of alright here but I don't always enjoy

it" and "I'm picky. Its fresh, balanced and carefully thought out but I don't like it."

- Drinks, snacks and fruit were available to people throughout the day. Menus of the meal options for the day were on display with choices available. People told us that where they did not like what was on offer alternative choices were available.
- Where people had special dietary requirements, these had been clearly documented in the person's care plan and kitchen staff were aware of these to ensure people received safe and effective care according to their needs. Care plans also listed people's likes and dislikes in relation to food and drink.
- Throughout the inspection we observed that people were supported with their meals where required. However, the way in which this was done was not always person centred and caring. We have reported further on this under the 'Caring' section of this report.

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

- People and their relatives confirmed their needs were effectively met by the service and said they did have access to a variety of healthcare services to support them. One person told us, "They call a doctor if I need one." Relatives told us, "They do act quickly; I've never seen them ignore her or anything" and "Yes they do call in the doctor if she needs it."
- Daily handovers and daily management 'flash' meetings enabled the staff team to communicate with each other and exchange important information about people and their health and care needs so that the care and support could be delivered effectively.
- Where people required specialist intervention, we saw records confirming that the service accessed those services on behalf of people to meet the assessed need. We saw referrals had been made to the dietician, speech and language therapists and the community matron.
- We also saw some records confirming that people had access to a variety of other healthcare professionals including the GP, optician, chiropodist, and dentist. However, not all involvement of health care professionals was consistently recorded. In some cases, we found that where the service had requested intervention or support this information was not easy to find and had not always been followed up, for example medicine reviews. We told the registered manager about our findings who assured us that the necessary improvements would be made.

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

- All areas of the home were accessible by people including the garden and outdoor spaces. Appropriate signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- People had decorated their bedrooms according to their choice and liking. Some people had been able to bring in furniture from their previous home so that a familiar surrounding could be created for their comfort.

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.

- The service had an overview in place which recorded when DoLS had been applied for and when they were due for re-authorisation.
- Where DoLS authorisations were in place these had been clearly recorded within people's care plans along with any applied conditions and how the service was to meet those conditions.
- Mental capacity assessments had been completed for people where specific decisions needed to be made in people's best interests. These included decisions made for areas such as consenting to bed rails, medicines to be administered covertly and supporting with personal care.
- We observed that people were always asked for consent before being supported by care staff in all aspects of their daily living. Staff understood the importance of gaining consent and told us, "We have to ask for consent for everything we do with the resident. We all have the right to say no and make those decisions."
- Care staff demonstrated a good understanding of the basic principles of the MCA and how these were to be applied when supporting and caring for people.

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 now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- In certain areas of the home care was seen to be very task focussed with minimal interaction or conversation taking place between people and the staff supporting them.
- Communal areas, where people were sat, were left unattended for certain periods of time. People had been left in their chairs, facing the television with no other provision of stimulation or interaction.
- Where people remained in their bedrooms for most of the day, the only interaction that they received was when they required care and support. No other activity or social interaction was observed.
- Where people required support with their meals, again we observed that the support provided was task focused with minimal interaction between the person and the staff member, whilst the staff member was supporting the person to eat. Staff were on occasions seen to stand over people to support them with their meal whilst other staff members watched the television whilst they were supporting people to eat.
- People and relatives feedback supported our observations. One person told us, "I like people coming in my room for a chat. Sometimes I have to ask them to." Relatives feedback included, "It's a nice place and the decoration is okay but the caring is non-existent. My [relative] has been left with no stimulation" and "The carers are all very task focussed."
- Daily records for people did not evidence that they were being supported to have a bath or shower on a regular basis as per their choice. One person's care plan stated, '[Person] really enjoys his showers'. However, his daily records for May and June 2019 only evidenced that he had been supported once with a shower during that time.
- We asked the person and their relatives about whether they were supported with a shower or bath. Although the person was non-communicative, they were able to answer yes or no. The person told us that they did not get support with a shower and were not even offered the option to have a shower or a bath.
- For another person, the family stated that the person had not had a bath or shower in the last three months. We looked at the daily records for this person and found that there was no record of them being supported with a bath or shower. On the second day of the inspection we observed that the family supported the person to have a bath. A second relative told us, "They give him bed washes and do not shower him."
- The registered manager and other senior managers were informed of our observations and findings during the inspection process. All managers confirmed that the issues we had identified had been noted as part of their audit processes and a service improvement plan was in place to address the concerns. We have reported further on this under the section of Well-Led.

The above identified issues did not promote people's dignity. The culture within the home did not support their well-being and inclusion within the home. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we did observe some kind and caring interactions between people and staff especially in particular units, namely 'Stuart' and 'Tudor'. Staff knew people well and had established positive and caring relationships with them.
- People and relatives did also give positive feedback about the care staff that supported them. People told us, "The staff are quite nice and helpful", "They [staff] are kind" and "We have a good laugh and chit chat. I pull their leg and they pull mine."
- Relatives feedback included, "The staff are always very friendly. It feels genuine", "They could not be kinder. He [person] can be difficult but they are always kind to him."
- People and relatives confirmed that staff were respectful of their privacy and dignity and listed ways in which they did this which included knocking on their bedroom door before entering. One person told us, "I am undoubtedly treated with dignity and respect." One relative told us, "They respect his dignity absolutely."
- Care staff gave examples of how they respected people's privacy and dignity which included knocking on people's bedroom doors before entering and protecting their privacy when supporting them with personal care.
- Care plans recorded people's cultural and religious beliefs and where appropriate how they wished to be supported. One relative told us, "They celebrate all the religions here. It is good."
- People were supported to maintain their relationships with their partners, family and friends. Visitors were welcome to the home at any time. Care plans gave detailed background information on people's current relationships.
- People were encouraged to be as independent as they could be where possible. One relative told us, "They are encouraging him to be independent."

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

- People told us and we observed during the inspection that they were involved in making decisions about their daily care needs. We saw care staff asking people what they wanted to do and how. Choice was offered and people's responses were respected.
- Most relatives also confirmed that they had been involved in care planning and had been asked to provide personal information about the person to help enhance their experience of care.
- Care plans were person centred and detailed people's likes and dislikes, needs and preferences. However, only certain staff took this into consideration and supported people accordingly. Other care staff were seen to be task focused and did not take people's needs and preferences into consideration.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always receive person centred care that was responsive to their needs. People's needs were not always met.

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

- At the last inspection in December 2016, we highlighted issues around the lack of meaningful activities and stimulation available to people, especially those who remained in the unit or their bedroom and did not participate in the activities delivered by the lifestyle team. During this inspection we found that these concerns had not been addressed.
- Where people remained in their unit or their bedroom we observed no meaningful activity or stimulation. People sat in the communal lounges with nothing to do. A television was switched on and people were left to sit in front of it with no interaction.
- At certain times including meal times, we also observed staff to be sat with people but instead of socialising and interacting with them, they were seen to be watching the television.
- One person who remained in their bedroom had their television switched on but with no volume. When we asked the person about the volume they told us that the volume was not working and that no one had fixed it for them.
- There was no structured activity timetable specific to each unit for staff to follow.
- Appropriate consideration had not been given to planning and scheduling of activities for people especially those living with dementia to stimulate them and support positive wellbeing.
- People and relatives gave us feedback about the level of interaction and stimulation people received. One relative stated, "There is a complete lack of intellectual stimulation." Another relative stated, "I do wish that staff would give her more mental stimulation." A third relative explained, "They [staff] never have time to chat with her. That is something that must be improved. I am concerned about the lack of attention she gets."

Issues around the lack of appropriate activities, meaningful engagement and stimulation meant that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns we found as above, the overall provision of activities that were organised by the activity co-ordinators for everyone to access within the home was noted to be good.
- People and relatives were complimentary of the variety of group activities that were organised which included entertainers, quizzes, games, outings and art and crafts. One relative told us, "I'd rate them highly for the social scene and activities on offer."
- Care plans were person centred, detailed and comprehensive. People's likes, dislikes, preferences and wishes had been recorded so that relevant information was available to care staff to enable them to provide

care and support that was responsive to their needs.

- Care plans were reviewed monthly or sooner if any significant change had been noted.

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.

- People's communication needs were clearly documented within their care plan.
- For one person, we saw staff using a white board to write down what they wanted to tell the person and explain what they were doing such as when administering their medicines.

Improving care quality in response to complaints or concerns

- People told us that they knew who to speak with if they had any concerns or issues to raise. One person stated, "I would tell [name of staff member]. He's in charge. He would deal with it straight away." Relatives also confirmed that they knew who to speak with if they had a complaint to make and were confident their concerns would be addressed. One relative told us, "I would definitely speak up. I've never had any problems."
- Complaints were clearly recorded, investigated and responded to by the registered manager in line with the provider's policy. The service demonstrated an open and transparent approach to dealing with complaints with a view to learn and make the required improvements.

End of life care and support

- People's end of life wishes had been clearly documented within their care plan. Information also detailed the involvement of relatives and their wishes on how they wanted their relative to be supported at the end of their life.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented within their care plan. Records showed healthcare professionals, people and relatives had been involved in these decisions. This information was easily accessible to all staff.
- The provider had ensured that all staff received end of life training to ensure that staff were appropriately skilled to deliver the care and support that was responsive to people's and their relatives needs during that time.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager completed a range checks and audits to monitor and oversee the quality of care and support people received. These included documentation audits, medicine audits, infection control, meal time experiences and health and safety checks.
- It was positive to note that the provider and registered manager had picked up the issues that we found as part of this inspection process. Where issues were identified, a service improvement plan was in place listing the issues, the actions to be taken and the timeframe within which the actions were to be addressed.
- The provider and registered manager had made little or no improvement or progress towards making the required changes to improve people's experiences.

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

- Although the service had identified and recognised the issues we found as part of this inspection, these remained the same as what we found at the inspection in December 2016. The service had not been able to implement and sustain the improvements required to promote person centred care, respect people's privacy and dignity and provide good outcomes for people.

The range of concerns we found and the failure to address them is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives knew the registered manager and other senior staff members within the home and felt comfortable approaching them.
- People's feedback included, "The manager is good. We have a good laugh. She is very good", "I think they are well organised. The manager is approachable" and "I am happy, it is well organised." One relative told us, "[Name of nurse in charge] and [name of team leader] are really good and they are both kind. They are good at their jobs and know what they are doing." A second relative stated, "The manager is very good. Since she has arrived the atmosphere has really improved."
- Staff told us that they felt well supported in their role and that management were approachable and did listen to them. Staff told us and records confirmed that regular staff meetings gave them the opportunity to make suggestions and share their experiences. One staff member explained, "We talk about our colleagues, what we can do to work better as a team, resident's needs, environment. Yes, I can speak up and the

manager will listen; we talk about how we can improve."

- The service had implemented a variety of additional systems to support effective information exchange within the home. This included daily management 'flash' meetings and regular clinical lead meetings which gave senior staff an opportunity to raise concerns, make suggestions and share good practice.

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 management team worked towards always being open and transparent with people, relatives, staff, visiting health care professionals and members of the community.
- Relatives told us that generally the service communicated well with them and most times they were informed of any concerns relating to their relative. One relative told us, "They do always phone me if something happens."
- The provider and registered manager understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

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

- People and relatives were engaged in giving their feedback through monthly resident's meetings and regular relatives meetings. A variety of topics were discussed which included, laundry, food, staffing and activities. Where people and relatives gave ideas or suggestions these were noted with details recorded of how the service would act upon them.
- The service also engaged people and their relatives by asking them to give feedback about the quality of care they and their relative received through the completion of annual satisfaction surveys. The most recent was completed between August and November 2018. Outcomes of the survey were displayed in the main reception area with details of the actions the service had taken as a result of what people and relatives had told them.
- The service worked in partnership with the local authority and with other health and social care professionals including GPs, opticians, dentists, dieticians, community matrons and continence advisors.
- The service had good links with the local community and the provider worked in partnership with them to improve people's wellbeing. We saw examples of visits to the home by children from a local school who would interact with people and the local community church and faith groups.
- The service also organised events where members of the community were invited to attend a variety of information talks and events. These included talks on falls management, dementia care and nutrition.

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 People were not always receiving care and support that was person centred and took into account their preferences and wishes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not receiving appropriate care and support that promoted and respected their dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems for improving the service were not operating effectively to address and improve issues identified with the quality and experiences of people receiving care.