

Guild Care

Linfield House

Inspection report

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Date of inspection visit:
20 August 2019
21 August 2019

Date of publication:
03 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Linfield House care home is a Nursing home providing personal and nursing care to people with health and age related needs and degenerative conditions including, Parkinson's and dementia. There were 53 people aged 65 and over at the time of the inspection.

The service is located in Worthing and is modern and purpose built. It accommodates 54 people across five separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

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

There was not an adequate process for ensuring that records were accurate and complete. Some people's risk assessments lacked important detail to guide staff on how to make people safe. CQC were not always notified of events which the provider is required to notify us of by law.

Staff provided personalised care and people were happy with the care they received and felt safe with the staff that were supporting them. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from trained nurses and senior staff.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Checks were carried out prior to staff starting work to ensure their suitability to work with people. People received support from a consistent staff team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

People were supported to have maximum control over 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.

Positive and caring relationships had been developed between staff and people. People were treated with kindness and compassion and staff were friendly and respectful. People benefited from having support from staff who had a good understanding of their individual needs.

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

Rating at last inspection

The last rating for this service was good (published 6 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to assessing and managing risk, how the provider checks the quality of the service being provided and the notification of events to CQC. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

We will request an action plan from 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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Linfield House

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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 twelve people who used the service and seven relatives about their experience of the care

provided. Direct observation was used to help us understand the experience of people who could not talk with us. We spoke with thirteen members of staff including the registered manager, deputy manager's, registered nurses, care workers and the chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included mental capacity assessments, care planning documents and stakeholder surveys.

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.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their health and well-being. Some risk assessments lacked detail and did not provide guidance for staff on how risks could be mitigated. For example, the risk assessments for a person who was known to have a history of chest and urinary tract infections did not clearly identify the risk or contain details on how this risk could be mitigated to reduce further occurrences. There was no guidance for staff on how to keep the person safe should their health deteriorate.
- People were at risk of receiving inconsistent or unsafe care; care plans and risk assessments had conflicting information. For example, one person was identified as being at risk of climbing over their bed rails. To mitigate this risk their bed rails were down, and they had a sensor mat to "alert staff if they were up". The same person's mobility plan stated, "chair and bed bound and requires hoisting" and their moving and positioning assessment stated that they are unable to stand, walk or move their legs. This meant that the person was at risk of receiving incorrect support with their mobility needs.
- The same person had been identified as being at risk of choking. The person's care documents gave three different instructions on how the person's food should be prepared including fork mashable, normal texture and cut up. The person's risk assessment stated supervision was required whilst eating. We observed the person having roast potatoes and Cornish pasty for lunch which had been cut up into large pieces. They were left alone to eat in bed for over five minutes.
- We spoke to a member of care staff about the person's care plan, they told us they had not read the care plan and were following what everyone else did, they said they have never been told it's wrong. We told the staff member about the person's care plan and they immediately went to the person and sat with them for the remainder of the meal. We also shared this information with the registered manager who told us that they would take immediate action to address the concern raised.
- We observed three care staff involved in the preparation of a drink for a person who had an identified risk of choking and required their fluids to be thickened. The tub of thickening powder being used did not contain the person's name and had not been prescribed for them. The person's care plan identified that they required level three thickener and the tub contained level two. We made the registered nurse aware of this and they confirmed that the thickener being used was incorrect and took immediate action to remedy this. We viewed the person's care records and saw there had not been any incidents of this person choking as a result of staff not following the correct guidance.
- We spoke to the registered manager and the health and safety manager about the risks we had identified. They assured us that they would take immediate action to address the concerns we had raised to them.

The provider had failed to assess and manage risks relating to people's health and welfare. This was a

breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to assess risks from equipment. For example, pressure relieving mattresses were checked several times a week to ensure they were working correctly and set at the correct weight level for the person. There were servicing records in place for hoists, and regular tests of the fire equipment.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk abuse . Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe. Safeguarding training was completed by new staff during induction and there was a system in place to ensure staff undertook refresher training.
- People and their relatives told us that they felt safe. One person said, "there is always someone around and I have my call bell, I feel safe and well looked after here", a relative told us "the Richmond unit is secure and safe for residents living with dementia, staff there know the people that they care for very well".

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. There were systems and processes in place to check that nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- People told us that there were enough staff. One person said, "There are always staff around and I get the help when I need it", another said "I think there are enough staff, there was a crisis at Christmas with no staff at all, but it's got much better now".
- Our observations were that there were enough staff on duty to meet peoples assessed needs. People received care and support in a timely way and we saw staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed that this was usual.

Using medicines safely

- There were safe systems in place to ensure medicines were managed safely. Only registered nurses and trained senior staff administered medicines. Registered nurses were observed to be knowledgeable about people's medicine needs and administered medicines to people in a personalised and compassionate way.
- We observed medicine being administered at lunch time. The nurse was kind and caring and had a detailed knowledge of people medicines and could identify signs of pain in people who could not verbalise their discomfort. People were asked if they needed 'as and when required'(PRN) medicines such as pain relief before it was dispensed. There were no PRN protocols in place, this had already been identified by the provider and action was being taken to address this.
- People told us that their medicine needs were managed well. They told us that they received their medicines on time by the nurses which they found reassuring.

Preventing and controlling infection

- All areas of the home were seen to be clean and tidy. Staff demonstrated a clear understanding of how to protect people by the prevention and control of infection. We observed that staff were using personal protective equipment including plastic aprons and gloves when necessary.

Learning lessons when things go wrong

- The service had a system to learn lessons when things went wrong. The registered manager told us that

they shared learning across the providers homes and in team meetings. They told us about a recent incident when there had been a failure to adequately communicate to health professionals when a person had been discharged from the service. We were able to see the learning that had come from this and the measures that had been implemented to ensure this did not happen again.

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 or remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. For example, one staff told us how the dementia training had really helped them support people living with dementia, they said they now understand the different types of dementia and how to try different things to support people, such as reducing anxiety. This ensured that people's protected characteristics were considered and promoted within their care.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with information to enable them to support people in line with their preferences.
- People had access to technology and equipment that met their assessed needs. People had access to call bells and sensor mats to alert staff and we saw equipment such as hoists being used. Staff told us about the electronic breathing cats around the building and how these had a positive impact on reducing people's anxiety when stroking and talking to them. People told us that they liked being able to move around the building independently by using lifts and hand rails and there was plenty of available seating to rest.

Staff support: induction, training, skills and experience

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well.
- Staff had opportunities to learn skills to enable them to support people's assessed needs. The provider had systems to ensure that staff training, and knowledge remained up to date. Staff told us that the training was good and that "it's helped us to make a positive difference in the way that we provide support to people", and "The oral care training has been really good, and it has really helped us support people living with dementia to brush their teeth. One person who didn't like brushing their teeth, is now able to do this because we learnt different ways to approach this with them".
- Staff received supervision with their line manager and their practice was observed by senior staff. One staff said "We have regular supervision. It is useful as we can talk to someone senior and gain feedback to improve what we do".
- People said staff were competent to give them the care they needed. One person said, "they seem to be doing everything right, they certainly know how to use the hoist properly and give me lots of reassurance", another person described a staff member "she knows what we like and what we don't, she knows me very

well and just what to do when I need it".

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

- Nutrition and hydration needs were met, and people had enough to eat and drink and. People had access to drinks, fruit and snacks throughout the day. On the floor that supported people living with dementia there was a small shop front where people who were unable to ask for drinks and snacks could help themselves to snacks such as fruit, biscuits and bags of crisps.
- Specialist diets were catered for. One person said " I have my own bespoke menu which the chef prepares especially for me". We saw meals being prepared for people requiring diets to support their health such as diabetes.
- Staff were knowledgeable about increasing some people's calorific intake by adding cream and butter to foods and making milkshakes and smoothies. This had a positive impact on people who required support to maintain their weight.
- People could choose where they wanted to eat, we saw people eating in their rooms or with friends and their visitors in the lounges and dining room. There were enough staff to support people's preferences.
- People had a positive meal time experience and were complementary about the choice of food available. There were various different wines on the sideboard and the tables were set with condiments and flowers. A person said, "the food here is great, there are good choices and my husband can choose if he would like to eat with me", and "there is always so much food, it's like being in a hotel, fabulous choice, great quality and the best bit is you don't have to wash up!"

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

- Care records showed that people had access to routine and specialist health care appointments and a nurse practitioner from the local GP surgery visited the service weekly. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.
- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. For example, staff told us how they had organised a review with a Speech and Language Therapist (SaLT) for a person. As a result of this the person was no longer on a soft diet which meant they could eat the cheese and biscuits they had been asking for.
- People told us that they had good access to health services. One person said, "it's great that nurses work here, it's very reassuring but if I need to see a doctor they are quick to do that". This meant that people's health and care needs were being met in a timely manner.

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

- People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout, and other parts of the building were assessable by lifts. People in wheel chairs were able to move around the building freely and corridors were free from obstruction. Each bedroom had an en-suite bathroom adapted to meet people's mobility needs.
- The building was light and modern, and people told us that it suited their needs well. People told us that they particularly liked the large windows in the communal areas as it gave a feeling of space and made the rooms really light. One person said, "there is always something see if you sit by the window", another said "I really enjoy sitting here and looking down on the park, I love to see the families out together and the little ones do make me laugh"
- One person who was encouraged to maintain their hobby of photography showed us a collection of black and white wedding photos they had put together on the wall in the corridor. The wedding photos were of people who lived there, their parents, staff and celebrities including members of the royal family. People

told us they really enjoyed looking at the photos and staff said it was a great conversation piece as well as looking really effective.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. One staff said "it's about encouraging the person to live their life to the fullest with support. Letting them choose what they want to wear and eat. If someone wanted to make an unwise decision I would talk to them about it and offer them information, if they have capacity to make the decision it is theirs to make"
- Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way. They described when and how decisions would be made in people's best interests.
- People told us that staff checked with them before providing care. One person told us "Staff ask me if it's okay before doing anything." Another person said " They always ask if I want a shower or if I need my tablets".
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed

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 remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff treated them with kindness and were caring. One visitor told us "If I needed care I would come here" another said, "I can't fault the care here at all". A person said about the staff "we have a good banter" and another person said, "they are all brilliant".
- People were treated regardless of age gender or disability. For example, one person told us that they were able to go out for a walk around the park on their own if they wanted to, they said "it's important to me that I am free to do what I want – I just go out and come in when I want" and "the home management were nervous at first about the arrangement, but a risk assessment has been done and the arrangement is that I let staff know when I am going out and I have my mobile phone with me" The persons family member said "it works extremely well, "they are brilliant at looking after dad".
- Throughout the inspection we observed staff speaking to people in a kind and respectful way. Staff demonstrated a compassionate approach towards people and worked well together as a team. Staff responded appropriately and sensitively when people needed support. We observed that staff picked up on the signs that someone needed assistance with personal care and supported them to leave the room discretely. For a person who became overwhelmed and tearful during their meal time, staff quickly responded by asking if they would feel happier eating in their room which they said they would.

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

- People told us that they had been involved in developing their support plans. They told us they felt listened to and were given choice and control in the way that their care was delivered.
- One relative said, "I am involved in all my relatives care plan reviews" and a person told us that their relative supported them to be involved in their care planning because they couldn't always remember things. They said, "my relative knows me well and I trust them to make sure they represent me, I think the staff do a fine job of that too".
- People were encouraged to make decisions and people told us that they were free to do what they wanted throughout the day. One person told us "I like to have a wander around the home, it's quite big and I get to meet so many people, I stop and chat and have a cup of tea as I go", another person told us how they preferred to stay in their room "I have everything that I need here and I'm quite happy with that, staff pop in and out and that's suits me".

Respecting and promoting people's privacy, dignity and independence

- People privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively.

- People told us that staff respect their privacy and were polite. We were told that staff knock on their doors before entering and we observed this practice. One person told us that they had felt the need to raise a concern once when some staff were not knocking before they came into their room. They said it was resolved swiftly and "staff always knock now and wait for me to invite them in".
- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible and wherever possible. For example, people living with dementia were able to have unrestricted access to a secure garden so that they could spend time outside whenever they wanted and there were snacks and drinks available for people to help themselves to.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and care was provided in a personalised way. People told us they felt involved in their care. One person said, "The staff know me, and they know I can't always remember but they help, me a long with that", and, "we chat about things, they follow my care plan, some are better than others at that, but I soon put the new ones straight and they appreciate hearing it from me, I find that's the best way". A relative said about their loved one "staff have been so caring to her and us as a family we couldn't have wished for nicer more supportive care".
- People's nursing needs were assessed and planned for to make sure they received the care they needed. For example, some people needed repositioning by care staff whilst being cared for in bed to reduce pressure ulcers developing. A review of peoples records showed that this was provided and recorded appropriately.
- Staff were knowledgeable about people's lives and knew what was important to them. One person described a staff member as "a true gem "they said "it's because I know her, and she is a familiar face who knows me and what is important to me and I trust them implicitly". A family member told us "As my Mums dementia has progressed, her needs have been picked up by the home" and how this had made her feel reassured that the staff were meeting her mother's needs.
- Staff told us how important it was to get to know people's life histories, one staff said "One person used to love gardening, so I talk to them about the garden, take them for walks in the garden and the park. Knowing that information meant we could talk and build trust. We were told about another person who had moved to Worthing from another county. Staff said "He told us he loved going out on the bus and being by the sea. A carer took him to Littlehampton on bus and he had fish and chips, he really enjoyed his time there. We did this because we knew about the things he enjoyed before he moved here".

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 were aware of people's communication needs. Care plans reflected people's needs, identified equipment and guided staff in how to support them. For example, a person with poor eyesight had been provided with a very large remote control for the television they said, "it's so I can choose what I want to watch instead of asking the staff to turn it over". Another person's communication plan described to staff that the person will point if they want something and we observed the person using pointing and gesturing to effectively communicate with staff.

- Information was presented to people in different formats. Notice boards were colourful and had information in different sizes of print. Some information such as the activity timetable was presented in pictorial form. People told us that this made the information easier to read more interesting, one person who was observed to be reading a notice board said, "it catches your eye and makes it inviting to stop and take a look, I wouldn't bother if it was just like book print".

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 had access to meaning full occupation and activities. People told us that they had a good and varied choice of activities daily and there was plenty for them to do. "I like the quizzes and singing" another person told us "I like it when the toddler music group comes here, we all love seeing the little ones, they keep us on our toe's they are full of fun and mischief".
- People had access to therapeutic activities. People told us that their religious needs were met, and they had access to religious services if they wanted to. The service had a mini bus which provided people the opportunity for community activities and people told us that they went to garden centres and strolls along the seafront or around the park.
- Staff recognised that it was important for people living with dementia to keep busy and active. There were plenty of activities and crafts that people could do, and staff encouraged people to keep physically active. We were also told about the therapeutic value of pets and how much people really enjoyed a rabbit that visited.
- A person told us they had a very chatty and outgoing personality and had become a befriender when new people moved into Linfield House. They told us "its suits me as I love to chat to people and it also helps people settle in and get to know a friendly face" Staff said that they really valued the support this person was giving to others and could see the positive impact their actions were having.
- Relatives told us that communication was good and they were regularly invited to meetings and events in the service. We observed a residents and relatives meeting which gave people the opportunity to ask questions directly to the registered manager. People told us that they were encouraged to maintain links with families and friends by using technology such as video calling.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns and were confident that their concerns would be listened to and acted upon. The service had a complaints procedure which people were aware of. People said that they knew how to complain and who to complain to.
- Records showed that complaints were responded to appropriately and in a timely way. The manager told us that complaints were shared during meetings and outcomes used to make improvements to the service.

End of life care and support

- The service supports people with end of life care. A visiting health professional told us that the service was very good at providing end of life care. A relative told us "They were brilliant when Mum passed away – the way they looked after Dad. They are like a big family to him, they think a lot of him and he thinks a lot of them".
- People and their families were supported to make decisions about their end of life arrangements. Staff said that they undertook this with compassion, sensitivity and dignity and recognised that this was an important and difficult subject for people to talk about.
- Staff had received training in providing care for people at the end of life. Staff were positive about the training they had received and told us that they felt more confident and skilled to support people in their last days and provide emotional support to their families.
- The service held medicines for people reaching end of life. These were reviewed by a GP on a regular basis.

People had clear plans in place to support their end of life in a comfortable and dignified way which was in line with their personal preferences.

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

- Quality monitoring and audits of the service were in place. However, these had failed to identify and address the issues regarding some care records not being accurate or complete and lack of detail in risk assessments. The registered manager informed us that they did not have management oversight of risk assessments and this is something they planned to address.
- The system for recording and retrieving care plan information was not clear. During the inspection we were given conflicting information by senior staff as to how care plans were held and accessed by staff. There were three systems of care records in place including two electronic systems and one paper record. There was a lack of clarity as to how staff accessed these records. There were no process in place to ensure the information held within these records was consistent and up to date across all systems.
- There was a lack of management oversight of care plan reviewing which meant that some information was not accurate or complete. The deputy manager and nurses were responsible for reviewing care records through a "resident of the day" system which ensured each person's records were reviewed in detail on a regular basis. The system that was in place had failed to identify that some people had not had a resident of the day review and the information contained within the records of some people who had recently been reviewed was incorrect.
- The registered manager told us that they did not have management oversight of care plans and there was no system in place to ensure that reviews were taking place. They told us that this was an area they planned to improve. The providers quality assurance system had also failed to identify the inconsistencies we had found within the care plan process.
- The provider quality assurance system had failed to identify that there were no mental capacity assessments or best interests documentation for people where DoLS had recently been applied for and not yet authorised. The system that was in place relied on the local authority completing capacity assessments and best interest as part of the DoLS assessment process. This meant that whilst people were waiting for DoLS to be authorised they could be subject to restrictive practices. For example, where a person with dementia had recently moved into a secure environment.
- The registered manager told us that this had been a recent oversight due to the change in electronic recording of people's care records. The provider took immediate action to address this and following the inspection we were notified that these records were now up to date. This was a records issue as during the inspection we observed that people were offered choices and their decisions were respected. Care staff had a good understanding of MCA and worked within the requirements of the MCA Act.

The process for assessing and monitoring the quality of services provided was not effective in ensuring that care records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated activities) Regulations 2014. Good governance.

- A review of accidents and incidents identified that the provider had not always notified CQC of notifiable events which they are required to do by law. The services own records showed that there were nine incidents considered under the local authorities safeguarding guidance in the 12 months prior to our inspection that CQC were not notified about. The registered manager acknowledged that their own oversight of this process had not been effective in identifying that notifications to CQC were not being sent in line with regulatory requirements. They told us they would take immediate steps to rectify this.

The provider had failed to notify CQC of relevant incidents that affected the health and safety and welfare of people using the service. This was a breach of Regulations 18 of Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

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

- The culture of the service focused on providing person centred care and support to people. Staff understood the importance of ensuring people had control over their lives.
- Staff felt that the management team listened to them and said that they felt well supported. "The registered manager is great, she is always available and knows the residents well. She acts on our and residents feedback and always follows things through." and "I feel valued within my role. I have regular supervision and that makes you feel valued getting feedback and being thanked for what you do."
- People, relatives and staff spoke highly of the service and felt it was well-led. One relative told us that staffing has improved significantly in the last few months with more consistency of staff. People told us that they were happy living there and also told us they had seen an improvement in staffing recently.
- Staffing profiles had recently been introduced by the registered manager and we were told that these were having a positive impact on communication and relationships. These are a laminated one page profile's of each member of staff which are displayed in the corridor of each unit giving information about them, their likes and dislikes, hobbies and background. One person said, "these are great, we get to know about the people who are supporting us, just like they know things about us" and "its gives people personality and they are a great conversation boost, I love them".
- Staff spoke positively about the service and understood the providers vision and values. They described working in a person-centred way and putting people's needs and wishes first. One staff said "The values of the home are to be kind and respect everybody and treat everyone with dignity. We are a family home and we want people to think this is their home."

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

- People's views were sought of the service they received. Feedback was sought from people's relatives, friends, professionals and staff. The management team analysed the feedback and incorporated this into the daily running of the service.
- There was a positive workplace culture at the service. Staff told us that their views were listened to and they were encouraged to share ideas.
- People told us that they were involved in meetings about the running of the service. We observed a residents meeting where people were sharing ideas. Relatives told us that "communication was good with regular meetings" and "we have the opportunity to regularly provide feedback on the service and complete

stakeholder surveys.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. A visiting health care professional told us that partnership working was very good particularly with the registered nurses who they described as being "very responsive". They told us that they met with the deputy manager once a week which was a good opportunity to share information and aid continuity of care for people.
- Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.
- The Richmond unit which supports people with dementia was described by a health care professional as "exceptional, with carers who are really great". They told us the continuity of staff means that they know residents really well and can identify any slight changes in their mood or behaviour. They told us that this early recognition is really important and beneficial to supporting the person well and plays an important part in joint working.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess and manage risks relating to people's health and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The process for assessing and monitoring the quality of services provided was not effective in ensuring records were accurate and complete.