

HC-One Limited

# Aspen Court Nursing Home

## Inspection report

17-21 Dodd Street  
Poplar  
London  
E14 7EG

Tel: 02075389789

Website: [www.hc-one.co.uk/homes/aspen-court](http://www.hc-one.co.uk/homes/aspen-court)

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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

Aspen Court Nursing Home is a residential care home providing nursing and personal care for up to 72 adults. At the time of the inspection 68 people were living at the service, including older people, people with physical health conditions and those living with dementia. The second floor can accommodate up to 26 people with nursing care needs.

Aspen Court Nursing Home accommodates people in one building across three floors, with each person having their own bedroom and en-suite bathroom. There were also communal living and dining rooms, a main kitchen, smaller kitchenettes on each floor and access to a secure garden.

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

People and their relatives were positive about the kind and compassionate attitude of the staff team. People and their relatives told us they had settled in well since they had moved in and were made to feel welcome by a friendly staff team.

We observed positive interactions between people and staff throughout the inspection, with staff responding appropriately to changes in people's needs, including when they became distressed or upset.

People's care plans and risk assessments were not always clear about the level of risk or what actions were required to mitigate risks to their safety, with inconsistencies seen across the records we reviewed.

Positive feedback was seen in how people were supported at the end of their life, with numerous compliments received from relatives on how they had been cared for at this sensitive time.

Two dedicated wellbeing coordinators encouraged people to be involved in a range of activities and events within the home and in the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to access healthcare services and appropriate referrals were made to the necessary health and social care professionals if people's health changed. Health and social care professionals visiting during the inspection were positive about the care and support people received and felt staff had a good understanding of people's needs.

People were cared for by a motivated staff team who felt appreciated in their role. Staff were positive about the support they received and the working environment, which helped to create a warm and welcoming home. Some staff described the home as their 'second family.'

The management team had a visible presence and staff said they made themselves available when needed. The registered manager had daily meetings and walkarounds to check on the care and support people received.

Although we saw some improvements had been made since the previous inspection, the provider had failed to notify us about all the incidents that had occurred across the service.

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 and update

The last rating for this service was Requires Improvement (published 17 December 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified two breaches in relation to safe care and treatment and notifiable incidents. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 responsive.

Details are in our responsive 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** ●

# Aspen Court Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This consisted of one inspector, a specialist professional advisor (SPA) and an Expert by Experience. The SPA is a registered nurse with expertise in the care of older people, wound care and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the following days.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 contacted the local authority commissioning team and reviewed their recent monitoring visit report. We also reviewed the

previous inspection report and action plan. We used all of this information to plan our inspection.

#### During the inspection

We met and had general introductions with people who used the service and spoke with 13 of them in more detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities. We also spoke with nine relatives who were visiting during the inspection.

We spoke with 21 staff members. This included the registered manager, the deputy manager, the area quality director, the clinical lead, the administrator, the chef, two wellbeing coordinators, the maintenance person, three senior care assistants and nine care assistants. We also spoke with two health and social care professionals who were visiting during the inspection.

We reviewed a range of records. This included nine people's care and medicines records and seven staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included complaints, incidents and accidents reports, quality assurance checks and minutes of team and resident meetings.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested related information regarding safeguarding incidents and complaints that we looked at during the inspection. We also spoke with a further three health and social care professionals who had experience of working with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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

- Although we saw risks to people were assessed upon admission and scheduled to be reviewed each month, there were inconsistencies within the records we reviewed related to people's risks and the support they needed.
- One person was involved in a choking incident on 2 November 2019 where staff and paramedics had to carry out cardiopulmonary resuscitation (CPR) before being taken to hospital. The person was at a high risk of choking and should have been supervised during mealtimes. Guidance was unclear about the support this person needed and the provider's investigation confirmed they had been left unsupervised which had increased the risk of them coming to harm.
- Another person had been assessed as needing one to one support throughout the day to prevent them from attempting to leave the service. On two occasions during the inspection we found this person on their own, waiting by one of the exits. We had to inform staff about this. When asked where the allocated care assistant was, we were told they were on a break. We discussed this with the registered manager who acknowledged that this should not have happened.
- A third person suffered a fall in April 2019 that resulted in a fracture. We saw there were gaps within their falls risk assessment and the monthly assessment in May 2019 stated they were at low risk of falls and there was no information about the fall in their mobility care plan.

The provider failed to ensure that risks to the health and safety of people were regularly assessed and did not do all that was practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed to ensure that people were always supported to receive their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(g).

- Improvements had been made since the last inspection to ensure people received their medicines safely. Medicines ambassador roles had been introduced and they were responsible for carrying out regular checks,

including a sample of daily stock checks to ensure people had received their medicines. Staff felt this had improved practice across the home. One staff member said, "We are human, we may make mistakes but with the support it will help us to learn."

- Staff responsible for administering medicines had completed training, a competency assessment and were then observed by a senior member of staff. One staff member told us the detailed process helped to build their confidence in this area.
- We observed the clinical lead and a senior care assistant supporting people with their medicines. We saw staff were aware of procedures to follow and best practice was seen with daily fridge temperatures being recorded and the labelling of topical creams. We only saw gaps in one person's medicines administration record (MAR) for a topical cream which we discussed with the registered manager.
- We saw best practice was not always followed with people's prescribed thickener. Thickener is used to thicken drinks for people with swallowing difficulties. The thickener in one person's room was prescribed for another person. We also found prescribed thickener for two people being kept in a communal kitchen. We shared this with the registered manager who said they would look into it.

### Staffing and recruitment

- Although staffing levels were reviewed monthly in line with dependency assessments, we did see some inconsistencies with people's dependency assessments as information was not always the same as information in people's care plans. For example, two people had inconsistent information about their eating and drinking support needs compared to their monthly assessment.
- Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection and what the deputy manager told us. Where agency staff was used, the provider tried to use regular staff to have continuity of care. Vacant posts were being recruited for at the time of the inspection.
- We received mixed feedback about staffing levels and the support that people received. One relative told us they had no concerns and felt their family member was kept safe. Other comments included, "I feel that staff can be run off their feet, which makes it hard to give the attention they need" and "When there are absences, it can limit the amount of time staff can spend, so it is a good job that I am here often. But they do the best they can."
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate checks and references were obtained at the time of recruitment, including validation pin numbers for registered nurses. Disclosure and Barring Service (DBS) checks for staff had been also been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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

- An updated safeguarding policy was in place and staff completed safeguarding training to ensure people were protected from avoidable harm. Induction workbooks had activities about possible signs and symptoms of abuse and staff had a good understanding of their responsibilities.
- Staff were confident any concerns raised would be dealt with straight away by the management team. One care assistant told us a senior care assistant had been very responsive when they noticed some bruising on a person's body during personal care.
- People and their relatives gave positive feedback about the safety of the home. Comments included, "I do feel they are safe here and they do regular checks. When I'm not here, I don't worry about them" and "We do have peace of mind and feel reassured they are here."
- Improvements were needed in how safeguarding records were kept and recorded as the safeguarding log was not always being completed or updated with the outcome. Records had to be sent to us after the inspection as they were not available at the time. Two health and social care professionals told us that investigation records were not always available or had not been completed. We were informed about an

incident after the inspection that was reported on 23 October 2019, but we did not see any record of this during the inspection.

#### Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the home and outcomes of investigations were used as a learning experience for the staff team.
- We saw the provider had a number of team meetings and increased unannounced night visits after a monitoring visit in May 2019 found members of night staff sleeping during the shift. The deputy manager said, "We have had many discussions about this and carried out further visits to make sure this doesn't happen again and the night staff team have learnt from this."
- We saw supervisions followed up performance issues and one staff member had a reflective practice meeting to discuss a medicines error. We did see an incident had occurred on 13 November 2019 but had not been reported, so the management team were unaware when we brought it to their attention. They spoke with the staff member about this during the inspection.

#### Preventing and controlling infection

- There were systems in place to ensure safe infection control procedures were followed and discussed with staff on a regular basis. A domestic team was responsible for the cleaning and laundry services with daily cleaning schedules in place. We observed the home to be clean and free from malodours, with safe hygiene practices followed during the inspection.
- Staff completed training in infection control and this had recently been refreshed across the staff team in October 2019. Infection control checks were completed during the daily walkaround by the registered manager. Quarterly audits were also completed across each floor, which included the use of personal protective equipment and the disposal of waste.
- The main kitchen had recently retained their rating of five from the Food Standards Agency at a recent inspection on 23 September 2019, the highest rating available.

# 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 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

- People had pre-admission assessments before they moved into the service and information from health and social care professionals assessments were in place about people's health and medical conditions. We saw the management team, people and their relatives, including any relevant health and social care professionals had been involved in the assessment.
- An initial seven day care plan was put in place when a person moved in with information recorded about their needs and the support they required. One relative said, "From the first meeting, I could see they were interested in us and wanted to find out about [family member] and what it was that we wanted." A health and social care professional told us they were confident that advice and guidance would be followed by the staff team and they took advice on board.
- The provider had followed best practice guidance from a recent CQC thematic review about oral care in care homes. Oral health assessments were in place and staff had supervision meetings reminding them about the importance that oral care was done. The provider had also arranged specific oral health training for staff from the NHS dental service.

Staff support: induction, training, skills and experience

- Staff completed an induction and training programme when they first started at the home. Agency staff were given an induction which included fire safety and an overview of people with any high-risk issues to be aware of.
- The provider had produced their own induction workbooks and the programme was focused around the Care Certificate, with learning activities being completed by staff to reflect on their knowledge and understanding. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff also accessed further training specific to people's needs, including a 10-week dementia awareness programme arranged with a health and social care professional.
- Staff were positive about the training they received and confirmed it was refreshed yearly. One staff member said, "The dementia training was very interesting and I learnt a lot. Even though I've had training in this before, we learnt how to help manage difficult situations that can sometimes be tough." A health and social care professional felt staff had responded well with the support needs for one person which had a positive impact on their wellbeing.
- Staff received supervision and confirmed they could discuss any issues they had on a regular basis. One staff member said, "We have many opportunities to have regular chats and discuss people's needs, including the handover and daily meetings. We don't have to wait for a supervision to bring things up."

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

- People were supported to eat and drink and initial assessments recorded people's preferred foods, with information about the support they needed. People's care records had information about any allergies, special diets and cultural preferences. We spoke with the chef who was knowledgeable about people's nutritional needs.
- We observed positive interactions across the inspection of people being supported at mealtimes, with staff offering people hot and cold drinks throughout the day. We sampled the food during the inspection and found it to be tasty, with no issues highlighted.
- Feedback about the food was generally positive and we saw that people were offered a choice. Comments included, "The food is good and is presented nicely. It isn't rushed so it is a good dining experience. They are aware [family member] is a diabetic and I have seen the staff use sweetener instead of sugar" and "[Family member] gets good support with their meals and the food is very nice. If they want something else, they can change it. They are good like that." We saw the chef attended relative meetings to discuss anything related to people's dietary requirements.

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

- People were supported to access a range of healthcare services. The GP visited twice a week and the staff team worked closely with a range of health and social professionals. Staff recorded health and social care professional visits in people's files and we saw people had regular input from district nurses, chiropodists and occupational therapists.
- We saw the relevant referrals were made when people's needs changed. Staff we spoke with discussed people's needs and if there were any changes in health during handovers and throughout the day. One staff member said, "If we feel people are unwell, we have the support of the nurse to check up on them and we always get a good response from them if we need any further advice." We saw staff reported changes in people's health during the inspection.
- One relative told us they were kept updated with their family member's health, especially on days when they were unable to visit. Another relative told us their family member's health and wellbeing had improved '100%' since they had moved in. Health and social care professionals gave positive feedback about staff team. The GP said they had a good rapport with the staff team and was confident in staff making timely and appropriate referrals when needed.

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 management team had a good understanding about their responsibilities when applications were

made to deprive people of their liberty and they liaised with the relevant health and social care professionals when following up applications. A DoLS log for each floor was in place with correspondence related to the application and information about any conditions in place.

- We saw staff, people's relatives and the relevant health and social care professionals had been involved in best interests meetings related to people's care and support. We saw one person had been visited by their relevant person's representative (RPR) and they had commented that the person seemed less distressed and more settled in the home. The role of a RPR is to provide support and regular contact with people and to act in their best interests and voice their concerns.
- Staff completed MCA and DoLS training and we saw staff supervisions discussed examples of how staff ensured people consented to their care, especially personal care, if there were capacity issues. The deputy manager said, "We always assume that people have capacity and support them with decisions they need to make and I'm proud of how the staff do this."

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

- The home was accessible to people who used the service, including communal lounges, quiet rooms, a sensory room and a secure garden. There was a lift to support people with mobility issues and walkways were wide and free from hazards where people used wheelchairs and other mobility equipment, such as zimmer frames.
- The home was undergoing a programme of renovation during the inspection as new and more accessible wet rooms were being put in across each floor. There were signs in place apologising for the building work going on and work was scheduled to be completed during December 2019.

# 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 improved 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

- People and their relatives were positive about the kind and caring attitude of the staff team. Comments included, "One of the best things is the attitude, the staff are really good and really look after [family member]", "I'm really pleased with how caring they are here" and "They are all so friendly and treat us like family. You can see they do it for the love of the job."
- We observed positive interactions throughout the inspection between people and the staff team. Staff provided comfort and gentle reassurances when people became distressed or upset and it was clear to see that people felt comfortable with the staff that supported them. We observed one senior care assistant and the staff team were very patient with one person and tried to reassure them on a regular basis when they became distressed and emotional.
- We did observe a period of time where one staff member had very minimal engagement with a group of people in a communal dining room on the first day of the inspection. We discussed this with the registered manager who confirmed the staff member would have a supervision meeting to reflect on our observations.
- Staff spoke passionately about how important it was to be kind to people and they respected people's equality and diversity. One staff member said, "The residents are like our extended family and we want to give people the kind of care we would give our own relatives." One health and social care professional told us they had seen some wonderful interactions between people and some of the staff team in how they engaged with them.

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

- Records showed that people were involved in making decisions about their care and support. Where people were not fully able to express their views, we saw family members and health and social care professionals were involved. One relative said, "I'm fully involved in everything and I also have an input in the records as when I do some of the care, I can make a note that I've done this or done that."
- We saw that staff were contacting people's relatives on a more regular basis to give them updates about their health and wellbeing and keeping them involved in their care and support, which had been highlighted as an issue at the last inspection.
- We saw one person was supported to be involved in decisions about their care by an advocate, that had been arranged by the local authority. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection. During morning handovers, staff knocked on people's doors to check how they were. We saw people were left to sleep or stay in bed if they did not want to get up.
- People's care records had reminders about maintaining privacy and dignity at all times during personal care, which staff had a good understanding of and gave us examples of how they did this. Staff supervision also focussed on dignity and respect with group discussions.
- Relatives gave positive feedback on how staff encouraged people to be independent and ensured their dignity was respected. Comments included, "[Staff] really encourages them with doing personal care, which has been great to see. [Family member] tells me how great it feels to be fresh and clean" and "When they help with bathing, they do ask me if it is OK if I leave while they do this, and then let me know how they were."

# 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 requires improvement. At this inspection this key question has improved to good. 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 personalised care records, which included an activities and support plan which gave an overview of each person and information about family, important events, skills and interests and any religious beliefs.
- The provider's 'resident of the day' initiative was still in place and this gave staff the opportunity to focus on each person and to check that care was personalised and reflected their needs and preferences.
- Relatives were positive about the support and felt staff understood their family member's needs. One relative told us how they had the opportunity to visit the home and chat with staff before their family member moved in. They added, "They are warm, they listen and they understand their needs. I can see they are happy and relaxed and they've settled in very well. There is nothing to worry about." Only one relative felt that communication could be better.
- A health and social care professional told us how the staff team on one floor had been very proactive in supporting one person and involved them in their daily duties, which had led to the person being less distressed. They added, "They responded really well to some issues and have done far more for [person] than I have and came up with good ideas."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and staff had a good understanding of how to meet their needs. Care records explained the communication support people required, including how people could communicate if they needed help and what made communication easier for them.
- One person's care records stated staff should use communication cards in their native language to help their understanding. Although we did not see these cards in use on the first day of the inspection, one staff member used a translation app on a mobile device to support their understanding.

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

- There were two motivated wellbeing coordinators who organised a variety of activities and events across the service and encouraged people and their relatives to be involved. We saw they had just completed their Christmas schedule and had a range of activities to celebrate throughout December into the new year.

- There were regular activities, which included coffee mornings, quizzes, sensory sessions, reminiscence sessions, tea parties and film nights. We observed an organised bingo session on one morning and saw staff were also involved with music activities. There was involvement with a community café and a jumble sale had also been organised during the inspection.
- The provider supported people's religious and cultural needs and activities were organised to celebrate special events and occasions. One relative said, "They have an understanding of their culture, their food, and have provided this. The staff understand what they need."
- Where one person told us they were bored and felt they spent too much time in their room, we shared this with the registered manager. They told us they were looking to recruit another wellbeing coordinator to help people have more one to one social interaction.

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

- There was an accessible complaints policy in place and people and their relatives were reminded about this during meetings. Relatives felt confident raising any issues if they needed. One relative said, "If there have been problems, we've dealt with it and they have taken it on board. We had a meeting with the manager and they were receptive to the feedback."
- A complaints log was in place but information related to some complaints was not available and the outcome had not been recorded. The registered manager sent us correspondence after the inspection to confirm what action had been taken. We saw where appropriate the provider acknowledged complaints and had apologised when needed. The registered manager said, "Through having more contact with relatives and better communication, we've seen the number of complaints drop."
- We also reviewed a sample of compliments the home had received from relatives, which thanked the staff team for the care and support that had been provided to their family member.

#### End of life care and support

- People were supported with care at this stage of their life and we saw improvements in the feedback we received since the last inspection. People had end of life care plans in place that highlighted their wishes and we saw relatives and the relevant health and social professionals had been involved.
- Where appropriate, people had Do not Attempt Cardiopulmonary Resuscitation (DNACPR) documents in place which showed people's relatives and the GP had been involved in the decision. Staff had training on end of life and the provider worked closely with the local hospice, making appropriate referrals for further advice and guidance.
- We saw the nursing floor had six compliments cards on the noticeboard thanking staff for the care and support given to family members before they had passed away. One compliment said, 'I wanted to thank you all for the kindness you showed my [family member]. You were always so patient and good with them, I was touched to see that.'

# 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. However, positive feedback was received about the management team and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager failed to notify CQC of all safeguarding incidents and incidents involving the police since the last inspection, of which they were required by law to inform CQC.
- We raised this issue with the registered manager who acknowledged it was an oversight. We saw correspondence that confirmed these incidents had been followed up and shared with the relevant health and social care professionals.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Daily meetings reminded staff about their responsibilities and to ensure they completed all the necessary records and checks on people throughout the shift. It was also discussed during group supervision sessions.
- We saw the registered manager had informed people's relatives about incidents that had occurred across the service, including when night staff had been found sleeping during an unannounced monitoring visit.

### Continuous learning and improving care

At our last inspection the provider's monitoring processes had failed to identify deficits in staff knowledge around end of life care and the safe management of people's medicines. This was a breach of regulation 17 (Good governance) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements were seen with the monitoring of the service and there were a range of meetings and audits in place to identify any issues across the service. Daily 'flash' meetings and walkarounds from the registered manager focused on people's care needs, completion of records, staff engagement and safe practices followed. Call bells were also checked and response times recorded.
- We saw increased medicines audits had identified gaps and errors with recording which was followed up with staff members. There had been increased unannounced monitoring visits from the management team to address any issues and we saw any areas identified for improvement were discussed at team meetings.

- There was further oversight as the provider carried out internal quality assurance visits to highlight any areas of improvement, with improvements seen at their most recent visit in July 2019.
- There was also a range of fire and health and safety checks that were carried out at regular intervals to ensure the premises were safe. Designated staff were allocated fire marshals and were aware of the procedures to follow in the event of a fire.

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

- People and their relatives were positive about the atmosphere of the home and how it was managed. Comments included, "The feel of the home stood out from the start, being warm and vibrant. We felt it right away", "[Registered manager] watches over the residents and I have nothing but praise for this place" and "The staff are open, along with the office door. They have assisted with everything we have asked and we are all very happy."
- Staff were also positive about the support they received from the management team, highlighting they were always visible and available. One staff member said, "The manager is very passionate and works well with the staff team. I love working here, they are like my family."
- The registered manager explained they had worked hard since the previous inspection and dealing with the everyday challenges they faced. They added, "I feel we are finally coming together as a team and beginning to gel."
- One health and social care professional was positive about the culture of the service they experienced when they visited. They added, "I have a good relationship with the manager and find her very open and receptive to feedback, wanting to be involved with what is going on."

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

- People and their relatives views were sought through questionnaires and resident and relative meetings. We saw topics discussed included the food, the environment, activities and events and any safety concerns.
- A new touchscreen terminal called 'Have your say' had been introduced in the reception area as another way to collect feedback about the service, with positive responses seen.
- Staff were dedicated in their roles and felt there was a strong team ethic. Comments included, "Teamwork is good and we all help each other out. We understand we are here for the residents" and "I do feel valued. They let us know if we have done something and it is nice to know we are appreciated as we all work so hard."
- The wellbeing coordinators had introduced a staff wellbeing initiative to provide further support to the staff team. A week of events were scheduled, which included team building activities. Feedback forms from staff showed it had been beneficial and had helped with improving staff morale.

Working in partnership with others

- The provider worked with a range of health and social care professionals, including the local hospice to ensure people's needs were met. The home had also benefitted from weekly visits from a student dietitian. Health and social care professionals had also spoken at relative meetings.
- Both wellbeing coordinators attended quarterly forums with other activity coordinators from care homes in the local area. A health and social care professional involved with this praised their involvement and said they were always eager, reliable and had created good links in the community.
- The wellbeing coordinators had created links with a number of local organisations, including the local fire station and a community café. They had just become involved with a new music project and the organisation discussed the plans during a relatives meeting that we sat in on during the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure that risks to the health and safety of service users were regularly assessed and did not do all that was practicable to mitigate any such risks. Regulation 12(1)(2)(a),(b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered provider had not notified the Commission without delay about serious incidents in relation to service users.  Regulation 18 (1), (2) (a) (ii) (iii) (b) (e) (f)

**The enforcement action we took:**

We served a fixed penalty notice.