Hestia Healthcare Limited

The Willows Residential and Nursing Home

Inspection report

73 Shakespeare Road
Bedford
Bedfordshire
MK40 2DW

Tel: 01234268270
Website: www.kingsleyhealthcare.co.uk/care-homes/bedfordshire/bedford/thewillows/

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Willows Residential and Nursing Home is a residential care home providing personal and nursing care. The service can accommodate up to 32 people in one adapted building. At the time of this inspection 30 people were using the service who had a range of needs including dementia and physical disabilities.

People's experience of using this service and what we found
Some people, particularly those cared for in bed, felt lonely and isolated. Although staff told us activities were provided for people in their own rooms, this did not happen during the inspection. Staff carried out regular checks on people, but some of the interactions were task based and they assisted people with their care and support with little or no communication. In contrast, other people commented on how kind and caring some of the staff were.

People raised concerns about staff deployment in the home and we observed times when there were no staff in certain areas. Not everyone was able to use a call bell to summon assistance in these areas. The provider had recognised that the layout of the current building presented certain challenges, and they had a long-term plan to address this. In the interim the provider assured us that a senior staff member would make regular checks around the building to ensure staff were visible and people's needs met.

The provider checked to make sure staff were safe to work at the service, but the checks being made did not always fully meet the legal requirements. This meant the provider's recruitment checks were not robust enough to ensure people's safety and wellbeing.

People's privacy and dignity was not always upheld. Bedroom doors were routinely left open, meaning that people could be viewed easily by other people and visitors. Sometimes the people inside were asleep or not fully dressed. At times staff also failed to announce themselves when they entered people's rooms and did not explain why they were there.

Some good attempts had been made to ensure some people's communication needs were understood and met, but improvements were needed to explore everyone's preferred communication methods.

The provider checked to make sure people received good quality, safe care and support. However, the auditing systems in place needed strengthening to ensure all legal requirements were met and to drive continuous improvement.

Staff ensured people received their medicines when they needed them. Risks to people were assessed too, to ensure their safety and protect them from harm, including the risk of infection. Staff understood how to report concerns and who to report to.

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. Staff asked people for their consent and involved them in planning their care and support. People were given the opportunity to make suggestions and provide feedback about the service provided to them. People's concerns were listed to and acted on.

Staff supported people to stay healthy. Staff ensured people had a choice of food and had enough to eat and drink. They helped people to access healthcare services when they needed to and supported them at the end of their life to have a comfortable and dignified death.

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 25 May 2017).

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. This is the fourth time since 2015 that the service has been rated requires improvement, although not all following consecutive inspections.

Why we inspected
The inspection was prompted in part due to allegations of poor care practice and abuse involving one person living at the service. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, we did focus on checking the safety and wellbeing of other people living at the service during the inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, responsive and well-led sections of the full report. We have identified breaches in relation to staff recruitment checks and the checks the provider makes in order to assess the quality and safety of the service.

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

The provider responded immediately after the inspection by telling us they had arranged for all staff files to be checked for gaps, to ensure they contained all the required checks. They also planned to review their auditing tools.

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?

Requires Improvement

The service was not always 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.

The Willows Residential and Nursing 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
Two inspectors carried out this inspection.

Service and service type
The Willows Residential and Nursing 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.

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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We did however review information we had received about the service since the last inspection. We also attended a meeting with the local authority, other professionals involved with the service and representatives for the provider. After the meeting, we contacted the nominated individual for further information. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and two relatives about their experience of the care provided. We observed the care and support being provided to 28 people during different points of the day including meal times, activities and when medicines were being administered. We spoke with twelve members of staff including the registered manager, deputy manager, group clinical director, two service quality managers, two nursing staff (including a clinical lead), a senior support worker, an agency support worker, the chef, the administrator and the activities coordinator.

We reviewed a range of records. This included care records for five people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We asked for information about staffing, recruitment checks, cleanliness, internal audits, dignity and privacy and the premises.

We attended another meeting with the local authority, other professionals involved with the service and representatives for the provider. This included the chief executive officer and operations director.

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 requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

● At our last inspection we identified concerns with the recruitment checks carried out by the provider, to confirm new staff were suitable to work with people using the service. On that occasion we found some unexplained gaps in employment histories for two staff members. Exploring employment gaps is important to demonstrate all steps as far as possible are explored to ensure the staff member is suitable for the position. During this inspection, we again found two staff files with unexplained gaps in employment history.

● The provider had developed a list of necessary checks to be carried out when recruiting new staff members, but this list did not include all legally required checks. This meant there was a risk that some checks would continue to be missed.

We found no evidence that people had been harmed however, recruitment processes were not robust enough to ensure people's safety and well-being. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Unexplained employment gaps for one of the staff members were addressed during the inspection. In addition, the group clinical director told us they had arranged for all staff files to be checked for gaps, to ensure they contained all the required checks. They planned to complete this process by the end of the week.

● People provided mixed feedback about staff deployment and whether there were enough staff to meet their needs. The layout of the building was highlighted as an issue, making it difficult for staff to be present in all areas, at all times. One person said, "I think they (staff) do very well considering the building as it is." Another person added, "(Staff) say that I'm going to come and help you. It doesn't always happen though. I think some of the staff get upset that they can't do things on time." Staff told us that enough staff were planned for each shift but any change to the plan could impact on the service they were able to provide. One member of staff said, "I think we have the right amount of staff so long as we manage our time and make smart decisions."

● We observed several occasions when staff were not present in different areas of the building, where some people were not able to use a call bell for assistance. In addition, there were times when we found two people requiring non-urgent assistance, and we needed to find a member of staff to help them. Despite this, we saw people's requests for assistance were generally met promptly. Future rotas also planned for enough suitable staff and management oversight on each shift; to promote the safety and well-being of people using the service. In addition, the provider shared their longer-term plans to rebuild the service - to improve the

layout of the building, as they had already recognised the problems with staff deployment in the current building.

Systems and processes to safeguard people from the risk of abuse

● People provided mixed feedback about how safe they felt living at the service. One person said, "I feel safe with some of the staff. Don't get me wrong they are lovely but there are one or two I am a little bit scared of. Scared I might do something silly and they tell me off." In contrast someone else confirmed they felt safe all the time, "Yes, we've got the call button and they (staff) are always walking around anyway." A relative echoed this by adding, "Yes (relative) is definitely safe here. I have had no complaints."

● Staff had been trained to recognise and protect people from the risk of abuse. Staff we spoke with understood how to report any concerns if they needed to. One staff member said, "You would report it (potential abuse) to the management, you can also whistle blow all the time and be anonymous." Whistle blowing, is the act of reporting a concern about a risk, wrongdoing or illegality at work, in the public interest.

Assessing risk, safety monitoring and management

● Risks to people were assessed to ensure their safety and protect them from harm. Information had been recorded in people's care plans, providing a record of how the risks were being managed to keep them safe, such as not eating or drinking enough, falls and pressure damage to the skin. One staff member told us, "We always talk in handovers about safety measures and reducing the risk of things happening." Another staff member talked to us about some of the ways identified risks were managed. They said, "Allow people to have choices of food, so they eat well and report any problems to senior staff, to prevent any harm or any pressure sores." Records showed that staff monitored identified risks, such as the condition of people's skin regularly and referred any concerns to relevant external professionals, where needed.

● Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

Using medicines safely

●People told us they received their medicines when they needed them. One person said, "The girls are absolutely marvellous about that. They never forget." Another person added, "Staff are good with the medicines. They are round early in the mornings."

● Staff used an electronic medicine system which ensured people received their medicines as prescribed, including PRN (as required) medicines. They checked for people's consent and understanding before giving them their medicines.

Preventing and controlling infection

● People were protected by the prevention and control of infection. One person told us, "The place is very clean and they (staff) are very good at this." Another person added, "The managers do a regular inspection - walks around most mornings and pick up on all of the issues."

● Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training.

● In general we observed the service to be clean, tidy and fresh. We did note an unpleasant odour in one area of the home throughout the inspection. However, by the following week we were informed by the provider that this had been addressed. The local authority, who visited the service after us, confirmed this to be the case too.

Learning lessons when things go wrong

● Processes were in place to ensure lessons were learned when things went wrong. For example, records showed that the provider reviewed all falls that took place in the home, to identify any themes and potential causes. Actions were taken to minimise the risk of a future reoccurrence, such as using sensor mats, to alert staff to when someone was moving without assistance or making GP appointments, to check for possible infections that could cause mobility and balance problems for people.

Good

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 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

- People's needs were assessed prior to using the service and at regular intervals after moving in, to ensure their care and support was right for them and achieved good outcomes.
- The group clinical director told us the provider cascaded good practice information to support staff in keeping up to date with changes in legislation and good practice. They were aware for example of a new report aimed at promoting good oral healthcare in care homes.

Staff support: induction, training, skills and experience

- People felt that staff had the right skills and training to deliver effective care and support. One person told us, "They are well trained. You wouldn't expect some of the youth to do the things they do, but they do it." Another person said, "They are all doing training updates." The group clinical director confirmed refresher training in moving and handling and privacy and dignity had been booked for later that week.
- Staff, including agency staff, told us they received relevant training to support them in their roles. One staff member said, "A care coordinator gave me a tour of the building, introduced me to the residents and the values of the home. (I was given instructions on) how to use the computer, the mobile equipment, policies and procedures like whistleblowing and the way in which we document incidents, accidents or falls. (Also) how to encourage residents to eat and drink as well." An agency member of staff echoed this when they spoke about their induction experience. They added, "I felt confident after an induction."
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks.

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

- People told us they enjoyed the food provided and they had enough to eat and drink. One person said, "The food is good here. Very good." Another person told us, "The chef is very proud of her job and this shines through." The chef said, "We offer a variety of choices if people do not want what is on the menu, snacks and whatever people want can be prepared throughout the day." One person confirmed this by telling us, "I have just had my dinner. They did me new potatoes, it was ever so nice."
- Staff were aware of potential risks for people such as not eating or drinking enough. People at risk had specific nutrition and hydration plans in place. The chef also had a list of people requiring a special diet and told us they fortified meals and drinks for those people at risk of not eating enough. We saw people were encouraged to eat, but they were not forced to eat something they were not enjoying. Instead, staff would provide an extra dessert or an alternative of the person's choosing. This created a relaxed atmosphere where people were seen to enjoy their meals. We observed regular opportunities throughout the day for people to have food and drinks in between main meals, and alternatives were constantly offered to

encourage people to eat well. Staff, and relatives, assisted people to eat where needed, in a quiet, calm and non-obtrusive way.

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

●People confirmed staff helped them to have access to healthcare services and to receive ongoing healthcare support. One person said, "The nurses know how to help me with my blood sugar tests twice a day. If I am not looking right when they walk in the staff pick up on it and let the nurses know." People and relatives confirmed that staff called their GP or other relevant healthcare professionals when needed too. Records showed that relatives were involved and updated regarding healthcare decisions for their family member. One relative had provided the following written feedback, 'The nursing staff take great care to monitor the health and well-being of the residents, responding to their needs and following up any actions taken'. We observed this happening during a handover between night and day staff.

● People's oral healthcare was supported too. A member of staff told us, "We have an oral hygiene assessment for all residents. We also speak to the family about how they used to like having their teeth cleaned. As far as we can we do help with this."

● A 'hospital pack' could be generated from the electronic care planning system, providing key information for health care professionals, in the event of someone needing to go into hospital.

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

● People's needs were generally being met by the adaptation, design and decoration of the premises. However, the building did present some challenges as it was not a purpose-built care home. The layout of the building made it difficult for staff to monitor people in all areas at the same time. Storage was also an issue. The only top floor bathroom was being used solely as a store room for equipment. The first-floor bathroom contained cleaning equipment and clinical waste, which didn't promote a relaxing and comfortable environment for bathing. The provider had recognised the deficits with the current building and informed us they had applied for planning permission to rebuild the service to improve the layout and functionality of the building. One relative told us, "They (staff) do a good job here, as best as they can with the environment…this was just an ordinary house."

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, including agency staff, understood the consent and decision-making requirements of the MCA and records supported this. One staff member said, "We should assume capacity all the time unless (someone is) deemed not to have capacity." They went on to tell us that if someone lacked capacity, a meeting with family members and relevant professionals would be held - to make a joint decision on behalf of that person, in their best interests.

● We observed staff routinely seeking consent from people about how they wanted to spend their time or

what they wanted to eat. One person confirmed, "They (staff) always ask my permission." We watched staff patiently offering care and support to someone, but when they refused this was respected by staff, who tried again later. Where people could not give verbal consent, staff understood their preferred communication method and how to obtain consent in an alternative way.

Requires Improvement

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 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.

Respecting and promoting people's privacy, dignity and independence

● People told us staff respected their privacy and dignity. One person said, "Yes all the time. If they (staff) don't, they are soon told by the manager or the nurse. They have all been told that you have to give the resident privacy. They ask me if I want my door open and I always say yes. They always shut the door when they are helping me." A relative echoed this in some written feedback, 'From the day (relative) moved in, she has been treated with great care and dignity'.

● We observed staff respecting people's privacy and dignity when we witnessed people being covered by a blanket, whilst being hoisted. However, we observed a number occasions too when people's privacy and dignity was not upheld. For example, many people's bedroom doors were left open. We saw people half-dressed and sleeping, which meant that other visitors to the service would too. On our arrival at 7.30 am corridor lights were on and doors were heard banging as staff moved about the building, potentially disturbing people as they slept. The call bell system and a washing machine created further noise for those in close proximity. In addition, we watched some staff enter people's rooms without knocking or announcing themselves, to let the person know who they were and what they were doing. Later, we overheard someone's review meeting taking place, because the meeting was held in a communal area, where another person and their relative, who were not part of the meeting, were sat. We raised our findings with the provider who was already aware of this as an area of concern. They confirmed they had booked refresher training for staff regarding privacy and dignity later in the week.

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

● Most staff understood the importance of making time for people. One staff member told us, "It is important to assure quality of life. They are people and it is all about the quality of life…I always talk through personal care. I always tell people what I am doing…It is very important to communicate." However, some people felt staff did not have enough time to spend with them. They told us staff did what they could but they were always rushing to their next task. One person said, "They are too busy to do that (talk). We have a chat as they are doing things for me, like personal care. We have a laugh now and again. I try not to cause them trouble." Another person added, "It's a nice place. The staff try and talk to me but they are usually rushed off their feet. They'll talk to me whilst they are helping me." We observed mixed interactions between staff and people. Some were unfriendly and task based, some warm and kind. We watched a member of staff supporting someone to eat, but they did not attempt to communicate with the person during this time. When the person had finished eating the staff member got up to leave without saying goodbye. In contrast, another staff member was seen knocking on someone else's door saying, "Good to see you this morning." They helped the person to sit up to eat and spoke with them throughout.

● People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. One staff member said, "We gather information from families, involving residents in care plans." Another staff member told us how they offered people choices on a day to day basis, so they could make their own decisions, "We show visual prompts like clothes or drinks." One person confirmed this and said, "Yes, like what to wear, when to get up and what to eat." We observed and overheard staff constantly offering people choices and taking the time to explain what they were doing ahead of providing care and support to people.

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

● People told us they were treated with kindness and compassion. One person told us, "They (staff) are to me. They know how I like things to be done. I think they know what all the residents like to be honest. I do admire them for what they do." A relative told us the staff demonstrated, "Care and consideration, a lovely team of people." They went on to tell us their family member often fed back to them when staff had taken the time to give them a cuddle or hold their hand, despite their busy routines. We observed staff getting down to people's eye level and checking they were okay. One staff member told us, "Supporting people is the best thing you can do - lowering their frustrations, keeping them happy and seeing the looks on their faces."

● A number of other relatives had taken the time to provide written feedback such as, 'The atmosphere in the home is friendly, warm, helpful and welcoming. All residents are spoken to by their names and attention is paid to each person's problems, so they are soothed by the carer's approach…visitors are made welcome'. Another relative had written, 'The carers make every effort to keep the residents comfortable, safe and looked after. They take care to learn about the residents likes and dislikes.'

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 rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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.

● We checked to see how the service was meeting this standard and found information had been included in people's care records about their preferred communication methods. Staff talked about the different ways they supported people, such as written communication for someone who found it difficult to verbalise their needs. Staff were also seen offering people a choice of snack so people could point to their preferred option. In addition, some staff told us they were able to talk to people in their first language, where this was not English. Although one person was able to understand English, they told us they would like more staff to be able to communicate with them in a meaningful way. We put this to the provider who told us that the person understood English. This response did not consider that people, particularly where they may be living with dementia, can revert to their first language at any time, so it is important to equip staff with enough information for them to be able to provide information to, and communicate with, each person. Another person's care plan did not demonstrate that alternative communication methods had been fully explored for them. This person was not able to make their needs known clearly through words. The provider told us after the inspection that they would involve this person's family in a review of their needs and explore their preferred communication method further.

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's experience of activities at the service varied, depending on whether they stayed in bed or visited the communal areas of the building. People and relatives confirmed that regular activities took place at the service, and some people had also recently been out shopping or to a café with staff. During the inspection we saw people taking part in a balloon game and a music and gentle movement session in the lounge. Other people read books or were helped by staff with knitting and puzzles. Staff were motivated and enthusiastic, encouraging people to join in, which they did. Meal times provided additional opportunities for positive social interactions with people sitting together in the dining room. The service had an activity coordinator who provided activities five days a week, with care staff providing activities at the weekends. The activity coordinator told us, "Today is knitting club and we are also making flowers. It is good for people's minds and to keep them active. Every two days I make sure I go round to people who decide to stay in their bedrooms and complete activities with them or just have a chat."

● There were 12 people being cared for in bed during the inspection. Some of these people told us they felt isolated. One person told us, "I feel lonely here. I stay in bed all day. I have wheelchair but I do not use this."

A staff member told us, "We always ask people if they want to have the radio or TV on so that they do not feel lonely in their room." However, one person in bed was not able to see their television. They said, "I cannot see the telly. The bed is too high at the bottom. I can hear it but I cannot see it." Staff had not checked with them to make sure they were able to see the screen. Another person in their bedroom was seen holding a photo album over a 6-hour period, which we had handed to them after speaking with them. No activities were provided for these people on the day of the inspection and interactions with staff were often limited to tasks such as when people needed help to eat or with personal care.

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

● Since our last inspection, a new electronic care planning and recording system had been introduced. Each person had their own care plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily. People confirmed they were involved and able to contribute to planning their care and support. One person told us, "I know I've got one (care plan). [Name of deputy manager] came in the other day and told me we were going to update the care plan. He went through it with me and then he printed it all off and bought it upstairs and I have to sign it. If I want a copy that is not a problem." They added, "I had a query the other day about the tablets I was taking and they printed off information about the tablets that I was taking."

● Staff understood the importance of offering personalised care. One staff member told us, "(The care plan) needs to reflect their needs and the holistic approach to their care. Even if we have three people who have the same illness they may have different preferences and wishes, and these need to be respected."

Improving care quality in response to complaints or concerns

● Information about how to make a complaint or raise concerns had been developed. People were clear they felt able to speak to staff if they had any concerns. One relative told us, "I never complain about anything because it is all very good and I think it is great." They added, "If we have a concern we can go to staff and they will listen and makes changes in (relative's) best interests." They told us they had discussed issues with staff in the past and had been satisfied with the resolution reached. This was echoed by a person living at the service who said, "I was very happy with the response I got from the manager. If there is a problem then they sort it out."

● We saw people's complaints were dealt with in a timely way and included face to face meetings to resolve concerns if needed. Records provided an audit trail of how each complaint was investigated and once concluded, the outcome.

End of life care and support

● People were supported at the end of their life to have a comfortable and dignified death. People's care records contained information about their end of life wishes and preferences. One staff member told us, "End of life is very important…we do everything that they want down to the smallest detail. We do things like read the Bible, listen to the choices that they want and make them as comfortable as we can. We also ask the families for advice. We should treat them (people) how we would like our family member to be treated."

● Records showed that relatives had taken the time to thank staff for the care and attention provided to their loved ones in their final weeks. The service had also organised a remembrance service which relatives of people who had died had attended. One relative had thanked the management team for organising the event which they described as a 'Really nice gesture that brought back fond memories'. They had added, 'Releasing the balloons at the end was perhaps the most moving part for all who took part.'

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 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.

Continuous learning and improving care

● Quality monitoring systems were in place to check the service was providing safe, good quality care. We saw evidence of regular audits taking place at both service and provider level. However, we identified areas during this inspection that required improvement which had not been identified, or adequately addressed by, the provider's audits. This included staff recruitment processes, staff deployment, privacy and dignity issues, ensuring everyone is given information they can understand and the communication support they need and addressing the social isolation of people being cared for in bed.

● The provider had previously been informed by CQC about some of these concerns following previous inspections of this service. Although subsequent inspections had identified some improvements in these areas, this inspection highlighted that the improvements had not been sustained and that opportunities to learn at provider level were not used to drive continuous improvement and manage future performance.

● We noted the provider's auditing tools did not correspond with all the areas we (CQC) look at when inspecting services. We did not find evidence for example, of staff recruitment files being checked to ensure they contained all legally required checks. This meant there was a risk that key areas would continue to be missed during future audits. Some of the audits also lacked enough qualitative information to understand how deep the provider's checks and monitoring went. For example, the audit tools contained a lot of 'yes' and 'no' responses, and did not detail whose records were looked at, or who was spoken to and what was discussed.

We found no evidence that people had been harmed. However, our findings have highlighted that the provider's quality monitoring and assurance systems were not yet robust enough to monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection by telling us they planned to review their auditing tools.

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

● People and relatives were complimentary about the registered manager and management team. They told us that leadership at the service was visible and they were involved in shaping and improving the

service. One person told us, "Yes, you can always ask to see the manager. They have the senior staff here as well and they are all pretty good." Another person said, "Last week the boss came in to see me and he is ever so nice."

● Staff spoke positively too. One staff member told us, "The management are very approachable and they do take our concerns seriously." Another described the registered manager as, "Very friendly and very approachable. If there is ever a problem then I am sure it would be sorted out." A relative echoed this in some written feedback we saw, 'The management team are most approachable and are willing to listen, discuss and come to a suitable decision/agreement which will benefit the residents and satisfy their families'.

● The provider told us they used a variety of methods to seek feedback from people and staff. This included satisfaction surveys and meetings. Records we saw supported this and showed that action was taken in response to people's feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and 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 inspection was prompted in part due to an incident which was still being investigated. We did not examine the circumstances of the incident however, we did look at the provider's response in terms of sharing information and keeping people informed. We found that when things went wrong people were kept informed. People and relatives told us that the provider had written to them and arranged a meeting with them, to discuss the situation and to answer any questions. This demonstrated an open and transparent approach.

● Records also showed that legally required notifications were being submitted to us (CQC) as required. In addition, the management team spoke openly throughout the inspection and responded to all our requests for information. They continued to do this after the inspection and kept us updated on key developments.

Working in partnership with others

● The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way. We observed the management team responding to demands from various professionals and agencies during the inspection, as well as engaging fully with our processes.

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 17 HSCA RA Regulations 2014 Good governance Existing quality monitoring systems needed strengthening to ensure all legal requirements are met and to improve the quality and safety of the service provided. Regulation 17 (1) (2) (a) (b) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: Recruitment processes were not robust enough to ensure people's safety and well-being. Regulation 19 (3) (a).