

## Anchor Hanover Group

# Dawson Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dawson Lodge is a residential care home providing personal care and accommodation to up to 43 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 42 people using the service.

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

Medicines management systems and processes were not always effective, and we found the provider's medicines policy had not always been followed. The provider took action to address this shortfall during the inspection.

We found risks to people were not always managed effectively. Care plans and risk assessments did not always contain enough detail to ensure people were supported safely. The provider took action to address this during the inspection.

There were systems and processes in place to manage accidents and incidents. However, these were not always robust. The provider took action to address this during the inspection.

We received mixed feedback about the level of engagement and activities available to people. Although the registered manager and staff spoke positively about the activities available to people and the level of engagement provided to people, some of the feedback, the records we reviewed, and our observations did not reflect this. The registered manager took action to address this.

Quality assurance processes had not identified all of the concerns in the service. Records were not always complete or completed accurately or with enough detail. The registered manager took action to address this.

People and their relatives told us they felt safe and liked living at the home. Most people and their relatives felt there were enough staff. However, some people told us they had to wait at times to receive care and support. We observed safe staffing levels with staff being responsive and unhurried in their interactions with people throughout the inspection.

People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments and reviews. People were positive about the food at Dawson Lodge and confirmed they were offered choices in what they ate and drank.

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 and relatives' views were considered by the service and were sought to make decisions

about care.

The registered manager was passionate about ensuring everyone had full access to the communal spaces and creating a relaxed and homely atmosphere. People were supported to be involved in decorating the home.

Staff respected people's privacy and dignity. People told us staff were kind to them. Relatives spoke positively about how staff supported people. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. The provider ensured staff completed specialised training courses to enable them to provide safe care and support.

The registered manager was passionate about ensuring people received responsive and empathic care at the end of their life. They completed and recorded discussions with people to help ensure their care reflected their wishes and preferences.

The registered manager and provider were responsive to our feedback and took prompt action. The registered manager was committed and passionate about their role. People, relatives and staff were able to share feedback and felt listened to.

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 outstanding (published 31 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and people's needs not being met. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-Led section 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 Dawson Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We have identified a breach in relation to governance 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 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# Dawson Lodge

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This 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

Dawson Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dawson Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 10 people and 3 relatives to get their feedback about the quality of care and support people received. We spoke with 10 members of staff including the registered manager, regional directors, deputy manager, head of maintenance, team leader, administrators and care staff. We reviewed a range of records. This included support planning documentation for 7 people and multiple medicines records. We looked at 4 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. Following the site visits we received feedback from a further 6 staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Using medicines safely

- There were systems in place for the administration, storage and record keeping of medicines. However, we found the provider's medicines policy had not always been followed and systems were not always safe or in line with requirements. For example, in the disposal of medicines and in the administration and recording of medicines.
- During the inspection we found medicines which were waiting to be returned to the pharmacy. However, these medicines had not been prepared for disposal in line with the providers medicines policy. For example, there was no identifying information such as what the medicines were, who they had been prescribed to and the reason for disposal. We raised this with the registered manager who acted immediately with the pharmacy to dispose of these medicines. The registered manager took action to prevent recurrence.
- When reviewing medicines administration records, we identified two medicine administration errors for one person. The provider's quality assurance processes at the time of the inspection did not identify these errors. Whilst we found no evidence of impact on people, we were concerned this placed people at risk of not receiving their medicines as prescribed. We raised these concerns with the registered manager who took prompt action to investigate the errors and identify lessons learnt to prevent recurrence.
- In addition, we found duplicate entries on the medicine administration records for some medicines. Staff would sign to confirm medicines had been administered at the prescribed time but also make a separate signed entry with the actual time of administration. This meant it appeared as if the medicine had been administered twice when it should only be administered once. We raised this with the registered manager who changed the practice immediately during the inspection.

The failure to operate effective systems to assess, monitor and mitigate risks in relation to medicines was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was supported by external professionals to audit and review their medicines processes which promoted best practice and learning.

### Assessing risk, safety monitoring and management

- We found risks to people were not always managed effectively. Care plans and risk assessments did not always contain enough information and detail to ensure people were supported safely. For example, where people had been identified as at risk of dehydration their care planning documentation did not provide enough guidance to staff to manage those risks. This meant people were at an increased risk of harm by not being supported to effectively manage risks identified.



- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans (PEEPs) which were available to staff. However, we were concerned following a change to the provider's fire procedures the PEEPs were not sufficiently clear. This meant there was a risk evacuation times could be longer than required. We spoke to the provider about this and they promptly reviewed this and took action to update PEEPs.
- We found the provider's falls management processes were not always robust. Although the provider had a falls protocol with post falls monitoring in place, we found gaps in the completed records and the protocol had not always been followed. We have reported on this in more detail in the well led section of this report. The failure to operate effective systems to assess, monitor and mitigate risks to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- When we raised these concerns with the registered manager, they were immediately responsive and took action to address the concerns identified. For example, people's care planning documentation was reviewed and updated.
- Daily handover meetings were held where changes in people's health were discussed. Decisions were then made, to ensure staff could take appropriate action to ensure people were cared for safely.
- The provider had a business continuity plan in place to describe how people would continue to receive a service in exceptional circumstances or emergencies such as staffing shortages or loss of utilities.
- There were effective systems and processes in place to ensure equipment, fixtures and fittings were routinely inspected and serviced.

#### Learning lessons when things go wrong

- There were systems and processes in place to record, assess and analyse accidents and incidents. However, these were not always effective. Although accidents and incidents were reviewed and action taken to reduce the risk of recurrence, we found there was no consistent approach in how and where this information was recorded. This meant there was an increased risk of information or outstanding actions not being shared or communicated effectively. For example, action taken in response to a fall had not been updated clearly in one person's care plan. The failure to operate effective systems to assess, monitor and mitigate risks to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People, relatives and staff told us the management team responded to deal with any emerging issues or accidents. One relative told us about two accidents their relative had experienced and how pleased they were with how the home responded to, and managed, the accidents. They told us, "They phone and the first thing they say is don't worry, everything is fine, then they explain what has happened."
- We raised this with the registered manager who took action to address this. For example, people's care plans were updated.

#### Staffing and recruitment

- Feedback from people and their relatives was mixed in relation to staffing levels. Some people and their relatives felt there were enough staff. Comments included, "There are enough. The night staff are very helpful when I call on them" and "There are so many of them ... They are good at looking after you."
- However, some people told us at times they had to wait to receive care. Comments included, "I sometimes feel they need more", "Staff know what they're doing but trying to fit too much into a short day" and "What I don't like, they keep you waiting so long. I'm very independent so it's hard."
- We observed safe staffing levels and staff being responsive and unhurried in their interactions with people throughout the inspection.
- The registered manager regularly reviewed the staffing levels and had effective arrangements in place to

cover staff absences. Staff confirmed this and told us they felt there were enough staff. One staff member told us, "[Registered manager's name] often steps in. In the mornings she often steps in and helps out, even if it is just getting people their breakfast, takes the load off the team."

- Safe recruitment processes were in place. Staff were safely recruited, and all pre-employment checks had been completed prior to them commencing in post.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe and liked living at the home. Comments from relatives included, "Absolutely, I think, I know the staff look after them well" and "We're very happy that she's happy. She's not distressed, she's protected, and we can walk away happy."

- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected.

- There were appropriate policies and systems in place to protect people from abuse. Staff were confident any concerns they raised to the management team would be dealt with appropriately.

Preventing and controlling infection; Visiting in care homes

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was supporting people living at the service to minimise the spread of infection.

- We were assured the provider was admitting people safely to the service.

- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was responding effectively to risks and signs of infection.

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. We found cleaning schedules had not been completed consistently. However, we observed cleaning taking place throughout the inspection and the home was visibly clean.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

- The provider facilitated visits for people with their relatives and friends in accordance with government guidance. Relatives confirmed they were able to see their loved ones when they wanted to, and people were supported to contact them via video calling. The provider had portable telephones and tablets for video calls accessible to people to aid contact.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Assessments were carried out for each person before they moved into the home. People and their relatives were involved in the assessments planning their care and support. Information gathered during assessments was used to develop individual plans for care, detailing people's choices and the level of support required.
- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments and reviews. There was a wide range of assessments and care plans in place including mobility, skin integrity and personal hygiene.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. This information helps providers consider the full range of people's diverse needs and prevent discriminatory practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person told us, "Yes they're very good, know what they are doing."
- Staff completed an in-depth induction to their role which included a blended learning programme of training and a period of shadowing an experienced staff member. This meant people were supported by knowledgeable and competent staff. Staff confirmed the training provided supported them to safely perform their roles. One person told us, "Yes, they are (well trained) and they have people go round with them learning how to give you a wash."
- There were systems and processes in place to ensure staff were up to date with the provider's mandatory training. Staff completed training which included infection control, medicines and safeguarding. Management were alerted to staff approaching training deadlines which enabled them to have effective oversight of staff training needs. This meant people were supported by trained staff.
- The provider ensured staff completed specialised training courses to enable them to provide safe care and support. For example, dementia training and end of life care.
- Staff received regular 1 to 1 supervision with the management team. Staff told us they felt supported through this process and found it to be beneficial. This enabled management to monitor and support staff in their roles and identify any training opportunities.

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

- People were positive about the food at Dawson Lodge and confirmed they were offered choices in what they ate and drank. Comments included, "We have 2 choices for dinner and 2 or 3 for tea. Breakfast is first class, muesli, fruit and cereals" and "Yes the food's very good."

- People were supported to maintain a balanced diet. Food and drink were available to people at any time. In the dining room there were always various snacks and drinks available which were accessible to people. In addition, there was a trolley which went around the home three times a day with drinks and snacks.
- The provider had various initiatives they had implemented to support people to promote healthy varied diets and hydration. For example, every day in January a different juice recipe was prepared fresh and made available for people to try. One relative told us, "Since my relative's been here, they are not diabetic anymore because of the diet."
- The registered manager was able to describe the process they would follow if any concerns were raised about a person's dietary needs or nutritional intake. This included supporting people to access health professional input.

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

- The home worked with other professionals to provide safe care for people. There was evidence of communication with hospital healthcare staff, GP's and community nurses and this was confirmed by people and staff.
- People had a care plan in place which identified their needs and level of support required. People, staff and emergency service personnel had access to this information if needed.
- The management team were aware of how to refer to appropriate health care professionals and was able to provide examples of this happening.

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

- The home was clean and well lit. The layout of the home supported people's needs, including access to the garden. The registered manager was passionate about ensuring everyone had full access to the communal spaces and creating a relaxed and homely atmosphere.
- Since the last inspection there had been some redecoration which was dementia friendly and which people had been involved in. For example, people had bedroom doors decorated like a front door and had been able to choose what colour they wanted it to be. People had been involved in choosing and redecorating the hair salon and nail station. The provider had created various spaces within the home with different focal points and interests. For example, reminiscence areas, books and puzzles.
- People and their relatives were able to personalise their rooms with photographs and furniture. One staff member told us, "We prefer it if they come in a few days beforehand to make the room ready before they move in, so they don't come into a blank room. It can be daunting. [We] get their personal things already in there to make it more acceptable and welcoming."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People's consent to care and treatment was obtained and recorded.
- The registered manager had a good understanding of their responsibilities in assessing people's capacity and supporting them to make decisions about their care. Where people lacked capacity to make informed decisions, the registered manager ensured any decisions made were in people's best interests and followed the principles of the MCA
- Staff received training in the principles of the MCA. One staff member told us, "It also prevents people assuming people lacks capacity because they have an impairment, just because someone has dementia doesn't mean they lack capacity."

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind to them. Comments included, "I've got the girls who work here, they are good to me", "They are all very kind, they all seem nice" and "Care is quite good really, they're very kind to me and other people."
- People and relatives views were considered by the service and were sought to make decisions about care. One person told us, "They do ask me how I want it done." Another person said, "They always made an effort to listen."
- Relatives spoke positively about how staff supported people. Comments included, "Care is excellent, high quality", "The care is very good" and "I know the staff look after them well. We get a call if anything happens."
- Visitors were able to stay for long periods to spend meaningful time with their loved ones. People confirmed that their families could visit when they wanted them to. Relatives consistently confirmed there were no restrictions on when they could visit. One relative told us, "Any time, never had a problem, we just turn up."
- Staff spoke about people with genuine interest and affection. Staff knew people well, their life history, interests and hobbies and were focused on respecting people's personal preferences. One person told us, "They take notice how I like things done."
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they supported them with their personal care. One relative told us, "She's always beautifully turned out. It doesn't matter if you just turn up without them knowing, she always looks great."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. We observed staff offering choices and encouraging people to make decisions about their day to day lives.
- The promotion of independence was evident in people's care planning documentation; there was an emphasis on what people could do for themselves and the importance for staff to listen to and respect

people's choices.

- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. The home had an in-house church service regularly which people were invited to attend if they wanted to.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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; 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

- We received mixed feedback about the level of engagement and activities available to people. The provider told us they had implemented a new approach to activities to promote meaningful activities for individuals. Whilst we saw some positive examples of this approach, it did not appear that the approach had been fully embedded and understood by all staff within the service.
- Some people had been identified by the provider of being at risk of social isolation. However, their care planning documentation lacked guidance for staff to support them to manage these risks. Some people we spoke to told us they were lonely. Comments included, "I think being upstairs you're out of it, you don't know what's going on. I get lonely" and "Sometimes I'd like to see them for a chat but if they're here, they're here for a reason, they're too busy."
- Although the registered manager and staff spoke positively about the activities available to people and the level of engagement provided to people, the evidence we found, and our observations did not reflect this. For example, the daily records reviewed indicated some people had long periods between meaningful interactions or activities. For example, one person did not appear to have had any meaningful activities or interactions for 3 days. We could not be assured people at risk of social isolation were being supported to mitigate those risks. This meant there was an increased risk of deterioration in people's mental health and emotional wellbeing.
- When we raised these concerns with the registered manager, they were immediately responsive and took action to address the concerns identified. For example, they took action to improve record keeping in relation to activities and planned to review people's care plans and risk assessments. However, these changes would require time to become embedded within the service.
- Other people and relatives were positive about the activities available to people. Comments from people included, "They have keep fit which is very good and they have quizzes", "There are some (activities), I like it all, it's very good." One relative told us, "They get my dad out in the garden which he enjoys."
- Following feedback from a relative, a new 'Men's Club' had been introduced. This was run by the head of maintenance and we received positive feedback from people and relatives about this club. A staff member told us, "We also do a Men's club once a month, music, chat, carpet bowls and dominoes, reminiscing and having a drink, such as beer or whisky for example. Hold Pub quizzes and can expand on the questions, associating it with other events and programmes for example."
- The home had recently purchased an extra-large tablet on a portable table which was accessible to people. People were positive about this tablet and we observed people being supported to play games on it throughout the inspection. The registered manager told us they were open to trying different activities to engage people and staff we spoke with confirmed this. Staff told us if they had any suggestions for new



activities, they were supported to implement them and to purchase any necessary resources.

- Care plans had been developed for each person who had been involved in creating them along with their relatives where appropriate. Information in care plans was personalised and referenced people's life histories, likes and dislikes. One relative told us, "They try to accommodate everyone's needs. Oh yes (as an individual) even how many sugars she has in her tea. She gets two puddings and a sherry, because that's what she wants."
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes to the management team which were also recorded on the handover form. This meant all staff who provided people's care, had access to up to date information about the person's needs and any concerns which enabled timely interventions.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was considered as part of the assessment prior to the person moving into the home.
- Care plans included a section detailing people's preferred method of communication. This information guided staff on how best to communicate with people in a way they could understand and included information such as if the person wore hearing aids or glasses.

#### End of life care and support

- The registered manager was passionate about providing responsive and empathic end of life care. They ensured that they met with people to identify their wishes and preferences, which were then recorded in their care plans. One relative told us, "The home have discussed end of life with us in and it was a compassionate conversation."
- To support people's loved ones the home had created boxes with various resources which were provided to family members. These included snacks, drinks, blankets, puzzles and information leaflets about what to expect. This helped to ensure family members felt supported and comfortable during their visits.
- Staff had been trained in end of life care and spoke compassionately about how they had supported people and their families with end of life care.

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

- People and their relatives told us they were aware of how and who to make a complaint to. Comments from people included, "I'd speak to [registered manager's name]", "I'd go straight to [registered manager's name] or [administrator's name]" and "There's a lady, [deputy manager's name]." One relative told us, "If we have issues, we can raise them, they are always responsive and willing to talk. I've never complained, and mum has been here 5/6 years."
- The provider had a complaints policy in place and there were systems and processes in place to ensure complaints were logged, responded to and reviewed in a timely manner.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- Audits; were not always robust or effective in identifying issues and drive improvement. Systems and processes to assess, monitor and review records related to people's care failed to identify findings from this inspection as highlighted in the safe and responsive domains.
- Some tasks assigned to senior staff did not have enough oversight from the registered manager to ensure they were properly carried out, such as oversight of medicines. For example, the provider had failed to identify concerns with the disposal of medicines, medicine administration records and administration of medicines. Although we found no impact on people the failure to operate effective systems to identify errors or issues put people at increased risk of coming to harm.
- We identified concerns in relation to poor record keeping; such as recording charts, daily notes, care planning documentation and cleaning schedules. For example, we found recording charts were not consistently completed, a lack of detail in daily notes and updates to care planning documentation which was not always clear or sufficiently detailed.
- Another example was the lack of oversight by the provider to identify the falls protocol was not being consistently followed. Post falls monitoring was not clearly recorded. Although we found no evidence of harm to people the failure to operate effective systems to monitor people after they suffered a fall put them at increased risk of coming to harm.
- The provider used a dependency tool to identify the support needs of people and used this to identify the required staffing levels. This was reviewed monthly and the staffing levels adjusted as necessary. However, we found these were not being scored accurately. This meant there was a risk of the home not being sufficiently staffed to ensure people's needs could be met safely.
- The provider failed to follow some of their own guidance within their policies and procedures to ensure quality and safety. For example, the provider's medicine's policy and procedure.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we raised these concerns with the registered manager and provider, they were immediately responsive. They communicated with staff and shared learning, reviewed current systems and processes and implemented changes. For example, reviewing and updating people's care plans and risk assessments, reviewing and implementing more robust audits and reviewing their new fire procedure and reviewing their

medicines processes and systems. More time was required for these improvements to be embedded into practice.

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 management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood the legal requirements to notify the Care Quality Commission, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

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

- The registered manager had a clear vision, values and objectives for the service. These included treating people with dignity and respect and continuing to improve communication with staff and people who use the service. They told us how they made sure to spend time every month with each individual to support their nail care as this enabled people an opportunity feedback anything they wanted to and get to know the registered manager.
- The registered manager was available and present to both people and staff. This was confirmed by staff and we observed people recognised the registered manager and knew who they were. The registered manager told us, "I always am about and I'm very hands on. I always try to understand everyone's role and if you had never worked on the floor you can't understand the pressures staff are under."
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, people we spoke to confirmed they were offered choices in relation to meal options and personal care needs. A staff member told us, "Care is tailored for each individual with the wellbeing of the residents the end goal."
- People had been supported to be involved in menu planning and give feedback in an innovative way. When a change in menu was being considered the chef would create a tasting menu to enable everyone to try the different dishes and provide their feedback. This also enabled people to try new dishes and have more variety.
- Most people and their family members told us they felt involved in the service and that there was good communication from the management team. People and their family members knew who the registered manager was and told us they felt able to speak to them when they needed to. Comments included, "She's (registered manager) very approachable", "[Registered manager's name], I see her every other time we come here for a chat. She's always willing to converse" and "I've just seen [registered manager's name] ... she comes in and does things in the lounge. This morning she got me doing the new thing, the word search."
- Staff felt supported in their role. They confirmed they were supported with team meetings and supervisions. Comments included, "Registered manager's name] supports me all the time", "I feel I can always go at any time to [registered manager's name] if I needed to, she is always willing to listen", "I've found them to be very supportive and encouraging. [Deputy manager's name] is very helpful in showing me things" and "The manager is always available to talk ... when at the home I can approach the manager with anything and not made to feel that any topic is taboo"
- Staff told us they felt listened to and the registered manager was responsive to their suggestions and ideas for improvements. Comments from staff included, "I feel I can make any suggestion to the home manager and be listened to", "We all offer suggestions and ideas whenever we need to and as a group decide on any improvements" and "We have an open-door policy and any concerns can be raised when needed."
- The provider provided opportunities for people, relatives and staff to feedback about the service.

Questionnaires, feedback forms and meetings were provided to enable feedback to be sought to plan improvements to the home.

#### Working in partnership with others

- The home worked with external health professionals and were able to demonstrate an understanding of how to make appropriate referrals when required.
- People had care records with relevant information, for care staff and other professionals to refer to when necessary, and in the event of an emergency.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records.