

Parkcare Homes Limited

Boughton Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Boughton Manor is residential care home which provides accommodation for up to 30 people who require nursing or personal care. At the time of the inspection 26 people were living at the home.

People's experience of using this service:

People did not always receive care and treatment in accordance with their assessed needs, choices and preferences. People's care records did not always contain an accurate account of the care people received. Staff did not always use people's life history, personal interests and background to assist them when supporting people who showed signs of agitation or distress. Activities were provided for people, although some people living with dementia were not always engaged within a meaningful and productive way.

Quality assurance processes were not effective in highlighting the inconsistencies with people's records and the performance of staff in caring for people at the home. Some improvements had been made since our last inspection in the way behaviours that may challenge were managed. However, the actions of staff were reactive rather than proactive, meaning with more initial action from staff the number of incidents maybe reduced.

Care staff were well trained; however, there were gaps in training for some nursing staff. Staff received supervision of their practice, although the effectiveness of these supervisions was questioned by some staff. Medicine management had improved since our last inspection and overall was well managed. However, some handwritten records required double signatures to add another level of checks to ensure the entries were correct. Nursing staff had access to best practice guidelines and standards; however, this was not always implemented effectively in people's care records. End of life care plan records lacked detail.

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. We did note some best interest decision documentation lacked detail about why a decision was made and whether other options could have been considered.

People felt there were enough staff in place to keep them safe and people felt safe when staff cared for them. Staff understood how to identify the signs of abuse or neglect and knew how to act to reduce that risk. People found the staff to be kind and caring and felt they acted on their views. People's complaints were handled appropriately.

Where people received support with their meals, staff did so effectively and in line with dietary requirements.

The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People told us they would recommend the service to others.

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 requires improvement (published 17 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

We will describe what we will do about the repeat requires improvement rating in the follow up section below.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had been made in some areas; however, the provider was still in breach of regulations.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boughton Manor on our website at www.cqc.org.uk

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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Boughton Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and a nurse specialist advisor.

Service and service type

Boughton Manor 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

This inspection was unannounced and was completed in one day.

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 three people who used the service and four relatives and asked them about the quality of the care they or their family member received. We also spoke with three care staff, domestic assistant, activities

coordinator, cook, a visiting GP, nurse, registered manager and operations director.

We reviewed a range of records. This included all or parts of records relating to the care of 12 people. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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.

At our last inspection the provider had failed to protect people from the risks associated with behaviours that may challenge others. The provider had failed to appropriately act on incidents that had occurred at the home to reduce the on-going risk to people's safety. Safe medicine and infection control practices were not always followed. 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. However, further improvement was needed in some areas.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management;

- ☐ Some improvements had been made to ensure people were protected when others displayed behaviours that could affect their or other's safety. At the last inspection, there was a failure to investigate, act on, monitor and review all accidents, incidents and behaviours that may challenge others. Records relating to these incidents were poorly managed and maintained. This placed people's safety at risk.
- ☐ At this inspection we found some improvements had been made. A new reporting process was now in place. This process ensured the registered manager reviewed records relating to all incidents. The operations director and the provider's quality assurance team also reviewed these records to ensure that appropriate action was taken and to offer advice to the registered manager on ways to further reduce the risk to people.
- ☐ We saw improvements had also been made to records relating to reducing the risk of behaviours that could affect others. There was now detailed guidance for staff on how to support people once an incident had occurred, to offer reassurance and to reduce the risk of this behaviour impacting others.
- ☐ However, the records focused on reactive techniques, i.e. what staff should do once an incident had occurred. There was little information recorded on how staff could help to prevent incidents from taking place. Where there was information in place for staff, this was often vague and lacked detail. For example, some records stated staff should use distraction techniques, but did not specify ways of successfully distracting the individual. This meant staff did not always have specific guidance at hand to reduce the risk of incidents occurring.
- ☐ Risks to people's health and safety were assessed and reviewed monthly. Care plans contained some information on actions to reduce the risks; however, they were not always detailed. For example, details of a person's broken skin area lacked detail on how often the person should be repositioned and how staff could reduce the risk of the person's skin becoming broken again. However, despite these records we found staff were regularly repositioning this person and had made a referral to the tissue viability nurse. It is important that records accurately reflect the care provided to ensure people receive consistent care.
- ☐ Risks to the environment, equipment, fire and gas safety were regularly assessed to keep people safe.

Plans were in place to evacuate people safely in an emergency. However, one person's records stated they were afraid of men and their evacuation plan did not refer to this. This could make a safe evacuation of this person more difficult and distressing.

Using medicines safely; Preventing and controlling infection

- ☐ People received their medicines safely.
- ☐ At the last inspection We were concerned about the use of 'as needed' medicine to support people's behaviour. We found the minimum time-gap between the administering of these medicines was not always followed. At this inspection we found no concerns about the administration of these medicines. Medicines were stored, handled and administered safely.
- ☐ Each person had medicine administration records in place. These recorded when a person had taken or had not taken their medicines. We noted these records were, in most cases well completed; however, we did note that where there were handwritten entries made by staff, these had not always been double-signed to ensure their accuracy. This is important to ensure that entries are written down correctly to reduce the risk of incorrect administration.
- ☐ Competency assessments helped to assure the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation. Where concerns about staff performance were identified, supervision or retraining was given to ensure improvement.
- ☐ At the last inspection we had concerns that cleaning protocols had not been followed when a person had become incontinent. At this inspection we found improvements had been made.
- ☐ The environment was visibly clean, and we saw staff using personal protective equipment such as aprons and gloves appropriately. We did however find two examples of bedding and soiled products in two people's bedrooms which should have been cleared away to reduce the risk of the spread of infection.

Staffing and recruitment

- ☐ There were enough staff in place in to ensure people's safety. Safe recruitment procedures were followed.
- ☐ People felt there were enough staff in place to offer them care when they needed it. A relative said, "The care staff and nurses are always around, they know where everybody is, no-one is left alone, if [my relative] is having bed rest they regularly pop in to check they are ok."
- ☐ When people pressed their emergency call bell, staff responded quickly, which reduced the risk to people's safety
- ☐ Agency staff were used at the service. Wherever possible the same staff were used to ensure people received consistent care from staff who knew them.
- ☐ Staff suitability to work with vulnerable people was checked before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risk of abuse and neglect.
- ☐ People told us they felt safe living at the home. Relatives agreed that their family members were safe.
- ☐ Staff had received training to help them to identify the signs of neglect or abuse. Staff spoken with could explain how they reported these concerns and they were confident that the registered manager would act on their concerns.
- ☐ The registered manager was aware of their responsibility to ensure the local authority and the CQC were notified of any allegations of abuse or neglect. Records showed this had been done where required.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure that the principles of the Mental Capacity Act 2005 (MCA) were always adhered to when people did not have the capacity to make decisions for themselves. This was a breach of regulation 11 (Need for consent) 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 11, although further improvement was 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 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.

- ☐ Where people were unable to make decisions for themselves detailed mental capacity assessments were now in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional. We did note that some of the best interest documentation lacked detail as to why the decision was necessary and whether other options had been considered.
- ☐ DoLS were implemented effectively at the home. It was clear who had a DoLS in place and whether they had conditions attached which must be adhered to by staff. This ensured people's rights were protected.
- ☐ People's care records also contained examples where, if able, they had signed to give their consent to

certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

Staff support: induction, training, skills and experience.

- Records showed that most training deemed mandatory by the provider had been completed by all staff.
- However, not all nurses had completed training in urinary catheterisation and two people living at the home required support from staff with this. This could place these people's health at risk.
- The registered manager told us they had booked this training for the summer of 2019; however, it had been cancelled by the training provider. Further attempts to book this training had been unsuccessful.

We recommend the provider immediately sources urinary catheterisation training for nursing staff and makes provisions to ensure that people receive care and support from staff who have completed the appropriate training.

- People and relatives felt staff had the skills needed to support them or their family members.
- Staff received supervision of their practice. Staff feedback about the effectiveness of these supervisions were mixed; some found them useful, whilst others would prefer a more in-depth discussion and assessment of their skills and development.
- Staff were given the opportunity to gain externally recognised qualifications such as diplomas in adult social care and the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Access to additional qualifications such as these helps to provide staff with up to date skills and experience to provide people with high quality care.

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

- People's physical health, mental health and social needs were assessed prior to them starting with the service. These records were reviewed to ensure they remained in line with people's choices. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Nurses had access to best practice guidance and standards information to assist them with providing people with the most up to date care.
- However, this information was largely only available within the nurses' office. Care records did not always contain reference to current best practice guidance and standards. This could lead to staff providing inconsistent care and support. The registered manager told us they had confidence that people's care was provided in line with current best practice guidance, but they would review the way care records were formed to ensure this was made clearer.

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

- People received the support needed to eat and drink enough to maintain a healthy and balanced diet.
- Daily records documented people's food and fluid intake and the daily total was recorded to help identify any significant drop or increase
- Nutritional risk assessments and care plans were in place. These contained information about the risks to people's nutritional health and how staff could reduce those risks. This included supporting people to eat healthier foods as well as foods designed to help people safely gain weight where needed.
- The provider had measures in place to ensure that food was stored safely. On the 18 July 2019 the Food Standards Agency had rated the home as 'Very Good' for food hygiene standards. This is the highest mark possible. The cook had a good understanding of people's dietary requirements and we saw people were given their food in accordance with this.

- We observed lunch and found overall the experience was well organised, and people appeared to enjoy their food. Staff provided people with assistance to eat and drink and sat with them, chatting to them and encouraging them to eat as much as possible.
- We did note at breakfast people were sat at the dining tables for long periods, before they received any food. Some people became impatient and started to call out.

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

- Support with visits to GP's, dentists and other healthcare agencies were carried out where needed. A visiting GP told us they felt staff contacted them appropriately when needed to ensure people received timely care.
- The visiting GP told us that staff communicated well with the practice staff and they had a good relationship with them. They said care had improved since the service had recruited additional nurses and the nurses were being retained. They also felt staff cared for people with dementia well and they felt the people benefitted from the fact that the nurses were registered mental health nurses. This helped people to lead healthier lives.

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

- The home had been adapted to support people living with dementia and/or a physical disability.
- Signage was in place to help people orientate themselves around the home, helping people to identify communal areas. Two communal lounges were available, and both were nicely decorated spaces which provided a safe space for people living with dementia to move around.
- Bathrooms had specially adapted equipment to support people with using the facilities safely.
- The home was well-maintained and had a safe and accessible garden.

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.

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

- ☐ People found staff to be friendly, caring and they felt well treated. Relatives agreed and one praised staff for the way they had supported and encouraged their family member to go to the dentist. They said this had a positive impact on their family member's life.
- ☐ Staff spoke with empathy and respect when they talked about the people they cared for. Staff understood people's care needs and the support they needed to ensure they were always well treated and looked after. Our observations throughout the inspection confirmed that people appeared well cared for and were treated well by staff.
- ☐ People's diverse needs were discussed with them and/or their relatives before coming to live at the home. If people had any specific requirements these were put in place before they came to live at the home. This could include any aspects of their religious or cultural backgrounds. At the time of the inspection, no person had any specific needs that required staff support.

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

- ☐ People and relative's views about the care provided were welcomed and acted on.
- ☐ There was evidence within people's care records of their or their relative's involvement with decisions about the care to be provided. Regular reviews of people's care also took place to ensure that if people wanted to change the way their care was provided, this could be accommodated. Due to the complex needs of most people who lived at the service these reviews were normally completed with relatives and/or other appropriate representatives.
- ☐ Information about how people could access an independent advocate was provided for people. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard. At the time of the inspection, no advocates were used.

Respecting and promoting people's privacy, dignity and independence

- ☐ People felt they were treated with dignity and their independence was encouraged wherever possible.
- ☐ People and relatives welcomed the approach of staff in maintaining their or their relative's privacy. A relative said, "They always knock before entering my relatives' room and they always draw the curtains before personal care." We observed staff doing so throughout the inspection.
- ☐ Staff understood how to support people with dignified care that maintained people's privacy and encouraged independence throughout. Staff spoke passionately about the care they provided for people. A staff member said, "It's important that we make people feel as comfortable as possible and the way we

support them can have a big impact on that, some people just need time to process things."

- ☐ We did note there was a lack of private space available for people if they wished to be alone, or to be with family or friends away from communal areas.
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance with the data protection legislation.

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 remained the same. This meant people's needs were not always met.

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

- ☐ People did not always receive care and support that met their needs and preferences.
- ☐ Records were not completed correctly to reflect the care two people received in relation to their urinary catheter being changed regularly in line with requirements. For example, there was no record of when the catheter had been changed, nor the type and size of catheter used. This information is important to ensure that people received the individualised care needed in accordance with best practice guidelines for the use of a catheter. Failure to complete these records robustly could lead to the person receiving inconsistent care placing their health at risk.
- ☐ We also noted that a person had developed a pressure ulcer. There was no completed wound assessment and detailed dressing change information to allow staff to identify whether a wound was healing or deteriorating.
- ☐ A person's care plan stated they suffered from seizures and gave instructions for staff to keep them safe when these occurred. They stated the person should not be admitted to hospital; however, they did not state what staff should do if they seizure was prolonged and did not resolve.
- ☐ Information about people's life history and background was recorded within people's care records. When we observed staff caring for people or supporting them in communal areas, it was not evident that staff used this information effectively to respond to periods of distress. For example, a person who we had been informed was afraid of men, repeatedly shouted out. Whilst staff offered the person reassurance for a short period of time, the person was then left alone and the shouting recommenced. This cycle then repeated itself. Little effort was made to engage with the person on a sustained basis. This meant the person did not receive care and support in accordance with their assessed needs.

Although we found no evidence that people had been harmed, the inconsistencies with some people's records and examples of staff inaction, meant we were not assured that people always received care and support in accordance with their preferences and assessed needs. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- ☐ Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support needed.
- ☐ Most people and relatives spoken with praised the approach of staff, they felt staff acted in accordance with their or their family members' best interests.
- ☐ We did observe some positive staff interactions with people. We observed staff engaging in conversation and laughter with people and some staff did show a good understanding of people's needs, choices and

preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop friendships and to meet with others at the home and outside to reduce the risk of people becoming socially isolated.
- Feedback from people and relatives about the activities provided was mixed. Some praised the activities on offer, others felt options were limited.
- We observed some staff actively trying to engage people with activities and those that were unwilling or unable to take part did have some time spent with staff in one on one situations. Some staff spent time with people looking at magazines, photo albums and reading books, whilst others engaged in games and puzzles and other activities.
- However, there were periods of the day when people received little engagement from staff other than daily tasks, such as help with meals, moving around the home and having a drink or snack. People with dementia were well looked after, were well presented and were safe from harm; however, there was little meaningful attempts to engage with them other than when tasks were being completed. A variety of dementia friendly activities or games were available in 'rummage boxes', but these were rarely used by staff.

End of life care and support

- At the time of the inspection end of life care was not being provided.
- Basic end of life care plans were in place; however, many of these lacked detail with some records stating no discussion had taken place and therefore no record of the person's or their appointed representative's wishes.
- The registered manager acknowledged more work was needed in this element of care provision and told us they would ensure more detailed discussions were held with people and/or their representatives. This will ensure when needed, this care was provided in accordance with people's preferences and wishes.

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.

- The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. Larger font documentation was available where needed. These systems helped to ensure that people were not discriminated against because of a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- People and relatives were aware of the complaints policy and who to complain to if they needed to.
- The number of complaints since our last inspection in November 2018 was low. The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

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.

- ☐ Some improvements had been made in relation to breaches of regulations from the last inspection; however, other areas of care were not consistently meeting the CQC's minimum requirement of 'Good'. This has led to a second 'Requires Improvement' rating in a row.
- ☐ The provider did not have consistently effective auditing processes in place to assist them and the registered manager in identifying the areas of improvement we have referred to throughout this report.
- ☐ We were informed that since the last inspection a quality improvement plan was in place and the registered manager received regular visits and support from the 'quality improvement team'. However, a formal internal audit of the home had not been conducted since August 2019. The registered manager was unaware of some of the issues we had highlighted during this inspection. This meant the provider's processes for holding the performance of the registered manager to account were not always effective.
- ☐ The registered manager's knowledge of the care needs for some of the people living at the home was not as thorough as we would have expected. When we asked whether people had specific health conditions we were told they did not. During the inspection we then identified that people did have the conditions we had discussed. We would expect the registered manager's knowledge of people's health conditions to be more in-depth and this could have impacted on the efficiency of this inspection.
- ☐ Impact on people's health and safety was low and people and relatives overall spoke positively about the care provided by staff. However, a failure to have robust and effective quality assurance processes in place could increase the risk to people's health and safety, as we have demonstrated in other parts of this report.

This meant the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ The registered manager understood their requirement to ensure appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety. This included reporting serious injuries and things that could affect the safe running of the home.
- ☐ Staff could explain how they contributed to providing people with the care they needed.
- ☐ It is a legal requirement that a provider's latest CQC inspection rating is displayed at the home and on the provider's website where a rating has been given. This is so that people and those seeking information

about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed.

Continuous learning and improving care

- ☐ The registered manager was provided with regular support and guidance from their operations manager. They worked together to identify areas of the care provision that needed improving and acting on risk to care. As stated we were not assured that this process was effective.
- ☐ We identified a gap in nurse training that could affect people's health. This was raised with the registered manager who advised they would take immediate action.
- ☐ Representatives from the care and nursing staff, maintenance, domestic and kitchen attended a monthly 'heads of department' with the registered manager. During this meeting they analysed what had occurred at the home and what areas for improvement were needed. Action plans were then formed to address any areas for improvement. This meeting was in place to help improve the quality of care.
- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.

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

- ☐ People liked living at the home and relatives liked visiting. They found the home to have a warm, open and inclusive atmosphere. All of those spoken with would recommend the service to others.
- ☐ Staff were focused on providing positive outcomes for people. Staff told us they liked contributing to people's improvement in their physical and mental well-being. As stated in previous sections of this report, our observations throughout the inspection showed that staff carried out care tasks well. People were safe, well cared for and well presented. However, staff had a 'task-led' approach to care that was not always effective in achieving good outcomes for people.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The provider had processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- ☐ People and relatives were provided with the opportunities to give feedback about care. Most spoke positively about the registered manager and felt they would act on any concerns they raised.
- ☐ Staff felt able to raise any issues with the registered manager and that any concerns would be acted on. Some did say they would appreciate more in-depth feedback once an issue had been reviewed to enable them to learn and to help reduce the risk of an incident recurring.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence.
- ☐ A visiting GP praised the approach of staff and the care provided.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured that all people received care and treatment in accordance with their personal choices, preferences and that met their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured that effective governance processes were in place to identify, act on and reduce the risk to people's health and safety.