

Care @ Robertsbridge Limited

# Glottenham Manor Nursing 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

### About the service

Glottenham Manor is a nursing home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 46 people. People at the home were living with a range of physical health conditions.

Glottenham Manor is a single building located in a rural setting, in its own grounds, and has accommodation over two floors; many of the bedrooms are on the ground floor together with the communal areas, such as the lounges and the dining area. The first floor is accessed via stairs or a lift and some bedrooms are on the first floor.

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

Some people told us that they did not always feel safe as they said there were not enough staff on duty. People, their relatives and staff told us that there were not enough staff on during the day and night. Call bells were often not answered in a timely manner which meant that people did not always receive support when they wanted.

Care and treatment had not always been managed effectively to ensure that people received enough to drink. Staff management and monitoring of people's fluid intake was poor. Systems were not in place to check that people were receiving enough fluids. Risks to some people's skin integrity had not always been managed or mitigated safely.

Although there were quality assurance systems in place, there were some areas of support that were not audited or checked to ensure that people received safe and effective care.

The provider had systems in place to protect people against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns. When staff were employed they were subject to checks to ensure they were safe to work with people in the service.

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's health and nutritional needs were met. One person said, "The food is lovely, and I like everything we have." Staff were knowledgeable and well trained.

People's care plans did not always reflect their physical needs and show the care and support that people should receive. People had access to a range of activities that met their interests. People were given information in a way they could understand, and staff understood people's individual communication needs. People received compassionate end of life care.

Systems and process were in place to assess, monitor and improve the quality of areas such as medicines administration, health and safety, pressure sores, equipment and people's meal time experiences. Actions were taken from audits of the service to drive improvements to the quality of care people received. People and staff were complimentary about the manager. One person said, "I think the home is more relaxed since they took over as manager." One relative told us, "The manager is very open and understanding and we can approach her at any time."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (Report published 19 January 2017). A focussed inspection was carried out in June 2017 to inspect the safe domain which was rated as good (Report published 4 July 2017)

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glottenham Manor Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to safe care and treatment, staffing 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 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** ●

# Glottenham Manor Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Glottenham Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was in the process of registering with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service has been without a Registered Manager since April 2019.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with 17 people who lived at the service to obtain their views of the care they received. Due to the nature of some people's complex needs, we were not always able to ask people direct questions about the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven relatives who were visiting the service. We spoke with five members of staff including the manager, area manager, a registered nurse, three care staff and the chef. During the inspection, we observed medicines being administered to people. We reviewed records about 13 people's care which included care plans. We also looked at staff recruitment records and profiles, accident and incident reports, quality assurance documents and medicines records.

#### After the inspection

We sought feedback from two health and social care professionals who work in partnership with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Using medicines safely

- There were sometimes insufficient numbers of staff to ensure people's safety. People, relatives and staff told us that there were not enough staff on duty at the home. One person told us, "The staff are excellent but there aren't enough of them for safety." Another person told us about the impact staffing levels had on the support they received. They said, "I don't think there are enough staff. There are times when they seem under pressure. You notice when they spend less time with you. For example, when they are washing you or reduced time when they are pushing you around the garden (in their wheelchair)." A third person considered the staff levels during the morning shift and said, "They are always running up and down the corridor in the morning." One relative said, "The staff are excellent but there aren't enough of them."
- People told us that staff did not always respond to call bell requests in a timely manner. One person said, "I am worried about my safety on some nights as the staff do not always respond to call bells. One night I needed care and when my call bell wasn't answered after two attempts so I telephoned the home from my own telephone to ask for help." Another person told us that they had waited for 45 minutes one night that week for staff to provide assistance to them in their room. We observed two call bells ringing for over five minutes without response from staff. When we spoke to one person requesting assistance, they said, "I waited ten minutes, but that is usual."
- The manager used a dependency tool to determine the necessary staffing levels required based on the needs of people. However, the tools used by the manager indicated staffing levels were consistently on or below the lowest average direct care hours score. There was evidence in January 2019 that this had been used to increase day staff by one carer to its current level, although people and staff told us that this was still not enough.
- The manager told us that when occupancy levels went down to 24 people, the provider took the decision to reduce the number of registered nurses on shift from two to one. At the time of the inspection the occupancy level had risen to 36 although there remained still one nurse on duty. The manager told us that they could now have another nurse to cover mornings, although they were finding it difficult to recruit nurses who were willing to work the shorter shift.
- People did not always receive their medicines safely or as prescribed. The reduction in nursing staff levels had a negative impact on people receiving their medicines. The morning medicines was undertaken by one nurse, but this was not completed until 1pm. For one person, who was prescribed pain medicine four times a day, they did not receive their first dose until 12.20pm, which meant that they did not receive their morning medication. A staff member told us that they felt there were not enough staff, including nurses, on each shift. Another staff member said, "There are not enough staff. There are risks to people and us. People have to wait for care and we have to choose who is more important."
- One person was concerned that on one night shift the previous week the three carers on duty were all

male. They expressed concern as their care plan stated that they did not want male carers to provide them with personal care. The person said, "We need more permanent female staff"

The provider had failed to ensure there were sufficient numbers of staff to meet people's care needs safely and effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Safe systems were used to recruit staff. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. Appropriate references had been obtained prior to staff being appointed.
- Processes were in place for the timely ordering and supply of medicines and medicines administration.
- We observed medicines being given to people. The nurse was familiar with people and their medicine needs. Medication Administration Records (MAR) showed that records were completed accurately.
- Where people had 'as needed' (PRN) medicines, staff were supported by PRN protocols. These protocols guided staff about the prescribed medicine and how to know that the person needed the medicine.
- The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

#### Assessing risk, safety monitoring and management

- Risk assessment were in place to mitigate other risks to people. Risk assessments were completed to identify people's risk of falls or risk of choking. Staff reviewed these risk assessments monthly and put actions in place to reduce these risks. For example, ensuring a person who had swallowing difficulties was provided with a pureed diet and modified texture fluids.
- Environmental and individual risk assessments had been completed and provided staff guidance on actions to take to reduce the risk. Emergency plans ensured people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.

#### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to raise concerns. Staff had received training in safeguarding procedures and were familiar with the provider's policy.
- Safeguarding alerts had been raised appropriately and the provider and manager understood their responsibilities for reporting safeguarding concerns.

#### Preventing and controlling infection

- All areas of the service were seen to be clean, tidy and smelt fresh. Records showed that staff maintained a consistent and thorough cleaning schedule of all areas of the service.
- Regular quality assurance checks were undertaken to ensure the prevention and control of infection. These audits also monitored staff completion of infection control training.
- We observed staff using personal protective equipment (PPE) when carrying out personal care and administering medicines.

#### Learning lessons when things go wrong

- Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. The manager had oversight of all incidents and accidents to ensure that appropriate actions were taken, including the review of risk assessments and care plans.



- The manager audited records of people's falls to identify themes so that appropriate actions could be taken. For example, trends showing a pattern of falls for people had led to referral to the falls team and occupational therapists.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Supporting people to eat and drink enough to maintain a balanced diet; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and treatment had not always been managed effectively to ensure that people received enough to drink. Some people had been assessed as being at risk of dehydration or requiring support to ensure they drank enough. Staff were required to record and monitor their daily fluid intake, but this was not always being done.
- People's recommended daily allowance had not been calculated using the person's individual details. It is recognised good practice that fluid requirements are very individual and impacted by a variety of factors in addition to weight, such as health, environment, age and activity. However, each person's recommended daily allowance (RDA) had been set at 1600ml per day. This meant staff could not be sure how much fluid each person needed to be properly hydrated.
- Records for five people who had been assessed as being at risk showed that they had received very little fluid and significantly less than their RDAs on the previous two days. Daily fluid intake levels for each person were less than a quarter of what they required that day. Two people were recorded on one day as receiving just 50ml of fluid and another person as receiving no fluid at all.
- We observed people being offered drinks at mealtimes and drinks were placed in people's rooms for those who spent time in their room, or who were cared for in bed. However, we observed some drinks being left on people's bedside cabinets where they would have been unable to reach them. One person did not have an over bed table and was unable to reach the drinks they had been left. We observed drinks left in some people's rooms were untouched for most of the day.
- We raised this issue with the manager who acknowledged that staff had not been recording people's fluid intake adequately. However, the manager also confirmed that they did not monitor people's fluid management, and this was not part of the home's auditing systems. This meant that management could not be sure that people were receiving enough fluids. This placed people at risk from dehydration.

The provider had not ensured that risks to people had been properly managed and doing all that was reasonably practical to mitigate those risks. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to have enough to eat and told us that they liked the food they received. People were given choices of what they wished to eat and were provided alternatives if they requested this. One person said, "The food is excellent, I am having scampi and chips and I am looking forward to it. I like the food very much."

- We observed the lunchtime meal in the dining room. Tables were attractively laid with tablecloths, napkins, cutlery and condiments and special cutlery for people it.
- People's specific dietary needs were known and met effectively by staff. For example, some people were on modified diets and required their food to be prepared in soft bite sized pieces. We observed their food being prepared in this way. Staff had ensured that their needs had been assessed by Speech and Language Therapists (SALT) and this information was clearly displayed in the kitchen. The chef demonstrated a very good knowledge of people's specific needs.

#### Staff support: induction, training, skills and experience

- Staff were provided with the training they needed to work effectively with people. Training had been identified that was considered essential for staff to complete. These included courses such as safeguarding adults, moving and handling and health and safety. Staff told us that they received refresher training which was helpful. One staff member told us, "It's useful because it refreshes our practices. For example, the fire training has made me more confident and know exactly what to do."
- Staff members were given the opportunity to undertake more specialised training to meet the needs of people they were caring for. These courses included dementia training and positive behaviour support.
- New staff completed an induction that was tailored according to their experience and care and were shadowed by a senior member of staff. Staff told us that they felt well supported in their roles and were provided with regular supervisions sessions.

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

- People's needs were met by the design and decoration of the home. Some people used wheelchairs to mobilise and hallways and communal areas were of sufficient size and decoration to support them safely and efficiently.
- People's rooms were decorated according to their wishes and preferences. One relative told us, "When we arrived, we were made so welcome and Mum was looked after and introduced to other residents. We were shown the room and told we could make it as personalised as we wanted."

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

- People had access to health and social care professionals. Records confirmed people had access to a GP, opticians, dentists and chiropodists and could attend appointments when required. Referrals were made to specialist services such as speech and language therapists, as needed.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff as to what the persons current health and care needs were should they be admitted to hospital.

#### 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.

- Where DoLS applications had been submitted, the manager monitored when they needed to be renewed. Records showed that staff were meeting the conditions on the relevant authorisations. For example, a DOLS care plan had been completed to show how staff would implement and monitor the conditions on one person's DOLS. The review also evidenced regular reviews with the person's GP and monthly review of their behavioural care plan. Staff understood their responsibilities with regard to the MCA.
- Care records showed how consent from people had been obtained and/or their capacity to make a decision assessed. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us that staff treated them well and showed concern for their wellbeing in a caring and meaningful way. However, people's dignity was not always respected as staff did not always respond to their concerns quickly enough. We raised the issue of the timeliness of staff's support for people in the last comprehensive inspection in 2016. Where we highlighted that people were waiting longer to be assisted. Improvements were made following a focused inspection in June 2017. However, these issues were highlighted again during this inspection. This meant that the provider had not ensured that support was in place to ensure people's dignity and that they received support when they required it.
- Staff did not always respond to call bell requests in a timely manner which meant that people did not receive the support when they needed it. People told us that that this impacted on their dignity and the care they received. One person said, "We just don't have enough staff, sometimes we only have two at night and a nurse and even if it's three and a nurse it's not enough. It's easier to stay in bed all the time as there aren't enough staff if I need to be hoisted as I need two people to do it." One relative said, "The staff are excellent but there aren't enough of them and so there are a number of agency staff all the time. Mum has a note in her bedroom reminding staff to put in her hearing aids each morning and this morning they were not put in."
- People and their family members were clear that staff treated their family members well but that the shortage of staff had an impact on the support they received. One relative said, "The staff here are the nicest on the planet, the ambience is very good, but there just aren't enough of them day or night."
- Some people and their relatives expressed how they liked living at the service and how supportive staff were. One person said, "I came for respite care nearly a year ago and decided to stay. I am very happy here." One relative said, "I am very happy with the care and don't have any concerns."
- People's diverse and cultural needs were established when they first moved into the home. Staff respected these needs and took steps to support people and their loved ones to meet these. For example, staff provided specialist meals for the partner of one person when they came to visit, because of their particular beliefs. Another person was supported to join a local group that supported people in the LGBT community.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. We saw staff knocking on doors before entering and talking with people in a respectful manner. People told us they could spend time alone and this was respected by staff. However, we observed that some people had a range of continence products in their rooms either on the floor or on top of wardrobes. People often left their doors open, which meant that other people, family and visitors could see these items. This did not protect people's dignity.

- People's mobility had been assessed and mobility aids were in place to support people's independence. We saw staff ensured people had access to these to enable them to move about the home independently. One person said, "The staff are so kind. I am waiting for an electric wheelchair which will give me more independence because I miss that I can't move around without staff pushing me in my wheelchair."
- Staff understood the importance of confidentiality. People's care plans were stored in a lockable room.

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

- People were supported to express views about their care. There was evidence of regular review meetings where people's family members were also involved. Relatives told us that staff kept them informed when they visited the service and ensured that they were involved in support. One relative said, "I visit three times a week and am always made welcome and kept up to date and am informed of any change in my Mum's health."

## Is the service responsive?

### Our findings

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

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

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

- People's care plans did not always reflect their physical needs and show the care and support that people were assessed as needing. For example, one person moved to the home a month prior to our inspection with pressure area needs. Staff were required to reposition them every two hours to avoid skin breakdown.
- However, their skin integrity care plan had not been completed and their moving and handling risk assessment, which would show staff how to move the person safely, had also not been completed. A nurse communication diary had highlighted this shortfall a month after the person's admission, but this had not been actioned by staff.
- This meant that staff did not have all the information they needed to ensure that the person's skin integrity remained intact or that they could be moved safely to avoid further damage. The service frequently used agency staff who may not always be familiar with people's needs which would increase the risk to that person.
- Records of the person's moving and positioning were poor and showed that on a number of days they had not been repositioned every two hours. This placed the person at increased risk of skin breakdown.
- People's care plans did not always reflect their personalised needs. When people had been assessed as requiring support and monitoring with their fluid intake, the provider had not used people's personalised details to determine how much fluid they required.
- People's likes, dislikes and preferences were recorded in their individual care plans. For example, one person liked to spend a lot of time in their bedroom and staff needed to encourage the person to come into the lounge to join in the activities. Staff were knowledgeable about people's preferences in relation to their care and could explain how they supported people in line with this information. One relative told us, "Mum can vary in her mood from day to day and staff let her choose whether she wants to stay in her room or not. She likes to go to bed early but that is her choice and she has always gone to bed early."

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 follow interests and had a range of activities they could take part in. The service had a full-time activities coordinator who supported people to choose what activities they wished to access. The coordinator ensured that there were reminiscence activities as well as arts and physical activities each week. Staff had arranged for a specialist external company who deliver exercise to music for older people and disabled adults to visit the service regularly.
- Staff were aware of the risks of social isolation and took steps to provide people with the level of support they wished for. The activities coordinator asked those who wished to engage and provided 1:1 support in people's rooms to read letters and support them in activities or tasks that they chose. One person said, "I

sometimes do craft activities and I like the person who does the activity." Records confirmed that these were taking place. People at risk of social isolation were also supported by a volunteer organisation. Staff would advise volunteers of people who could benefit from additional interaction and they would provide company and support to them in their rooms.

- People were supported to go out regularly with staff. People and their relatives had use of the provider's minibus as and when they wished. This supported people to maintain contact with their relatives and enjoy time together outside of the home. The manager had formed links with a local business to provide funding for entertainers to visit the service and to provide community trips in a minibus.

#### 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.

- Staff received training in, and had a good understanding of, AIS and people's communication and information needs were met.
- Staff were able to provide people with information in a way they could understand. Communication care plans were in place and people had been assessed if they needed information presented to them in ways they understood. No one had currently been identified as requiring information in a different format, although the manager was introducing people's service user guides and statement of purpose in large print and an audio version should people require it.
- People's communication needs were assessed, and their care plans contained guidance for staff to support their needs effectively. For example, one person with verbal communication difficulties was supported with flash cards and a white board, while staff were exploring training and use of Makaton with them.

#### Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints. The provider's complaints policy was easily accessible to people and their relatives.
- Complaints were dealt with professionally and investigated and responded to in a timely manner.
- The manager ensured that complainants were informed of what learning and actions were being taken. For example, one complaint response informed the person's relative what actions had been taken with staff and the changes in practice that were put in place. The area manager informed us that one complaint had led to a staff discussion about communication and the use of people's native language.

#### End of life care and support

- People were supported compassionately at the end of their lives. People could live out their lives at the service, if this was their wish and their needs could be met.
- One person was receiving end of life care at the time of the inspection. Staff were in regular contact with the person's GP to ensure that medicines were reviewed to ensure they remained comfortable and pain free.
- People decided when they wished to have end of life care plans in place. The care plans recorded people's advanced plans, how they wished to be cared for and what was important for the person as they were being supported.



## Is the service well-led?

### Our findings

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

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

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

- Although there were quality assurance systems in place, there were some areas of support that were not audited or checked to ensure that people received safe and effective care. Audits had not always identified the concerns that were found at this inspection. For example, there were no auditing systems to check whether people were receiving enough fluids. The manager confirmed that this was not part of the quality assurance process. This meant that management could not be sure that people were receiving enough fluids. This placed people at risk of dehydration.
- The management had not used systems effectively to ensure there were enough staff allocated to each shift. A dependency tool had, on occasions, informed management where lower average direct care hours were being employed. Action had not always been taken when this occurred. People, their relatives and staff told us that they did not feel there were enough staff on duty during the day and night shifts.

The provider did not operate effective systems and processes to make sure they assessed and monitored the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- Systems and processes were in place to assess, monitor and improve the quality of areas such as medicines administration, health and safety, pressure sores and food.
- Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, audits had highlighted that some air mattresses, which support people to maintain skin integrity, had not been passing daily checks. The provider had taken quick action to report the issue and ensure that equipment was replaced.
- The manager understood the importance of continuous learning to drive improvements to the care people received. For example, the provider had acknowledged the findings of the recent CQC survey highlighting the shortfalls in oral care in care homes and had undertaken a comprehensive oral health audit. The manager identified a staff member who had previously worked for a dentist to lead on completing oral assessments and providing ongoing support for people.

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

- The manager had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
- The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.
- Staff spoke positively about the manager and described them as being "friendly and approachable." They said that they would speak to them about any concerns they had.

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

- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and surveys. Comments were on the whole positive. One relative commented, "My mother has been treated with kindness and respect throughout her stay. Attention has been paid to her physical and emotional needs at a time of crisis for her."
- The manager analysed the results of these surveys and feedback from people to improve the service. For example, one relative said, "We don't have many concerns but the one problem we did have, which related to the choice and availability of food, was quickly resolved and the problem hasn't reoccurred."
- Staff told us they felt engaged and supported by management. One staff member told us of the support they had received from management with their communication. They told us, "It's a good company and they supported me to learn English. It's like a family here." Another staff member said, "Staff meetings are good. Everyone can give ideas."

Working in partnership with others

- Staff and the manager understood the importance of partnership working and worked well with other professionals to meet people's needs.
- Staff worked closely with GPs, speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. The provider had also formed links with a local hospice to provide support and guidance with people who were at the end of their lives.

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  The provider had not done all that was reasonably practicable to mitigate the risks associated with people's skin integrity management. The provider had not ensured that risks to people had been properly managed and done all that was reasonably practicable to mitigate those risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always operate effective systems and processes to make sure they assessed and monitored the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to deploy sufficient numbers of staff to make sure that they could meet people's care needs safely and effectively.