

Gable Court NH Ltd

Gable Court Care Home

Inspection report

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Romford
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10 December 2019

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gable Court is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection.

Gable Court is purpose built to accommodate 50 people. The service is on three floors. Each floor has separate adapted facilities. There are dining and common areas on each unit and adapted bathrooms.

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

Risk assessments did not always reflect possible risks to people living with chronic health conditions and did not always include guidance for staff to minimise and mitigate risks.

The service had systems and processes in place to safely administer and record medicines use. However, some medicines were not stored according to legislation.

Quality assurance systems were not always effective to monitor the quality and safety of the service provided. Systems in place were not always effective to protect people's right to confidentiality.

People and their relatives felt more staff could be available. We have made a recommendation about deployment of staff.

Repairs were not always completed in a timely manner. We have made a recommendation about monitoring repairs.

Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection.

People told us they felt safe. Systems were in place to protect people from abuse and the service had notified local safeguarding teams of safeguarding concerns in a timely manner. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to and learning from incidents and accidents.

The service carried out assessments of people's needs prior to admission to the service to ensure they could meet their needs. 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.

People were supported to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People and their relatives told us they were happy with the care and support provided. People and their relatives were included in decisions about their care. People received care and support from staff who were caring and compassionate. Staff treated people in a respectful manner maintaining their dignity and encouraging independence. The service was inclusive and people were respected for their differences.

Care plans were not always detailed to contain information about people's needs or to guide staff on how to meet their needs. The providers care planning system was under review to ensure personalisation.

People had access to meaningful activities of their choice. People and their relatives told us they felt their views were considered by the service. Complaints procedures were in place and people told us they knew how to make a complaint.

People and staff told us they found the manager approachable and supportive. Staff were positive about the culture of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to assessing risk and leadership at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gable Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out on 5, 6 and 10 December 2019. The inspection was carried out by one inspector, a medicines inspector and two 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

Gable Court 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 who had recently started working at the service. They had applied to the Care Quality Commission to become the registered manager. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our 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.

During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with 15 members of staff including the provider, manager, quality compliance manager, two nurses, senior care workers, care workers, maintenance staff, catering staff, activity staff, administrator, receptionist, and a volunteer. We spoke with one visiting professional. 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 reviewed a range of records. This included 13 people's care records and 23 medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas, risk assessments, training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Using medicines safely

- Risk assessments were not always robust. Risk assessments for people living with chronic health conditions did not always include guidance for staff to minimise and mitigate risks associated with the condition. For example, two people had a history of diabetes. There was no risk assessment in place should the person experience complications related to the condition such as high or low blood glucose levels and what actions staff should take to ensure they were treated.
- Some people had nutrition and medicines administered via a Percutaneous Endoscopic Gastrostomy (PEG) tube. We found information was not always available to guide staff at the point of administration and medicine risk assessments did not always include associated risks and guidance for staff to reduce the risk of avoidable administration errors.
- We discussed these findings with the manager. They told us they were in the process of auditing risk assessments. The issues had been identified but not been fully resolved. Following the inspection we received confirmation that risk assessments had been reviewed.
- Medicines were not always stored or disposed of safely and securely in line with legal requirements and the provider's own policy. The service did not always have topical medicine administration record (MAR) charts in place for the creams prescribed, for example topical pain relief. Where instructions stated 'apply to the affected area' there were not always instructions to guide staff on how or where to apply this. Where medicines were prescribed 'when required' (PRN) there were not always PRN protocols in place to support staff with when to give the medicine, how much to give if there was a variable dose and the expected outcome.
- We addressed specific concerns with the management team on the day of the inspection. They assured us they would rectify this immediately. We found no evidence that medicines were not administered safely as records showed that people were given their medicines as prescribed. Staff demonstrated a good understanding of medicines and the service kept comprehensive records of checks undertaken for people on medicines that required additional monitoring or administration requirements.

We found no evidence that people had been harmed. However, systems were not robust enough, in relation to risk management and the safe, secure storage and disposal of medicines, to demonstrate safety was effectively managed. This placed people at risk of harm. These findings demonstrate a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines management training for staff was completed annually. Staff were assessed on their competencies at least once a year and more frequently if a training need had been identified.

- Repairs were not always carried out in a timely manner. We noted the mirror panel in the main lift was broken and taped together with hazard tape. Records regarding this were not available and it was unclear when the damage had occurred. This posed a risk of injury to people, staff and visitors at the service. We raised this concern with the provider. Action was taken immediately to have this repaired. We recommend the service review its systems for recording, monitoring and updating the progress of maintenance issues.

- Systems were in place to ensure fire safety checks were carried out regularly. Fire emergency equipment and personal emergency evacuation plans were in place which detailed the support people needed in the event of a fire.

- Risk assessments and checks relating to the environment were carried out by the maintenance staff. This ensured the safety of the premises was reviewed.

Staffing and recruitment

- People, their relatives and staff had had concerns about staffing levels at the service. People told us they sometimes waited longer than they expected when needing assistance. One person said, "We have to wait so long here. The carers are always busy with other people. They come to us and say we are busy so can only stay two to three minutes." Another person said, "Now and then they take longer to arrive. Sometimes at night if I press the bell if am not well I may need to ring it one, two, three times before they come."

- One relative said, "The standard in the home is quite high, but they would benefit from recruiting more staff." Another relative said, "My view is they could do with more staff. There not enough staff at weekends."

- Staff told us staffing levels had improved recently but they were, "Sometimes short staff at night." Other staff commented that being short staffed meant delays on occasion when people required two staff to support them with repositioning in bed at a specific time. Records showed there were some gaps in people's repositioning charts. However, it was unclear if this was a recording error or due to repositioning being missed.

- We discussed staffing levels with the manager of the service. They told us they recognised the need for more staff and had recruited and reviewed deployment of staff to provide more cover at certain times during the day. For example, an additional staff member was based in the lounge during the day to support people with their care needs.

- We explored staffing and observed timeliness of staff interactions with people and reviewed records of call bell response times. We observed staff were available to support people when they needed it. Despite our observations, review of records and management assurances, people using the service and staff told us staffing levels was a concern.

We recommend the provider seek guidance and advice from a reputable source about deployment of staff and involving people and staff in resolving concerns about staffing.

- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and treatment. Checks such as criminal record checks, employment histories, references, proof of the person's identity and eligibility to work in the UK had been carried out during the recruitment process.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives did not have any concerns about safety and told us they felt safe using the service. One person said, "I feel safe. I'm very contented."

- Staff demonstrated knowledge of the safeguarding process to keep people safe. Records showed safeguarding training had been completed by staff.

- Systems were in place to minimise the risk of incidents of abuse. Records of safeguarding concerns and alerts at the service showed the service had improved in timeliness in relation to reporting and took appropriate action when concerns about abuse were raised.

Preventing and controlling infection

- Processes were in place to effectively prevent and control the risk of infection.
- People and their relatives told us they felt the premises were clean. One person said, "Every day it is cleaned. It is a very clean place. It never smells here."
- Staff told us they were provided with equipment to keep the service clean and reduce the risk of infection. We observed this in action. Staff wore aprons and gloves when carrying out personal care and serving meals. We saw staff inspected the service for cleanliness. Staff told us they were all responsible for infection control and reminded each other of correct procedures when they saw poor practice.
- Staff carried out checks to ensure all kitchen areas were kept clean and food was appropriately labelled to prevent infection. The fridges were checked daily and staff removed food items which were past the use by date and food hygiene standards had been rated as very high by the local authority.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents and accidents. Staff were aware of the reporting procedure. The management team reviewed lessons learnt from each incident with input from staff at the service.
- People's care plans were updated following any accidents or incidents to reduce the risk of recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Pre-admission assessments were carried out before people were admitted to the service. This included their background and family history, support and communication needs, health conditions and physical and mental needs. This assessment was completed to determine the person's level of dependency and if the service could provide the support they needed.
- People and their relatives told us staff knew them well and understood their needs. When asked if they felt staff knew them well one person said, "Oh yes they do." A relative told us, "They [staff] know [family member] very well, if they're in the mood to get up or not or is having a calm day or not." People had a key member of staff, a key worker, who communicated with them and their relatives to ensure their care and support preferences were met.

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.

- MCA assessment records, although completed, were not always signed or dated by the member of staff. This meant it was unclear which was the most recent document. We spoke with the management team about this. They told us they had begun to identify and address this during quality audits.
- The service used stairgates in the doorways of two people's rooms. We asked the manager about this. They told us the stairgates had been put in place the day before the inspection at the request of the person and their relative to stop other people living at the service coming into their rooms when disorientated. Records confirmed the service completed risk assessments and people or their relatives if appropriate consented to the use of the stairgate. We were satisfied the service was working within the principles of the

MCA.

- Conditions on authorisations to deprive people of their liberty were being met. Staff attended relevant training, were able to explain the principles of the MCA and were aware of current DoLS authorisations in place for people using the service.
- People told us, "They [staff] ask if they can help me." Staff demonstrated an understanding of consent. We observed staff seeking consent before providing care and support to people.

Staff support: induction, training, skills and experience

- People and their relatives did not have concerns about staff ability to carry out their role.
- Staff were positive about the induction course completed when they started working at the service. This included the completion of specific training and working alongside experienced members of staff.
- Staff were supported to develop in their role. Records showed staff completed a programme of training considered mandatory by the provider and refresher courses to effectively perform their role. Staff told us they found the training informative.
- Staff told us they felt supported in their role. They told us and records showed under the new provider staff had begun receiving one-to-one supervision meetings. These meetings enable staff to discuss any issues they may have and set goals for their development.

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

- People were supported to eat a balanced diet that met their individual preferences. People told us the catering team prepared meals which met their dietary needs. For example, people requiring a pureed or softer diet. Diabetic, vegetarian and culturally specific meals were available for people. The catering team were knowledgeable about people's religious and cultural preferences regarding their nutrition.
- People were positive about the meals at the service. One person said, "The food is excellent. You get a choice." Another person said about dessert choices, "I am diabetic and I sometimes get diabetic ice cream."
- Staff had mixed views about the meals at the service. One staff member said, "The meals are sometimes basic. The weekend food is excellent sometimes in the week its overcooked. The pureed dinners they do get right."
- The management team had begun working on menu options to ensure people had a positive mealtime experience.

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

- People had access to healthcare from other agencies such as GP, dentists and speech and language therapist. Referrals were made to health professionals where necessary. A visiting professional told us they found the staff to be responsive to their suggestions regarding peoples' care and support.
- People and their relatives and care records confirmed access to healthcare services.
- People had access to services to maintain their oral health. Records showed monthly oral health assessments were completed. Staff ensured people had toiletries to meet their oral hygiene needs and staff had been trained in supporting people with their oral hygiene.
- People told us staff supported them to maintain good oral health. One person said, "I do my own teeth brushing but they get all the stuff for me." Another person said, "For my teeth they say come on I think they need a clean." The manager had plans to implement oral hygiene champions from the staff team to support staff and people using the service.

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

- All areas of the service were accessible to people. Bedrooms were personalised to reflect their choices. One person told us, "My room is lovely. I can have the room as I like and to do. I mostly have photos of

family."

- The internal décor needed updating. We looked at the providers plan with progress for upgrading the communal areas of the premises by the end of February 2020. They planned to do this in consultation with people using the service. There was an ongoing programme for upgrading bedrooms as they became vacant to minimise disruption for people living at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity maintained. When asked if staff respected their dignity and privacy one person said, "They always knock on the door even though I like it left open."
- Staff gave examples of how they maintained people's privacy and dignity. One member of staff said, "It's the little things that are important, spending time, I treat people how I would like to be treated." Staff described their approach when carrying out personal care. They told us they ensure people were not unnecessarily exposed and closed doors, windows and curtains.
- We observed staff knocking on doors before entering and seeking consent to enter people's rooms. Staff supported people respectfully and discretely away from communal areas when they required personal care.
- Staff promoted people's independence and this was included in people's care plans. One staff member said, "I make sure everyone can be independent to the level they can. I let them do things as well as supporting and encouraging them." People told us staff promoted their independence. One person said, "I can't grumble. I've become more independent. I used to get help but now I can do more myself. I can wash myself."
- People's information was mostly kept in locked filing cabinets and computers that were password protected.

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

- People and their relatives told us staff were caring. One person said, "Oh yes they [staff] are excellent. I love them. They mother me, they really do. I respect them and they respect me." Another person told us, "Oh yes, all of them I have not had any kind of unkindness at all here."
- Staff supported people in a caring, compassionate manner and had positive interactions with people using the service. Staff knew and respected people they were supporting including their preferences, personal histories and background. This was done through care planning, conversation, key working and meeting with relatives.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood discrimination was a form of abuse. Staff told us people were not discriminated against because of their religious beliefs, race, gender, age or sexual status. One staff member said, "They [people using the service] is individual, each one different and we respect that."
- The service sought ways to reduce barriers relating to equality. Events were arranged in the service to celebrate equality and diversity. For example, cultural and religious festivals were celebrated.
- People and their relatives told us staff respected and facilitated people's religious practices and people's care plans included their cultural and religious practices. One person told us, "I have a strong faith and they support it."

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

- People and their relatives were supported to be involved in their care and to express their views. When asked about care plans one person responded, "I do, not my family as I don't want my family involved." Some people told us they had a care plan but their relative discussed this with the service on their behalf when completing reviews. One person said, "Yes, we are all in it together, my daughter and son that is." One relative told us they had been involved in care plan discussions for their loved one.
- People were supported to make changes to their care and support. Individual care plans showed changes to people's care were specified by the person or with input from their family members, where appropriate. For example, one person's care plan had been updated to include their preference for their morning routine.
- Staff supported people to make decisions about their care. One staff member said, "There is guidance in the care plan but I keep checking what they like or don't like. They change and the plan changes."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were not always detailed to contain information about people's needs or to guide staff on how to meet their needs.
- We spoke with the provider and management team about this. They told us they were in the process of reviewing care plans and were moving to a new care planning system in January 2020 which would ensure all care plans were reviewed and updated. In fully completed care plans, there was guidance for staff on how to meet people's needs.
- People and their relatives were involved in the planning of their care and support. People were positive about their involvement and told us staff knew their preferences. Staff were able to describe people's preferences and knew them well.
- People had choice and control to meet their needs and preferences. For example, people told us they made decisions about when they got up in the morning and how they wanted their personal care routine carried out. Staff gave examples of how they ensured people had choice when making decisions about their care. One staff member said, "People choose and we are there to offer support with their choices."

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.

- The service assessed people's communication preferences and put processes in place to meet their needs. Pre-admission assessments and up dated care plans included people's communication needs. For example, one person's care file included information for staff when speaking with the person, "[Person using the service] can communicate their needs with a soft voice. Staff should listen to them patiently.'
- Information was available in different print formats with appropriate use of colour and fonts to make reading easier for those who required this.

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 using the service and their families were supported to maintain relationships and participate in social activities. The service did not have restrictions on visiting hours and people told us their relatives visited often. People's care plans included information about the hobbies they enjoyed and places they liked to visit.

- We observed people had formed friendships and there were friendly exchanges between people as they moved around the service.
- People were positive about activities at the service and told us they had a choice regarding the activities they participated in. One person said, "I like seated exercises, bingo and play your cards right (card game)." Another person told us, "There is loads of activities downstairs, but I don't go to them. I get a list of what's on." People who were unable to leave their rooms due to their health condition told us staff visited them for one to one activities. One person said, "I can't go downstairs, but the activity person comes to see me." Some people told us it was their choice not to take part in planned activities but preferred to spend their time quietly reading or watching television.
- The service had a member of staff who co-ordinated activities with the support of other staff members and a volunteer. We looked at records of activities people had participated in and found there was a variety of events. Records showed the activities people enjoyed and the frequency of attendance. The activity team told us they monitored this to ensure they met people's preferences and to identify changes in people's well-being, where people may be becoming withdrawn.

Improving care quality in response to complaints or concerns

- People and their relatives told us when they raised concerns the management team addressed issues compassionately. When asked about resolving complaints one relative said, "If [manager] says they'll do something then they will do it."
- People were supported to raise complaints and concerns and the service responded in a timely manner. One person told us they had raised a concern in a residents meeting and it was fully addressed and changes made.
- Records showed complaints were addressed and there was a clear policy and procedure for handling complaints to guide staff

End of life care and support

- Care plans included end of life care and detailed people's wishes at the end of their life. Records included preferences relating to protected equality characteristics, cultural and spiritual needs.
- Cards and notes from people's relatives thanking the staff for their kindness, support and encouragement indicated people were supported sensitively and with compassion by staff involved in the person's care at the end of their life.
- Care and support for people was carried out in partnership with health professionals such as the local palliative care team. The manager told us, "I really want the home to excel so I've liaised with the local hospice for training in end of life and advanced care planning." The service was in the planning stages of providing a sensory room for people and their relatives with the expertise of the local hospice team to ensure the room was appropriate for people's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were not always effective.
- The service had quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed monthly to identify improvements necessary. For example, regarding the safe care and treatment of people using the service. However, the systems in place did not always identify the concerns we found regarding risk assessments, care plans, medicines, confidentiality, deployment of staff and record keeping in relation to MCA documents, care charts and maintenance issues.
- Medicines audits were completed both weekly and monthly by the provider. However, some of the issues seen during the inspection had not been addressed. Peoples' confidential data around medicines was not always stored securely. Medicines care plans were not always completed in a timely manner after admission. This meant that additional information to help staff with how and when to administer a person's PRN or topical medicine wasn't always available. Some medicine care plans contained basic information and did not fully support the more complex needs of the person.
- We found gaps in the recording of fluid, continence, repositioning and bed safety checks on individual supplementary records for six people using the service. Charts indicated staff had carried out checks but had failed to complete the records to include times, amounts and staff signatures were often missing. This meant it was unclear if checks were carried out in a timely manner to ensure people received care to meet their needs. This shortcoming had not been identified or monitored through quality assurance systems.
- Handover records were not always consistent. Unit diaries for each floor contain information of events taking place during the day. We did not see systems to confirm staff had noted the information in the diary.
- Peoples confidential information was not always stored securely. We noted the unit handover diaries contained health appointments for people using the service which were not filed securely to maintain confidentiality. We spoke with the management team about this. They told us it was the current practice within the service to keep letters in the handover diaries for staff information. However, we noted the letters and documents remained in the diary after the appointment date had passed and had not been filed securely in the peoples care files.
- We spoke with the provider, manager and quality compliance manager about these findings and the services action plans in place to improve issues identified in monthly audits. Systems were in place to monitor the quality of the service delivered and these had had begun to identify some of the issues we found during the inspection. For example, inconsistencies in quality and completion of care planning documents

and risk assessments.

However, we were not satisfied that the systems were used effectively to assess, monitor and improve the quality and safety of the service provided in relation to deployment of staff. These findings demonstrate a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The service had a manager who had applied to the Care Quality Commission to become the registered manager of the service.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.
- The management team were supported by members of the senior leadership team and told us they felt supported in their role. They told us, "[Provider] is very caring towards the residents and staff. We are relaunching the service as its changed providers."

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

- People were positive about the culture of the service and told us they felt included. People and their relatives told us they attended meetings at the service and we saw records of these meetings.
- People and their relatives knew the manager and spoke positively about them and staff. They told us they spoke with the manager most days. One person said, "[Manager] is nice. I get on well with them." Another person told us, "All the management and staff are very nice." One relative told us, "I can't speak highly enough of [manager]. They listen to you. Any problem is sorted out straight away."
- Staff told us they enjoyed working at the service. However, they described past changes in the management and ownership of the service as being "difficult." Staff told us they were beginning to, "Feel more settled" following the change of provider.
- Staff spoke positively about the culture within the service and the staff team. They told us the manager was supportive and approachable. One staff member said, "The manager has drive. They have changed lots of things and seems more approachable to the residents." Some staff told us the manager could be, "Firm if you do something wrong." However, they did not see this as negative.
- The management team spoke positively about the staff team and told us they recognised staff had been through times of change in ownership of the service and management team. The manager told us, "I am proud of the teamwork we have now and they [staff] tell me they feel more happy and confident." They said they strived to have an open and caring culture where staff could discuss their concerns. They did this through staff meetings and one to one supervision.

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

- The manager was aware of their regulatory responsibility and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred.

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

- Systems were in place to gather feedback from staff and people using the service. We saw records of meetings for people using the service and their relatives.
- The management team corresponded with people's relatives to ensure they were updated promptly regarding any changes to people's needs or health. One relative told us, "The management are always in touch with the family."

- Staff team meetings took place at the service. Meetings included updates for staff. Daily department meetings took place to discuss the needs of people using the service, maintenance and catering issues.
- People's equality characteristics were covered in their pre-assessments and care plans. For example, people's sexual orientation and gender identity was discussed during their pre-assessment meeting and people had religion and cultural care plans. Staff were trained in equality and diversity. The service sought to meet the equality and diversity needs of people using the service and staff.

Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals.
- The manager told us they worked with other agencies to, "Share best practice and for building relationships with the teams." The service joined community initiatives to enhance people's lived experience. This showed the service worked in partnership with organisations to follow current practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not assess the risk to the health and safety of service users of receiving the care or treatment, doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not follow current legislation and guidance to address storage and disposal of medicines.</p> <p>Regulation 12(2)(a)(b)(g) Safe care and treatment</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The systems and processes for assessing, monitoring and improving the quality of the service provided had not been operated effectively.</p> <p>17 (1) (2) (a) (b) Good governance</p>