

Byron Lodge Care Home Ltd

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Inspection report

105-107 Rock Avenue
Gillingham
Kent
ME7 5PX

Tel: 01634855136
Website: www.byronlodgcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Byron Lodge Care Home Ltd is a residential care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. Some people were living with dementia and some received care and treatment in bed. The service can support up to 28 people.

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

Risk assessments did not always have all the information staff needed to keep people safe. People who required equipment to help them to move had risk assessments in place. Risk assessments lacked clear guidance for staff about how to work with people safely, such as which loops to use when using the hoist. This put people and staff at risk of injury.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to risk management and management of people's safety.

Medicines were stored, managed and administered safely. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. People's topical medicines were not always managed in a safe way; records were not always clear about whether prescribed creams have been administered. This is an area for improvement.

Improvements had been seen across the service since our last inspection. The management team and staff had worked hard to make sure people received quality care and support.

People felt safe living at Byron Lodge Care Home. Staff had the knowledge and training to protect people from abuse and avoidable harm.

People had choice over their care and support and their choice, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well.

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were

referred to a fall's clinic. Nursing staff worked closely with the GP and advanced care practitioner who visited the service regularly.

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.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 07 June 2018) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, enough improvement had not been made and the provider was still in breach of two regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Byron Lodge Care Home Ltd

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 one inspector, a specialist advisor who was a trained nurse 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

Byron Lodge Care Home Ltd 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

The first day of the inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is

required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner, who told us they had been working with the service to make improvements.

During the inspection-

We spoke with 11 people who used the service and four relatives about their experience of the care provided. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas. We spoke with a visiting healthcare professional who was reviewing people's health needs.

We spoke with seven staff including; the cook, care staff, senior care staff, nurses, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's personal records, support plans and people's medicines charts, risk assessments, staff rotas and one staff recruitment record. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the registered manager and the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further three staff members.

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 Requires Improvement. At this inspection this key question has now remained the same. 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; Learning lessons when things go wrong
At our last inspection the provider had failed to manage risks effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there were still concerns about risk management and the provider was still in breach of regulation 12.

- Risk assessments did not always have all the information staff needed to keep people safe.
- People who required equipment to help them to move had risk assessments in place. These risk assessments did not detail what size sling people had been assessed for to support them to safely use the hoist. Risk assessments lacked clear guidance for staff about how to work with people safely, such as which loops to use when using the hoist. This put people and staff at risk of injury.
- The registered manager told us that each person had a sling which they had been assessed for, hanging on their bedroom door. Each sling had a laminated card which detailed the size, type and which loops to use. However, we found that one person's sling in their bedroom was not fit for purpose, the manufacturers label had faded so much it was unreadable, so staff were not able to see the safe working load. The Health and Safety Executive (HSE) guidance 'Getting to grips with hoisting people' states that staff should be checking the hoists and slings to check the safe working load and checking that hoists and slings have been examined under LOLER (Lifting Operations and Lifting Equipment Regulations 1998). Staff were unable to check the sling as there was no readable label in place. We asked the provider when the slings had last been LOLER checked. These had not been LOLER checked. The only items that had been LOLER checked were hoists. The registered manager told us that visual checks were carried out on slings, but these were not recorded. This put people at risk of harm. We reported our concerns to the local authority.
- We also found that the person had moved bedrooms because of a problem with their bed. We asked staff to confirm which sling they were using with the person to assist them to move. Some staff told us they used a full back sling with the person and others showed us a toileting sling which was labelled 'stand aid'. The person was at risk of injury from the use of inappropriate slings.
- Accident and incident records showed that one person had become trapped in their bed rails on 12 April 2019 and 09 May 2019. Action had not been taken to review the suitability of the person's bed and bed rails as a result of these incidents. Accident records showed that the person had fallen from their bed on 26 May 2019 having climbed over their bed rails. They sustained some injuries in the fall. The provider arranged during the inspection for a new bed for this person, this arrived and was installed on the second day of the inspection.
- Whilst the person was waiting for the new bed to meet their needs, additional monitoring checks were put

in place to check on the person. This meant that the person was scheduled to receive a monitoring check every half an hour. We checked their monitoring charts at 12:15 on day two of our inspection and found that a staff member had recorded that they had already carried out a check on the person at 12:30. This meant the person had received a visit and check at least 15 minutes earlier than they should and may not receive another check until 13:00, which put them at risk of harm. We checked with the staff member and their watch was working correctly and matched ours. We reported our concerns to the registered manager.

- During the first day of the inspection we viewed four beds which had bed rails fitted which were being used by people that did not have bumpers fitted to protect people from injuring themselves on the bed rails or becoming trapped. We reported this to the registered manager who arranged for the bumpers to be placed back on the beds.

The failure to manage risks to people's health and welfare was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records contained risk assessments linked to their care and support needs in other areas. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; eating, drinking, choking, falls, diabetes and use of anticoagulants.

- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, equipment and legionella. Some areas of the service had excess clutter which meant that it was less homely. The provider arranged for this to be moved and items that were worn and broken were disposed of.

- Personal emergency evacuation plans (PEEPS) were in place setting out how people needed to be supported in the event of a fire. The registered manager added flammable creams and lotions to these on day one of the inspection. Fire drills took place regularly.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff had been recruited safely to ensure they were suitable to work with people.

- The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm.

- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.

- There were suitable numbers of staff to provide the care and support people were assessed as needing. The registered manager told us that they carried out assessments of staffing levels and increased staffing levels when required to meet people's changing needs.

- People gave us mixed views about whether their needs were met in a timely manner. People told us, "At times I think there are not enough staff, but it has not affected me"; "When staff are seeing to me in my room they turn the indicator light on outside and above the door. If I press the call bell the light below it flashes.

When I press it at night they are quick usually within ten minutes. Sometimes during the day, it has been up to three quarters of an hour which is not good when I am waiting for the bed pan"; "I can reach the call bell at the side of my bed. I used it last night when I wanted a drink; I did not have to wait long. However, sometimes I have to wait half an hour or more"; "I use the bell every day to go to the toilet and don't normally wait too long" and "The call bell in my room is easy to reach; I don't have to wait too long when I use it at night for the toilet."

- We observed there were enough staff on shift during the inspection to meet people's needs.

Using medicines safely

- People's medicines were not always managed in a safe way. Some people were prescribed topical creams, lotions and emollients. Topical medicines administration records (TMAR) were in place. However, records were not always clear about whether prescribed creams have been administered. This is an area for improvement.
- Medicines were not always stored at the correct temperature to ensure their efficiency. Each medicines storage area had a thermometer fitted to enable staff to check that medicines were being stored at the correct temperature. The records of these checks showed that the temperature regularly exceeded 25 degrees Celsius. Storing medicines outside of the manufacturers recommended range for a long period of time will affect the efficacy of that medicine and might mean they were not effective. The registered manager told us after the inspection that they had ordered an air conditioning unit for the medicines room which meant that medicines could be kept at the correct temperature.
- Most people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff working with people (including those administering these medicines) had all the information they needed to identify why each person took that particular medicine and how they communicated the need for it.
- Medicines were securely stored. Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- Medicines were given by nurses and staff who had received medicines administration training. We observed good practice at medicines rounds. People told us, "I have not experienced any problems in receiving my tablets" and "They apply cream to me when required. I have no problems receiving my tablets."

Preventing and controlling infection

- All staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections where necessary.
- The service smelt clean and fresh when we inspected. One person said, "I like living here, it is my home, it is clean and there are no bad smells."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse was and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the provider and registered manager were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew how to raise and report concerns outside of their organisation if necessary.

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 Requires Improvement. At this inspection this key question has now improved to 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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities.

Staff support: induction, training, skills and experience

- Nurses and care staff received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. Staff had received training to enable them to meet people's specific health needs.
- Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Systems were in place to support the nursing staff achieve revalidation. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks.
- Staff received effective support and supervision for them to carry out their roles. Staff confirmed that they were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager and deputy manager. One member of staff told us, "We do have support, we all support each other, we are nice to each other. I like it there. I feel well supported."

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

At the last inspection the provider had failed to meet people's nutrition and hydration needs. This was a breach of Regulation 14 (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

- Some people had percutaneous endoscopic gastrostomy (PEG) fitted. This is where specialised food is passed into a person's stomach through a tube. This procedure is used when people are unable to have food orally because of difficulty or inability to swallow. Since the last inspection people's ability to swallow had improved; care plans had been adjusted to show that people were able to have meals and drinks orally. The PEG remained in place and was flushed out regularly as appropriate.

- Records relating to food and fluid intake were clear, consistent and accurate.
- People told us they liked the food at the service and were able to choose what they wanted to eat. Feedback about the food was mostly positive. People told us, "The food is not bad at all. This morning I had porridge and prunes for breakfast and could have also had toast"; "We get a choice of two meals"; "The food is average: some [meals] are nice but some are more like school dinners with frozen veg that can be watery. Fresh veg would be nice" and "I used to be a chef; I don't always like the food. Sometimes the food is cold, the peas and meat are hard." A relative said, "The food looks nice; I would be happy to eat it."
- Meals and drinks were prepared to meet people's preferences and dietary needs.
- People had their meals in the lounge area and in their bedrooms. The menu board in the dining area displayed the choices available. Staff told us they helped people to make their meal choices using pictures if they needed it.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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

- The design and layout of the service met people's needs.
- Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets. The garden was flat which made it easily accessible.

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

At the last inspection the provider had failed to provide care and treatment to meet people's assessed needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill.
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "The home arranges for a dentist to come in and check our teeth" and "The carers cut my finger nails and a chiropodist my toe nails."
- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. A visiting health care professional told us, "The service is good about communicating with us the changing needs of people."
- When people's needs changed, this was discussed at staff handover. One member of staff said, "Communication is good, we get good information about new residents and get information about if someone has been poorly and is requiring additional checks or more fluids."

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.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Care records showed that MCA assessments had taken place in relation to specific decisions.
- People with capacity to consent to decisions about their care had signed consent forms.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities.
- Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them. One person told us, "I used to be taken to the lounge and dining room but now I prefer to stay in my room apart from when there is entertainment. I also choose what time to go to bed and pick my food choice from the menu."
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision.
- Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At our last inspection we made a recommendation about reviewing and acting on feedback from people. The provider and registered manager had completed this.

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People had been asked if they preferred a male or female carer and their choices were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

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

- People told us staff were kind and caring and treated them well. Comments included, "This place is homely, the staff are very friendly and you can have a laugh with them. It is nice that you can get to know them and that they get to know me"; "The carers do a good job, they are friendly and caring" and "Some staff are very, very, friendly, some not quite so." A relative told us, "The staff are caring and seem nice and friendly."
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. People's wishes about where they wished to eat and who with were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any reasonable time. The relatives and visitors we spoke with said they were made to feel welcome.
- People's religious needs were met. Church services were held at the service once a month, people could attend these if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and communal spaces around the service.
- We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open.
- People's personal records were stored securely in the office.

- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required.
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. People told us, "They use the curtain in this double room very well to give us privacy, they also close the outside curtain when washing me"; "They shut the door when they wash me and pull the outside curtain" and "We can ask to have our doors shut. They usually knock and enter at the same time but that is not a problem."
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach.

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

- People had care plans in place, which reflected their current needs. People's care plans detailed how many baths or showers they preferred each week and what support people needed with this. Records showed that people had been offered baths and showers and when these had been accepted or declined. People said, "I have a shower once a week" and "They give me a very good bed bath. If I ask for a shower they will give me one. I have not had a shower for three weeks, in fact it was discussed before you arrived."
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred to have their meals. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One person said, "I have seen my care plan and my brother has a copy of it."
- The registered managers and nursing staff had been reviewing and amending care plans and work to complete this was ongoing.

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.

- Information in the service was available in a variety of formats to meet people's communication needs.

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

- A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms. Activities included, singing, exercise, board games, card games, quizzes and memory games. The activities coordinator visited people in their bedrooms to provide one to one activity for people that were too unwell to join in with group activities in communal areas. A member of staff said, "We use the community bus once a month that can take four wheelchairs and their carers. We can push the wheelchairs to the local park for games and a picnic. I like interacting with the residents, listening to their life stories and about their families."
- People told us, "We have bingo, quizzes, exercise, games and sometimes go on shopping trips"; "I like the

games and bingo and going to the park"; "I have an electronic tablet and also like watching TV in my room. I have started knitting again which was the idea of the activity lady"; "We have young school children come in to sing. We also have older dance students perform" and "Some of the staff chat about my family and past." One person told us they chose not to go to activities and chose to spend time in their room watching television. They said, "I did used to go to activities."

- People received regular visits from their relatives and friends. Staff told us that relatives were welcomed at any time. Some people's relatives visited in the evening after 20:00 because they worked. People told us how important it was for them to spend time with their relatives. One person particularly enjoyed contact with their great grandchildren.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care.
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.
- There had been three complaints about the service within the last 12 months. These had been investigated and resolved to meet people's satisfaction.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- Staff shared their experiences of providing end of life care. One staff member told us, "We spend more time with person, reassuring, keep their mouth clean, brush their hair, chat and hold their hand, stroke their heads." Another staff member said, "I try and make the person as comfortable as possible, sit with them, try and not leave on their own."

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 Requires Improvement. At this inspection this key question has remained the same. 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

At the last inspection the provider had failed to provide care and treatment to meet people's assessed needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that although improvements had been made, the provider was still in breach of regulation 17.

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, mattresses, safeguarding, maintenance, room audits and health and safety. Where actions were needed these were recorded and the management team were in the process of completing these. However, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to risk management and mitigating risks to people's safety.
- Records were not always clear, accurate and complete. People that had catheters fitted required staff to monitor their urine output. On day one of the inspection there were no systems in place to record people's urine output to show that they remained well and that their catheters were working correctly. We discussed this with the registered manager who introduced a new monitoring system which was put in to place on day two of the inspection.

The failure to effectively monitor and improve the service and failure to make accurate and complete records was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team and the nurses (who led the shifts). A member of staff said, "[The registered manager] has an open-door policy. [The provider] is in the home and available." Another staff member told us, "It is well run, that is why I have been there for seven years."
- The management team were committed to ensuring that people received improved experiences and high-quality care and that lessons were learnt from the previous inspection and inspections in the provider's other local services. The registered manager continued to receive support from the provider.
- The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care.
- Outcomes from complaints and meetings as well as inquests were shared with staff to ensure learning and improvement.
- The provider's website states that, 'We treat our residents with the dignity and respect which they deserve, in order to make their stay with us comfortable and memorable. Our residents have the freedom to make their own choices as far as possible and each resident is an integral member of our home's community. It was clear from the experiences of people living at the service and our observations that the provider was meeting their aims and objectives for the service.'
- People told us, "I believe the staff when they say it is one of the better homes that they have worked in; I would recommend it" and "I can recommend this place; I am happy with what I have got here. There is quite a lot of freedom but at the same time I know I am going to be looked after." A relative told us, "I can recommend it here; our relative seems very happy. When one of our relatives died the home could not have done more even laying on transport." Other relatives commented, "We looked at three other places and chose this one. The management is always helpful if I ask a question"; "Our relative was moved from another home; she seems much happier here" and "When we have a query we found the matron to be very responsive. The communication is very good and positive."

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

- The service had held 'resident's meetings' since the last inspection, where people were asked their opinions about the service. Feedback had been acted on. For example, people had requested more fish on the menu and this had been done, as well as an increased stock of frozen fish; which meant people could choose fish options if they wanted to.
- People were also invited to attend 'Focus group' meetings. The meeting record for 18 April 2019 showed that there had been discussions about Easter. Activities took place as a result of the meeting such as Easter bonnet making. Previous meetings showed flu vaccinations had been discussed and plans for summer activities.
- The provider had sent out surveys to people and their relatives to gain feedback about their experiences, in May 2019. They were still collating responses to the surveys. One person told us, "We get a questionnaire every four or five weeks about things such as the food and buzzers. They are anonymous and although they are filled in by the activity lady I feel confident that she keeps things confidential."
- Compliments had been received. One card displayed showed a relative had commented, 'He has been here almost a year and has never been so well looked after, very happy, great nursing home.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. A staff member told us, "We have regular staff meetings, we can bring up issues; these are dealt with quickly. I can approach [provider] and [registered manager] at any time."

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments.
- The registered manager had attended forums for registered managers run by Skills for Care which enabled them to meet other registered managers to gain peer support and gain an insight into local projects.
- The registered manager had been actively working with the local authority to create a provider forum for nursing homes to focus on key issues including discharges from hospitals, placements and reviews.
- The service has been part of scheme where they are allocated a specific GP and advanced practitioner. The registered manager explained, "We have received better support from the practice." It enabled the service to review practice and look at areas which did not work so well. As an outcome the service only works with one GP now rather than seven.
- The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included unannounced checks during the night and at weekends to make sure the service continued to run as the registered manager expected when a member of the management team was not present.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- Staff told us they worked closely with the nursing team, which enabled them to learn new skills. One staff member said, "Communication is good between staff, they are a pretty good bunch of nurses. This place is the best place I have been in for support and for the nurses, I can't fault them."

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 Registered Persons had failed to manage risks to people's health and welfare. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered Persons had failed to effectively monitor and improve the service and failed to make accurate and complete records. Regulation 17 (1)(2)