

Eastleigh Care Homes - Raleigh Mead Limited

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Inspection report

Raleigh Mead
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Date of inspection visit:
05 November 2019
07 November 2019
11 November 2019

Date of publication:
05 February 2020

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

Eastleigh Raleigh Mead is a residential care home providing personal and nursing care to 61 people aged 65 and over at the time of the inspection. The service can support up to 61 people.

Eastleigh Raleigh Mead is a purpose-built nursing home with separate units on each of the three floors. The ground floor and second floor provide nursing care for people living with dementia. The first-floor supports people with complex physical nursing needs. Each unit has their own kitchen area, lounge and dining areas. All bedrooms are en-suite and the corridors are wide to accommodate wheelchairs and mobility aids.

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

The management of medicines was not always effective. There were medicines which were out of date and one had been administered. Audits had not identified out of date medicines. We have issued a requirement in respect of this breach.

Records were made of the administration of medicines and people received their medicines as prescribed. Staff had received training and their competencies were checked to ensure they were following the medicine processes and procedures to keep people safe.

Safety monitoring was not always robust. We found some specialist mattresses on the wrong setting. Essential instructions for some specialist equipment was not always easily accessible for staff to find. Following feedback, these areas were immediately actioned. The provider had identified that their fire risk assessment and equipment for evacuation needed updating and had commissioned an independent company to risk assess and make recommendations regarding this.

Not all staff had received training needed to keep people and themselves safe if they presented with distressed or expressive behaviours. The registered manager explained that because they had been short staffed due to some staff leaving, newer staff had been asked to work in their complex dementia unit, where normally they would have had training prior to this. They said they would now include some training in working with complex needs in staff's initial induction training.

Not all staff felt they were listened to or fully consulted in the everyday practice and development of the service. The registered manager and Nominated individual (NI) said they would immediately offer group and individual meetings to discuss staff concerns around staff morale, and having the views heard.

The NI had introduced some bespoke training for people with complex needs and this had resulted in positive outcomes for people. Staff said training was good and they had the right skills to ensure they could do their job effectively.

People said they felt safe, comfortable and well cared for. Comments included "I get on very well with the staff. They are very approachable and respectful. I feel very cared for and have no complaints."

People and their relatives spoke highly of the support and care they received. People felt their dignity, privacy and diversity were fully respected. They described staff as being kind and caring. One said, "I do feel cared for and they will do anything for me."

Staff knew people's needs and wishes and worked in a way which showed compassion and caring was embedded into their everyday practice.

The service had maintained a good reputation for working well with people with complex needs. There had been some very positive outcomes for people who had been able to gain their independence and return home. The service worked well in partnership with commissioners and healthcare professionals to ensure people had the right package of care with the right equipment. Comments from professionals included "They deal with very complex cases in a professional and caring way. Staffing levels generally are very good and they provide lots of 1-1 for our complex cases."

There were sufficient staff to ensure people's needs could be met in a timely way.

Care and treatment was planned in a way to ensure individuals received a person-centred approach taking into account any protected characteristics and particular healthcare needs.

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

People were supported to eat and drink enough to meet their needs. Mealtimes were seen as an important part of the day and staff made sure people had the right support in a relaxed and unrushed atmosphere.

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

Rating at last inspection

The last rating for this service was Outstanding (17 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

Enforcement

We have identified breaches in relation to the safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Eastleigh Care Homes - Raleigh Mead Limited

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 first day of inspection was completed by a member of the medicines team. The second day was completed by an inspector, specialist advisor in nursing and dementia and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. The third day was completed by an inspector.

Service and service type

Eastleigh Raleigh Mead 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 two days of the inspection were unannounced and the third day was planned with the provider so we could focus on reviewing some quality assurance information and documents.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

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

During the inspection-

We spoke with 12 people and six visiting relatives. We also spoke with three nurses, eight care staff, two kitchen staff, the laundry person, housekeeper, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection –

The NI sent us some information in respect of feedback from relatives and professionals. We also sought feedback from two healthcare professionals and one social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Expired medicines were found in medicine trolleys and cupboards, one medicine had been administered after it had expired.
- People had external preparations administered as prescribed but the information available on the electronic records was not always comprehensive, for example "as directed" with no further explanation of where to apply the preparation. This meant that there is a risk that these preparations would not be applied in a consistent manner.. The records for the application of medicine patches did not always record the site of application. At the time of the inspection staff did not explain or show us they had paper copies of body maps, held elsewhere. Following feedback we have been advised these were in place.

People were placed at potential risk of receiving medicines which were out of date and may not therefore be as effective in their treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were kept secure and the temperature of the medicines refrigerators and medicine room temperatures were recorded, and all were within the required range and therefore the medicines were safe to use.
- When medicines were prescribed for use "when required" there was enough information for staff to use these medicines effectively. However, the service was reviewing how this information was presented to make the required information more easy to find within the computerised care plans. .
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- Staff were trained and assessed as competent to administer medicines.

Assessing risk, safety monitoring and management

- A number of specialist mattresses to help prevent pressure damage were set wrongly for the persons weight. At the time of feedback there was no daily check in place to ensure mattresses were set correctly. The provider told us they completed monthly checks. Following the feedback, the service had added in an electronic check for staff to complete each day. This measure should help to keep people safe from developing pressure damage.
- People's individual care plans and risk assessments were mostly electronic. Some but not all risks were

clearly documented. It was not always easy or quick to identify whether some aspects of risk and clear instructions for staff were readily available. For example, the cleaning regime for one person who used oxygen. One nurse was unable to find this information. We were told during feedback, this may have been in the nurse office, but that they would ensure instructions for all consumables were integrated into the care plan. Following feedback we were assured cleaning and checking of equipment was being done.

- One person had a leg bag for urine and it was unclear how often and when this was changed. One nurse explained they were certain the night bag got changed weekly but could not find the records to support this. Following feedback, electronic records were updated to show the cleaning and changing routines of urine bags.
- A small number of people were unable to eat food via their mouths. They had liquid food and nutrients given by a tube directly into their stomach. This is known as PEG feeding. One nurse was unable to find the risk assessment and care plan to show how staff were monitoring, cleaning and turning the PEG to keep the site clean and safe. During feedback, we were assured this information was available to staff, but they would ensure it was highlighted within the care plans so it was more easily identifiable and accessible.
- The service had identified they needed to update their fire risk assessment and had commissioned a company to complete this. They will then look to purchase any evacuation equipment such as sledges to get people down stairs in an emergency.
- Individuals had an emergency evacuation plan.

Systems and processes to safeguard people from the risk of abuse

- Just prior to the inspection the registered manager notified us of a potential abuse situation where a member of staff had acted inappropriately a person who was showing some heightened behaviours. The member of staff was taken off caring duties whilst this incident was fully investigated. The staff member had not had any training in dementia care or techniques to diffuse expressed behaviours. They were also new to care.
- Several staff spoke to us about some staff refusing to assist when people showed expressive behaviour which may place themselves or others in danger. Not all staff had received training in safe holding in such situations, but some staff indicated that even when training was given some individual staff still refused to help. The registered manager and NI said they had not received this feedback before. They immediately set up some reflective learning and confidential speak up sessions for staff to attend. They also agreed new staff should have some training in dementia care and breakaway techniques before they are asked to work in the unit for people with complex needs.
- Some people with complex needs who had been at risk prior to coming to live at the service were now safe and having positive outcomes. For example, one person who had refused personal care at their own home and in other services was now agreeing to personal care up to three times per week. This meant their sores and skin were improving and their risk of self-neglect was being mitigated.
- Staff understood what constitutes abuse and who and when they should report their concerns to.

Staffing and recruitment

- The staffing rotas showed and on the days we inspected there were sufficient staff for the number and needs of people living at the service. On the ground floor which had 15 rooms for people with complex dementia care needs, there was usually one nurse and eight care staff. Some people were funded for one to one care due to their complex needs. On the first floor there were ten staff for 28 people and either a nurse or assistant practitioner. On the second floor for 18 people there was usually five care staff and either a nurse or an assistant practitioner. At night there were nine care staff, a nurse and an assistant practitioner.
- Some staff said the staffing levels had at times fell below the expected ratios. Some of the home's overseas staff have recently left due to what they felt was political uncertainty.
- People did not directly comment on whether there were sufficient staff but they were positive about the care and treatment they received. None mentioned having to wait long periods for assistance. One said

"They care for me very well. I couldn't tell you one bad thing about here and I've been here long enough to recognise it."

- Recruitment processes were robust and ensured only staff who were suitable to work with people who may be vulnerable were recruited.

Preventing and controlling infection; adapting the environment

- Staff received training in infection control. They confirmed they always had sufficient supplies of personal protective equipment such as aprons and gloves.
- The housekeeping team had a cleaning regime to ensure all part of the home were cleaned on a regular basis. They used colour coded cleaning equipment for different areas.
- The service was clean, homely and mostly odour free.

Learning lessons when things go wrong

- The NI explained how they used reflective practice to review when things went wrong. For example, looking at accident and incident forms to see if there was a trend or pattern emerging.
- Where human error was identified in an incident such as a medicines error, staff were asked to complete a reflective learning log and to consider additional training.
- The service is a purpose-built nursing home which had fully considered the needs of people with complex dementia and nursing needs. Further consideration was being given to having more access to outside space.

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 Outstanding. At this inspection this key question has now deteriorated to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff working within the complex dementia unit had received training to ensure they could work effectively with people. Newer staff had not had training in diffusing situations where people may be anxious or showing expressive behaviours. The registered manager agreed they would start to include this in their induction. They explained newer staff would normally work on other areas first, but due to staffing shortages they had needed to put less experienced staff into the complex dementia unit.
- Staff said training and support was good and enabled them to gain the skills needed. Some staff said newer staff from overseas may need some support to improve their English as this was not their first language. The service did have a member of staff who had a qualification in teaching English as a second language. The NI said they would look into this further.
- New staff completed an induction process which included some shadowing of more experienced staff. If staff were new to care they also completed the Care Certificate. This was a national framework for new care workers to assist them to understand their role.
- The training matrix showed there were some gaps in staff training but this was being followed up.
- The provider had been providing some bespoke training about understanding personality disorder and dementia. They were also using the care home NHS nurse educator team for specialist training in various health conditions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Detailed pre-admission assessment processes were seen as vital to ensuring the right package of care was developed. For example, the service worked in conjunction with a specialist spinal injury unit to plan for a person to come to the service. They also worked with other agencies to ensure the person had the right equipment to maintain and increase their independence. The person was able to successfully return home.
- The service worked closely with mental health teams and court of protection to ensure the right care and support was being planned and delivered for people with complex needs. This had included successful placements for two people who had previously been in long stay hospitals with acute mental health issues.
- Improved outcomes in people's health and wellbeing showed the team worked effectively and with other agencies. This included a person who had previously been in a poor physical state who during their stay lost weight, gained mobility and was able to return home successfully.
- There was positive feedback from health and social care professionals about how well the service worked

to provide positive outcomes for people. One said, . "I'm currently working with a lady who was placed in Eastleigh following hospital discharge, they have worked really well with this lady who was very poorly when she was admitted there. Within in the past few weeks this lady has wanted to return home and with the support of Eastleigh this will now be a possibility as they have promoted her independence, she is now managing her medication independently and they have mirrored the care which she would receive if she lived in her own home. I feel this is a very positive outcome for this lady." Another said "Eastleigh have been responsive and proactive in meeting the needs of both residents and have amended their care plans to ensure needs are met and that the person receives person centred care. This has been impressive and has gone a long way to ensure there is stability in terms of their ongoing placement which has been really important for both individuals."

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

- People said they enjoyed the meals offered to them. Comments included "The food is second to none. It is for me anyway!" And "I can't complain at the food, and we get a choice."
- Staff were aware of people's likes, dislikes and special dietary needs. Where people needed a modified diet due to the risk of choking, staff made sure they had food and drinks served at the right consistency to keep them safe.
- Where there was a concern about people having poor nutritional or hydration intake, staff carefully monitored and supported them to ensure they were eating and drinking sufficiently. The kitchen staff ensured any special diets were catered for. Where needed they fortified foods with extra calories such as butter and cream. People's weights were monitored and where needed they were referred to the GP for advice or follow up with a dietician or speech and language therapist.
- Drinks and snacks were offered throughout the day and evening. People Had a good range and choice of meals.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives said they were being supported to maintain good health and have access to healthcare services where needed. One person said, "All my health needs are attended to me have never needed a doctor to look after me, but they would call one if I did." One relative said "Yes they keep a check on him and call the doctor straight away, before they tell me. Twice they have had to do that."
- Healthcare professionals confirmed the service worked well and in conjunction with them. One said "They deal with very complex cases in a professional and caring way. Staffing levels generally are very good and they provide lots of 1-1 for our complex cases."

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.

- Applications had been made and in some instances the service were working with an independent advocate as some people were contesting their DoLS. One advocate said, "The staff team at Eastleigh have a very professional approach to resident's care and will ensure there is good communication; this does go such a long way to ensuring visits and contact goes well."
- Staff understood the principles of MCA and worked in a way which ensured where possible people's consent to care and treatment was sought.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were treated with respect and their individual needs were met. Comments included "I get on very well with the staff. They are very approachable and respectful. I feel very cared for and have no complaints." One relative said "One day they discovered that he likes singing so they put the music on that he likes. They treat him as an individual."
- Staff understood the importance of ensuring people were treated as individuals and their diversity was respected. The NI talked about planning for care for people with all genders ensuring staff had the right support and training to enable good care for people with particular protected characteristics.
- Interactions between staff and people showed a caring, kind, patient and friendly approach. People were at ease with staff and it was clear there were strong bonds between staff and individuals.

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

- People confirmed they were involved in decisions about their care. One said, "Ultimately it's me that makes decisions about my care, but my husband too." One relative said, "We do talk and I am fully involved with his care planning."
- Staff worked in a way which showed people's choices and decisions were fully respected. They offered people choice of beverages, meals, where they wished to sit and what they wished to wear.
- Daily records showed staff respected people's wishes and decisions in their everyday lives such as wishing to have a lay in, or preferring to eat in their own room.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was upheld and staff were considerate of this. For example, knocking on their door before entering.
- Staff were able to describe ways in which they ensured people's privacy and dignity were considered. For example, talking discreetly to someone about their need for support with personal care.
- Care plans showed people's independence was being promoted. It was evident that the staff team had worked well with people to increase their confidence and independence so they were able to go back to their own homes in some circumstances.
- Healthcare professionals spoke highly of the fact staff had enabled people to gain their independence.

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

- Plans of care did not always contain sufficient detail to ensure personalised care was being delivered. For example, where it was identified someone who was being nursed in bed needed regular turns, plans stated "move frequently". There was no direct impact for people as discussions with staff showed they were turning and moving people at least two hourly so there was no risk of potential pressure damage. Following feedback, the provider said they had amended plans to show clear details of frequency of turns. They also updated plans to show where equipment needed checking or cleaning, how and when this should be done and by whom.
- Some people said they had not been involved in their care planning process, whilst others said they had. Records were not clear as to whether people had declined to be involved.
- Plans included details of people's preferred routines and their wishes. Staff knew people's needs and respected their stated wishes. For example the service had worked hard to gain someone's trust to enable them to assist with their personal care needs. They had certain staff members who they would allow and trust to support them. This was detailed in their care plan.
- Recent training in personality disorders had allowed staff a better insight into this condition and they were therefore more able to plan the care and support for individuals living with this condition.
- Healthcare professionals were impressed with the level of personalised care and support people received. One said, "Eastleigh have been responsive and proactive in meeting the needs of residents and have amended their care plans to ensure needs are met and that the person receives person centred care."
- Where people had complex needs in the ground floor unit there were clear detailed plans about what might trigger an expressed or anxious behaviour and how staff should work to prevent this where possible.

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 clearly identified in their plans and staff knew these well.
- Information could be made available in various formats such as large print.
- The service had access to specialist tools to help understand if people were unable to express pain verbally and might be experiencing pain.

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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

- The service had developed a wide range of activities which included people's hobbies and interests as well as times to experience some new ones. For example, for people living with advanced dementia the provider had purchased an interactive table which was shared with all three of their homes. This allowed people to interact with objects projected onto a surface.

- People were supported to remain an active part of their local community. For example, people enjoyed trips to the pannier market which remained a focal meeting point in this rural market town. People were also supported to go out for walks, trips to cafes and trips out onto the moor to see the wildlife and enjoy a picnic.

- Staff were thoughtful in their interactions with people, trying to encourage and support people to be involved in activities and stimulation. At the time of the inspection, each floor of the home had been involved in making a guy for bonfire night. These were being displayed in the main reception area. People were being brought to see them and decide which they liked best.

One relative explained how staff made sure they geared their interaction toward the person's interests. They said ""One of the girls brings her little dog in when she cuts his hair and it sits on his lap, which he loves."

Another relative said "They have lots of activities: one day a lady came in who plays the violin to the room, another time someone brought an alpaca to the room."

- People were supported to stay in touch with their family and friends. Visitors were made welcome and could enjoy a meal with their relative if they wished. One relative said "I feel very grateful (name of person) is here at Eastleigh. I can visit when I wish and I feel they get him. His colour and whole demeanour has changed since being here."

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Improving care quality in response to complaints or concerns

- People and relatives were confident they could make any concerns known and they would be responded to. One person said, "I know what's what and would complain if I had to." A relative said "I have a copy of the complaints procedure at home and would have no qualms about complaining but I have had no need."

- There was a complaints policy and process. Complaints were logged electronically and responses also recorded to show they had been investigated and actions taken where needed.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files where these were known.

Other clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health. Feedback we received and saw in letters and cards from people were positive over the support they had received at the end of their relations lives. One said for example, "With thanks to all the staff who looked after (person) with care and affection...many thanks too for the hugs and many cups of coffee from the girls when needed. Your care, compassion, respect for dear (person) has been wonderful."

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 Outstanding. At this inspection this key question has now deteriorated to Requires Improvement

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was completing medicines management audits on a regular basis. However the audits had not identified that expired medicines were in medicine trolleys and other medicine storage areas. Further monthly checks on each person's key information called "Resident of the day" also failed to identify some medicines had expired. Following feedback the registered manager and nurses completed a full medicines audit and found no further out of date medicines. They had sent a reflection tool to all nurses. They had also instigated more regular checks on the audit information produced from the resident of the day recording.
- Prior to our inspection feedback there were monthly checks on pressure mattresses which were not sufficient, as we identified a number of mattresses on each floor which were incorrectly set.

This lack of oversight into ensuring audits were being monitored for accuracy placed people at potential risk and is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were a number of environmental audits to ensure the building and some equipment were safe and well maintained.
- Accidents and incident records were fully audited to check for trends and any shared learning.

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

- Not all staff believed there was an open and inclusive culture. Some staff felt their views were not always listened to. When we fed this back to the NI and registered manager they were surprised and disappointed staff had voiced this. They wanted to ensure staffs views were an integrated part of how the service developed and was shaped and said they would hold some sessions for staff to air their views post inspection process. There were a number of senior managers and nurses staff could go to
- Conversely some staff said they felt valued and listened to. One particularly praised the registered manager for their understanding in relation to an issue they raised. Another thought the NI was very approachable and said there had been significant good impacts for people following the training delivered on personality

disorders.

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; Continuous learning and improving care

- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- There was careful scrutiny of any accident or incident records to see if there were patterns, trends or learning to share with the staff team.
- Continuous learning was seen as an essential element to achieving good outcomes for people. The NI and one of the lead nurses had recently attended training in personality disorder and dementia. From this they had developed in-house training to cascade information on these areas. Staff responded positively to this training and said it had impacted positively on how they worked with people with these conditions.

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

- The management team used various methods to ensure people and their relatives were fully engaged in the development of the service. For example consideration was being given to having more secure space for people to access. Plans had been shared with people and their relatives as well as the staff group for their comment.
- People's and staff's equality characteristics were considered. For example in the way the care and support was planned and delivered, people's needs, wishes and diversity was fully considered. For staff, when their health meant they were unable to complete some tasks, this was risk assessed and reasonable adjustments were made.

Working in partnership with others

- People's care plans and daily records showed staff worked in partnership with others to get the best outcomes for people. They looked at guidance and best practice and where this was not easily accessible, the service advocated on behalf of people. For example, working with trusts and commissioners to get the right bespoke equipment to enable someone to have control within their environment.
- Healthcare professionals confirmed that staff at the service worked with them to achieve the right and best outcomes for people. One said "They always send me the plans and notes prior to an assessment and make themselves available for us to fully assess or reassess individuals whose needs may have changed."

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 People were placed at potential risk of receiving medicines which were out of date and may not therefore be as effective in their treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of oversight into ensuring audits were being monitored for accuracy placed people at potential risk.