

St Vincents Retirement Home Limited

St Vincents Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the signs to look for. However, they had not identified that some care practices had placed people at risk of harm.

Not all individual and environmental risks were managed appropriately. Most windows had not been fitted with window opening restrictors. Although there were regular checks on the fire detection equipment there had not been a comprehensive fire risk assessment completed by a suitably qualified professional. Some individual risks posed to people had also not been fully assessed. Where we identified additional risk assessments and management plans were required the management team acted to ensure these were completed.

People's care plans contained individual information about them and their care and support needs, to help staff deliver care that was individual to each person. The management team reviewed the care and support provided to people to make sure it continued to meet their needs. However, systems had not always ensured that prompt action was taken when people's needs changed.

The management team (provider, nominated individual and deputy manager) carried out regular checks on the quality and safety of the service. However, these had not fully identified the areas requiring improvement we found.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. However, these had not always been followed and some references from previous employers had not been sought.

There were enough staff to support people's needs. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

The environment was warm and homely. We observed positive communication between staff, people and their relatives. People and their relatives all gave us positive feedback about the home and told us that staff were very kind and caring.

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. The management team had identified a need to undertake formal MCA assessments which

had shown a need to apply for DoLS for some people. They were in the process of doing these at the time of the inspection.

Staff showed an understanding of equality and diversity. People were treated with dignity, and their privacy was respected. Activities had been developed in line with people's wishes and there were varied and interesting options to promote people's health and well-being.

People and their relatives said the management team were open, approachable and supportive. Staff were very positive about the management team and told us they were very supportive and approachable. The management team understood their regulatory responsibilities.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 19/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Vincents Retirement 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 completed by one inspector.

Service and service type

St Vincents Retirement 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 however, they had ceased employment for the provider shortly before the inspection. They have subsequently applied to deregister. Registered managers 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

Before the inspection we reviewed the information, we had about the service, including previous inspection reports, registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 used all of this information to plan our inspection.

During the inspection-

We spoke with 8 people who used the service and ten relatives about their experience of the care provided. We spoke with six members of care staff, two housekeepers, catering staff, maintenance staff, the deputy manager, the nominated individual and a director of the provider company. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations of people's experiences throughout the inspection.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff records in relation to staff training. Additionally, a variety of records relating to the management of the service, including accident and incident records, audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information sent to us by the management team and spoke with a healthcare professional who regularly visit the service.

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 an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all environmental risks had been identified, assessed and action taken to mitigate the risk.
- Most windows, except for a few on the ground floor, had not been fitted with window opening restrictors. We checked windows around the home including those on upstairs floors and found that these could be opened to a width that people could fall from. The management team were unaware that no window restrictors had been fitted and promptly arranged for remedial work to be taken to ensure the safety of people.
- Although there were regular checks on the fire detection equipment there had not been a comprehensive fire risk assessment completed by a suitably qualified professional. A fire risk assessment identifies all risks relating to the building and service meaning action to reduce risks can be undertaken. The management team subsequently told us they had arranged for a suitable external fire specialist to undertake this essential risk assessment.
- The management team had recently identified other environmental risk assessments which had not been completed and informed us they were in the process of completing these.
- We also identified that staff had not always followed safe moving and handling practices when people had fallen. The service had suitable equipment to support people to get up from the floor however, on at least three occasions, we noted that this had not been used and staff manually assisted people. This placed people at risk of physical harm. The management team undertook to investigate this concern and take action as required.
- For 'as required' PRN medicines such as for anxiety, constipation or pain the effectiveness of the administration of these medicines was not always recorded. This meant that people were at risk of not having the right treatment'
- The service did not have an unwitnessed falls procedure meaning staff may not know what actions they should take on finding a person that has fallen. Care and incident records viewed when people had fallen indicated that best practice guidance had not been followed including regular monitoring of the person for complications following the fall including monitoring for a head injury. The failure to follow monitoring protocols placed people at risk that early signs of deterioration may not be identified resulting in a delay in seeking medical intervention.
- Not all risks relating to individual people had been identified and assessed. These included risks relating to people receiving blood thinning medicines. Where people were being supported to take positive risks such as making hot drinks and going out alone risk assessments had also not been completed. Where we identified additional risk assessments and management plans were required the management team acted to ensure these were completed.

The failure to do all that is reasonably practicable to mitigate risks was a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014 (Part 3).

- Otherwise risks to people's personal safety had been assessed and plans were in place to minimise them. These covered areas such as support needs and health conditions. Care plans provided staff with clear guidance about how to reduce risks for people without restricting their rights and independence. Our observations showed risks, such as posed to some people when eating and drinking, were managed safely following external professional guidance.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency. Staff were aware of the actions they should take if the fire alarms sounded.
- Gas, water supplies and electrical appliances were checked and serviced regularly. A business continuity plan was in place to manage a range of foreseeable emergencies. These included contingency arrangements for people if the building had to be evacuated. However, this was not immediately available to staff as it was held in the manager's office which they did not have access to. A copy was immediately made and placed in the care staff office.

Systems and processes to safeguard people from the risk of abuse

- We identified that some care practices, such as a failure to use moving and handling equipment when required and providing personal care very early in the morning, were placing people at risk of physical and psychological harm.
- The management team and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and reporting concerns to the local authority safeguarding team.
- Staff were confident if they raised a safeguarding concern with the management team, it would be taken seriously. One member of staff told us, "I'd tell [the deputy manager] they would sort it out I'm confident they would do something."
- People said they felt safe. A person said, "Yes I'm safe, no doubt about that." A visitor told us they had "no concerns at all" about their relatives' safety.

Staffing and recruitment

- The provider had robust recruitment procedures to help ensure only suitable staff were employed however, these had not been fully followed. In two of the three recruitment files we viewed records had not included suitable good character conduct checks from some social care providers staff had recently worked for. The management team immediately arranged for this to be completed.
- Other checks including a full employment history, health declaration and disclosure and barring service (DBS) checks, had been completed for all applicants. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to support them. One person said, "There is always someone [staff] if I need them." Visitors also felt there were enough staff.
- Staffing levels were determined by the number of people using the service and the level of care they required. Care staff told us they felt there were enough staff. One staff member told us, "We don't have to rush and can take things at their pace, so yes I think there are enough staff." Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Short term staff absences were covered by existing staff members or the deputy manager, this helped ensure continuity of care for people.

Using medicines safely

- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was not always enough information to guide staff as to when this should be given. For example, where people were prescribed medication for constipation there was no individual information as to what may prompt staff to administer this. Where people were prescribed medication for agitation this did not link to a full plan as to how staff should respond should the person be agitated. We identified this to senior care staff who agreed further information was required and undertook to add this to relevant sections of care plans.
- Monthly audits of medication were not always completed as per the provider's systems. This included checking stock levels, which would help confirm that all medicines had been administered as prescribed including for a person who was managing their own medicines.

The failure to ensure the safe and proper management of medicines was a breach of regulation 12 of the health and Social Care Act 2008 (regulated Activities) regulations 2014 (Part 3).

- Otherwise arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. Staff monitored fridge and room temperatures to ensure that medicines stored in them, were within the safe temperature range. Observations of staff administering medicines showed safe practices were undertaken.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. The management team had identified a need to ensure annual update training and competency assessments were undertaken and had initiated systems to undertake this.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely.
- People confirmed that they received their medicines as prescribed and that they could request PRN medicines when needed. We heard a person inform a staff member they had a headache; the person was offered pain relief.

Learning lessons when things go wrong

- Where accidents or incidents had occurred, there were systems in place to record these. Care staff completed an initial record form which was then reviewed by the management team. There was also a system to record these monthly to look for patterns or trends.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- People said they felt the home was clean. One person told us, "They [housekeeping staff] come in each day and do a good job, it's always clean." Visitors also commented on the homes cleanliness and that there were no unpleasant aromas.
- The home was clean and housekeeping staff completed regular cleaning in accordance with set schedules. Housekeeping staff told us they had time to complete all necessary cleaning.
- All staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.
- The laundry was well organised to reduce any risk of cross contamination and a separate purpose designed sluice room was available.
- The management team was aware of the action they should take if there was a specific infection risk at the home.
- The local environmental health team had awarded the home five stars [the maximum] for food hygiene.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's legal rights had not always been upheld and the service had not been working within the principles of the MCA.
- Not everyone who required a DoLS to be in place had been referred to the local authority for assessment. The management team had identified this following the departure of the previous registered manager. They were in the process of completing Mental Capacity Assessment and where these indicated people were being placed under specific restrictions they were unable to agree to, DoLS applications were being prepared for the local authority.
- Where people lacked the capacity to understand and consent to aspects of their care such as being administered medicines, a formal assessment under the MCA and subsequent best interest decision had not always been completed. The management team were working on this issue.
- We identified two people who were receiving their main daily personal care routine and being assisted to wash and dress between 5 and 6 am. The management team confirmed that these people were unable to give consent for this and there was no best interest assessment or reason identifiable as to why this level of care was being given at this time of the morning. When we identified this to the management team, they took immediate action to ensure this did not continue and undertook to inform the local safeguarding team.

Providing care and treatment without the consent of the person or in their best interests following mental capacity legislation was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014 (Part 3).

- People told us they were always asked before care was provided. One person said, "I'm sure if I say no, they [staff] would come back later."
- Where people had capacity to make decisions, we saw they had been involved in their care plans to indicate their agreement with the proposed care and support.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.
- The deputy manager was aware of how to access advocates when required to help people make decisions they were unable to make on their own.
- A person told us, "I can go out if I want, I go to my [relatives] she lives close by here."

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

- People's needs had been assessed and this information had been used to develop individual care plans.
- Prior to admission a member of the management team undertook a formal assessment to identify if they were able to meet the person's needs or if any specific equipment was required so this could be in place prior to admission.
- There were processes in place to avoid discrimination in care decisions, including in relation to protected characteristics under the Equality Act 2010. Care planning considered equality and diversity and staff had training in equality and diversity. People had support to practise their chosen religion and received care appropriate to their cultural background.
- Staff followed best practice, which led to good outcomes for people. For example, the management team were aware of the latest guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care. They had relevant assessment documentation which they planned to introduce. Care plans contained individual information as to how staff should support good oral health for each person. The management team were aware of how to access dentists should these be required.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and specialist beds and mattresses were used correctly to reduce the risk of skin damage. Staff had mobile radio communication handsets to enable them to keep in contact with each other around the home.

Staff support: induction, training, skills and experience

- Staff felt supported and had received appropriate training to undertake their roles.
- People, relatives and external professionals told us staff were knowledgeable and competent. Comments included: "They [staff] seem competent, I've no worries about their abilities." and from a relative, "I have confidence in all of them [staff and management team]."
- New staff members completed an induction when they started working in the home and those without a care qualification were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this. Staff were encouraged and supported to undertake vocational qualifications.
- The provider was changing the way training was organised at the service with the introduction of some computer-based training. Practical training where necessary such as for first aid and moving and handling would continue to be provided.
- Plans were in place to commence annual appraisals for staff as these had not been regularly completed by the previous registered manager. Formal systems were in place to meet individually with staff on a regular basis to discuss their work and identify any issues or training needs they may have.
- Staff told us they felt supported in their roles by the deputy manager. One said, "We can always contact

[deputy manager]. Last weekend they came in [to the home] to help as it was very busy."

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

- People were all positive about the food provided at the home. Comments included; "Very nice, plenty of it as well"; "Really nice, and they do me something different if I ask them"; and "No worries about that, some of them [people] have cooked breakfast, I prefer cereal and toast".
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs and, where necessary, their intake was recorded. Where people experienced unplanned weight loss, staff referred them to GPs or specialists for advice and offered meals fortified with extra calories.
- Each person had a nutritional assessment to identify their dietary needs and preferences. Care plans had been developed which provided individual information about people's dietary needs and preferences.
- Catering staff were knowledgeable about aspects of nutrition and people's individual needs. For example, they were aware of who required their meals in a softer format and described how they fortified meals for people at risk of losing weight.
- Where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on a one-to-one basis.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to make sure people had consistent care when moving between services. There were arrangements in place to make sure all necessary information was available if people went into hospital. When people were ready to be discharged back to the home following an extended hospital stay, there was a new assessment of their care needs to make sure everything was in place before they left hospital.

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

- Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building and corridors were sufficiently wide to accommodate wheelchairs or enable staff to support people whilst walking.
- All bedrooms were for single occupancy and fitted with ensuite facilities. People's rooms were personalised and reflected their interests and preferences. Signs were placed outside bedrooms to help people identify their own rooms.
- There was a range of communal areas available to people, including a dining room, large entrance areas with seating and two lounges which allowed people the choice and freedom of where to spend their time. Toilets and bathrooms were well signed to make them easier for people to find. External space was available either in the home's gardens or on a first-floor roof terrace.
- The home was well maintained and there was a rolling maintenance programme to help ensure the building remained fit for purpose.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access local healthcare services such as doctors or dentists. A person told us "They [staff] call the doctor if I need one". This was confirmed in care files viewed.
- People's health needs were recorded in their care plans and contained information from health care professionals. Where people required support from external healthcare professionals this was organised, and staff followed guidance provided.
- A health care professional told us they felt people's healthcare needs were met by the home. They said they were contacted appropriately and as required.

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 requires improvement.

This meant people were not always supported and treated with dignity and respect.

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

- People were not well treated at all times. Some people were being woken between 5 and 6 am and staff then provided full personal care and assisted them to wash and dress. The management team confirmed that these people were unable to give consent for this and there was no best interest assessment or reason identifiable as to why this level of care was being given at this time of the morning. This practice had not been identified by the management team or care staff as being unacceptable.
- People spoke positively about staff, describing them as "very kind" and "like family". One person told us, "The staff couldn't be kinder, very nice all of them."
- Family members echoed these comments. One said, "My relative never has a bad word to say about the staff."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, we saw a person who was distressed, a staff member knelt to their eye level and used comforting touch and words appropriately. They did not rush and remained with the person until they were calmer and ensured the person had a drink and were OK before leaving them.
- During discussions with staff, they demonstrated a good understanding of people's individual needs, preferences, backgrounds and interests. They used this knowledge to engage with people in a meaningful way.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices.
- People were supported to follow their faith. Local clergy were invited to the home on a regular basis and the management team said leaders of any religion would be welcomed at the home.

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

- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A family member told us "They [staff] always tell me what's going on. I had a meeting with [the deputy manager] last week about the care plan."
- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories, their preferences and what was important to them. A staff member said, "We have time to read the information in the care plans, but we also talk with people and find out lots about them that way."

- Family members were welcomed at any time. One visitor said, "I can visit whenever I want." Staff ensured that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs.
- Staff understood people's rights to make choices. We heard people being consulted throughout the inspection about where they wished to go and what they wished to do. For example, people were asked where they would like to sit and offered choices about what they would like to eat, drink or how they wanted to spend their time.
- Staff advocated on behalf of people's best interests where necessary. For example, a person had been discharged from hospital. On arrival at the home it was evident they remained unwell and staff acted to arrange for their readmission to ensure the person's health needs would be met.
- People's views about the service were sought. Informally the provider and deputy manager spoke with people and visitors on a regular basis to ensure they were satisfied with the care being provided. Formal meetings with people were also held and minutes showed a variety of topics were discussed with time for people to raise questions if they had any. Should people or visitors wish to make an anonymous suggestion a box was available for this in the entrance hallway.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- When asked if staff respected their privacy and dignity a person said, "Yes, they shut the curtains and keep the door closed." A staff member described how they would always ensure people were covered as far as possible when providing personal care.
- A person told us they had been asked if they had a gender preference regarding staff who might be providing personal care support. They told us that although they did not have a preference it had been nice to be asked. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Staff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. This information would help ensure care staff promoted opportunities for people to be as independent as possible. A person described how staff supported them without "taking over".
- Several people told us they were able to go to the local town or visit nearby family members should they wish to do so. Another person told us they were able to make their own hot or cold drinks.
- At lunch time we saw a range of crockery and cutlery was available to suit each person's individual needs meaning, wherever possible, people could eat without staff support.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

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

- People received an individual service however, staff had not always responded to changing needs.
- At the start of each shift staff received a verbal handover. A written handover sheet was also in place. However, we found this had not always been effective to ensure staff were aware of some changes in people's needs. For example, we noted in one person's daily care recordings that they had been trying to leave the home via the unlocked front door. This person had been assessed as being at risk if out in the community on their own and a DoLS application was being made. However, staff on duty the following day were unaware of this and no action had been taken to turn on the front door alarm to alert staff if the person decided to leave the home.
- We also identified that staff had not responded to a person's changing care needs. A person's daily care recordings said they had told care staff they felt constipated and records of the person's bowel actions confirm this was probably the case. However, neither staff nor records could tell us if any subsequent action was taken until two days when a laxative was administered after the person again said they felt constipated. There was no record of whether the laxative had been effective and no follow-up by the staff who had administered this.
- Otherwise people's individual likes, dislikes and preferences were recorded in their care plans. At the time of the inspection all care plans were in the process of being reviewed and rewritten. These would then be discussed with the person or where necessary with a relative. New care plans viewed contained relevant individual information to guide staff.
- Staff were knowledgeable about people's preferences and could explain how they supported individual people.
- Where able people were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. For example, what time they liked to get up, when they wanted their lunch and if they wanted to participate in activities. This was observed throughout the inspection.
- Staff were clear that they were led by the person's wishes. For example, a staff member told us, "We always ask what [people] would like. Even if we know what they usually do we still ask them. They sometimes change their minds."

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 had been identified and recorded so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. The management team told us that they could print text for people in larger print. The service was developing picture cards to help people make some decisions.
- Suitable signs were in place to help people find their way around the home such as to toilets or bathrooms. We saw staff taking time to speak with people and allowing them time to process information and reply.

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

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always welcome in the home and were regularly updated about people's wellbeing and progress. One relative told us, "I have no worries and although I visit most days I don't worry if I can't get in [to the home] as I know they [staff] will call me if there is anything I need to know."
- People had access to a range of activities, including, movement to music, art/craft sessions, visits from animals and reminiscence sessions. In addition, there were regular visits from entertainers and church representatives. When asked about activities a person said, "Oh yes, they are lots."
- An activities lead had been appointed who provided an activity each morning and afternoon throughout the week with another person undertaking this role on Saturday. This meant activities could continue even should care staff be busy elsewhere. The activities lead described how they provided mental stimulation for people who remained in bed due to care needs.
- Seasonal events were celebrated. For example, people told us how Christmas and Birthdays were always celebrated.
- There were links with the local community, such as a local pre-school where children had attended the home for joint activities with people. This was part of a formal six-week programme that would be evaluated and if appropriate the activities lead said they would hope to extend this to a regular event.
- People were supported to raise money for local and national charities. This provided people with worthwhile activities and helped raise their profile in the local community at the same time.
- The home had free Wi-Fi available. This meant people could keep in contact with family or friends and access information, games and entertainment of their choice.

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the management team.
- People were given information about how to complain or make comments about the service with information about how to complain available in the entrance area. A suggestion box enabled people to make anonymous comments or complaints should they wish to do so.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved.
- Should complaints be received, there was a process in place describing how these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to a complaint which had been received in the year prior to this inspection. This had been comprehensively investigated.

End of life care and support

- People received appropriate care and support to enable them to have a comfortable and peaceful end of life.

- At the time of the inspection nobody was receiving end of life care. We viewed records of care provided for a person who had passed away shortly before the inspection. These showed that the person had received appropriate support although their care plan had not been updated to reflect their changing needs.
- Care plans included information about people's preferences and choices, including cultural and religious preferences. Although this was not formally linked to an end of life plan the information could be used to help ensure people's preferences were known and met as they approached the end of their lives.
- Some staff had undertaken end of life care training. Discussions with them showed that people were cared for with dignity and respect at the end of their lives.
- The management team told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and appropriately cared for at the end of their life. They also described how they supported staff during these times.

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 and had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management quality assurance systems were not always effective and failed to identify some of the concerns found on this inspection such as lack of window restrictors, no formal fire risk assessment, some individual risk assessments not in place, the provision of early morning care without the consent of the person or following the MCA, missing recruitment good character checks from previous care providers, inappropriate moving and handling techniques and medicines issues.
- Records were not always able to demonstrate that the service was safe. For example, systems to ensure and demonstrate that all staff had completed all necessary training were not in an easily accessible format. This had been identified by the management team who were updating training information onto a recording tool (Matrix).

The failure to operate effective systems to assess, monitor and ensure the quality of the service was a breach of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014 (part 3).

- The provider had commissioned an external consultant to undertake a full audit of the service. This had identified areas for improvement and the resulting comprehensive action plan had been shared with CQC. During the inspection we were shown an updated action plan which showed that many areas for improvement had been addressed
- There was a clear management structure in place, consisting of the provider, nominated individual, the deputy manager and senior care staff. Each had clear roles and responsibilities.
- The services registered manager had ceased working for the provider shortly before the inspection. There were arrangements in place to recruit a new manager.

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

- We identified several incidents which should have been notified to CQC. The nominated individual identified that the previous registered manager had been responsible for submitting notifications. The nominated individual and deputy manager were aware of the need to notify us of these and undertook to ensure these were subsequently notified and action taken to ensure they would be responsible for these moving forward. Records showed there were also some incidents which should have been report to the local authority safeguarding team. Again, the new management team undertook to ensure these were reported appropriately.

- The management team were aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm. They showed us examples of when this had been followed, both verbally and in writing, as required.
- All staff were open and transparent throughout the inspection. The provider, nominated individual and deputy manager were responsive to any suggestions for improvement.

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

- People, their relatives and staff all told us they thought the home was well run. A person said, "Yes I think the bosses know what they are doing, things seem to run smoothly." One relative said, "I've no concerns, I can go to the office or the senior staff and they sort things out if need be."
- The management team and staff demonstrated a good knowledge of person-centred care and promoted people or their family members being involved in the development of their care plans. People their relatives and an external health professional spoke positively about service and all told us they would recommend the home to others.
- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way. They all said they would be happy for a family member to receive care at the home.
- The provider had clear expectations that staff would provide high-quality care in a caring and compassionate way. From our observations and discussions with staff, it was clear they understood these values and were committed to meeting them consistently in their day to day work.

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

- The management team consulted and engaged with people in a range of ways. These included quality assurance surveys, 'residents' meetings' and one-to-one discussions with people and their families. The results of these services had been analysed and showed that staff, people and visitors were all happy with the way the home was organised.
- Resident and staff meetings were also held, and the management team had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- Staff were aware of who the various members of the home's management team were and said they knew how to contact them if required. Staff spoke positively about the deputy manager, describing them as "approachable" and "supportive".
- Visitors told us they were always made welcome and staff told us they felt listened to and that morale was good. They said they enjoyed a good working relationship with their colleagues and felt they worked well as a team.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010.

Continuous learning and improving care. Working in partnership with others

- The management team worked with other organisations and professionals for the benefit of people.
- The nominated individual and the deputy manager had recently completed an extended course for managers, funded by the local authority, to support them in their roles.
- They were also members of a care provider's forum that shared best practice guidance and belonged to a network of homes that focused on local healthcare issues.
- The management team had also engaged with the clinical commissioning group (CCG) medicines optimisation team. Where they had suggested improvements to the medicines management system, action had been taken.

- They and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups and local statutory services. These were accessed where appropriate, to meet people's individual needs.
- The management team were clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support.

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 11 HSCA RA Regulations 2014 Need for consent The provider has failed to ensure that care has only been provided with the consent of the person or in their best interests following mental capacity legislation. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to ensure that all risks relating to the environment or individual people were identified and all reasonably practicable action taken to mitigate these risks. The provider has failed to ensure the safe and proper management of medicines. Regulation 12 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate effective systems to assess, monitor and ensure the quality of the service. Regulation 17 (1)(2)(a)(b)