

Baxendale

# Baxendale Care Home

## Inspection report

Woodside House  
Baxendale, Whetstone  
London  
N20 0EH

Tel: 02084451127  
Website: [www.baxendalecare.org.uk](http://www.baxendalecare.org.uk)

Date of inspection visit:  
27 February 2019  
01 March 2019

Date of publication:  
25 April 2019

### 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: Baxendale Care Home is a residential care home that provides accommodation and personal care to older people. At the time of this inspection there were 47 people living at the home.

At the last inspection in December 2017 we found the service to be in breach of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Issues found included inconsistent staffing levels at night, risks associated with people's health and care needs had not been adequately assessed, people at risk of poor nutrition and hydration intake were not appropriately monitored and ineffective management oversight which did not identify the issues we found.

At this inspection, although we found that the service had made some improvements to staffing levels and risk assessments, we found some issues similar to those identified at the last inspection and other areas of concern that required further attention and improvement.

People's experience of using this service: People told us that they were happy living at Baxendale Care Home. Their relatives agreed with this and told us that they believed their relatives received safe and good care.

People told us that they enjoyed the food provided at the home and were always offered snacks and drinks throughout the day.

People and their relatives found care staff to be kind and caring and attentive to their needs. We observed interaction between people and staff was positive. Care staff understood people's needs well.

There were sufficient numbers of staff available throughout the day and night to safely and appropriately meet people's needs.

Risks associated with people's health and care needs had been identified. However, not all individual risks had been assessed to ensure staff were given the guidance and information on how to safely support the person with the risk.

The service was not working in line with the principles of the Mental Capacity Act 2005 (MCA). Where people had Deprivation of Liberty Safeguard (DoLS) authorisations in place and these had expired, there was no evidence that re-authorisation requests had been submitted prior to the current authorisation expiring.

At the time of this inspection the service was transitioning from a paper care plan to an electronic care plan system. Although care plans contained some person-centred information about people, care plans were not fully complete and were not consistent in the information recorded.

A variety of monitoring charts were in place for people which included charts for food intake and activities

participation. However, these were not always appropriately and fully completed.

People living in the 'West Wing' with advanced dementia, had little access to appropriate activities or stimulation for positive well-being.

Checks and audits were in place to oversee medicines management and administration and health and safety. We were told that care plans were checked to see if they were current and reflective of people's needs but these checks were not recorded. The service had not identified any of the issues we found as part of this inspection process.

Medicines management and administration was generally safe. People were seen to receive their medicines on time and as prescribed.

Recruitment processes followed by the service ensured that only those staff assessed as safe to work with vulnerable adults were recruited.

People and their relatives knew who to speak with if they had any complaints or concerns to raise and were generally confident that their concerns would be appropriately addressed.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the absence of current DoLS authorisations and the governance of the service. We have also made a recommendation for the service to consider activities for people living with dementia and ensuring care plans are person-centred. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published March 2018). This service has been rated as Requires Improvement for the second time.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will ask the provider to submit an action plan detailing the steps they intend to take to ensure the required improvements are implemented. We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Baxendale Care 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. 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:** This inspection team consisted of two adult social care inspectors and three experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Baxendale Care 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. Baxendale Care Home can accommodate up to 57 people in one adapted building.

The provider is a Charitable Trust. There is a board of Trustees who oversee the management of the service provided at the care home.

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.

**What we did:** Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at the action plan that the provider had submitted following the last inspection in December 2017 which listed the improvements they planned to make.

During the inspection we spoke with 12 people using the service and 13 of their relatives to obtain their

feedback on the care and support that they or their relative received. We also observed interactions between people and care staff which included the delivery of care in practice.

We spoke with the nominated individual on behalf of the provider, the registered manager, deputy manager, one team leader, six care staff, the activity co-ordinator and two kitchen staff members.

We looked at the care records of five people who used the service and medicines administration records (MARs) and medicines supplies for 12 people. We also looked at the personnel and training files of six staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and certain policies and procedures.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- During the last inspection in December 2017, we found that risk assessments had not been completed properly which may have left people at the risk of receiving inappropriate care. At this inspection we found that the service had addressed this issue.
- However, we did find that specific risks associated with people's health and medical needs were not always assessed. This meant that care staff did not always have the appropriate and relevant information on how to safely support the person to minimise the risk.
- Identified risks that had been assessed included moving and handling, skin integrity, falls and malnutrition. Where care plans identified people were at risk of urinary tract infections, were diagnosed with diabetes or were prescribed high risk medicines such as blood thinners, a risk assessment had not been completed. There was no information provided about the associated risks, the signs to look for and guidance for staff on how to keep people safe and well.
- At the last inspection in December 2017 we found that where charts were in place to monitor people's food and fluid intake, these had not been fully completed which meant that food and fluid intake could not be appropriately assessed. This left people at risk of dehydration and malnutrition. During this inspection we found that this issue remained. Charts were not fully completed as there were gaps in recording. For one person who had a fluid intake restriction, their chart had not been totalled at the end of the day to ensure that the person's fluid intake was not more than the restricted amount. This meant that people at risk of malnutrition or dehydration may not have received the care required because charts had not been fully completed and any arising concerns may not have been identified.
- We discussed our findings with the registered manager and deputy manager who agreed that improvements were required in the areas identified as above. On the second day of the inspection we were shown updated risk assessments that had been improved as a result of the feedback we had given. The registered manager gave assurance that all issues identified would be addressed.
- Building safety and equipment checks were routinely completed to ensure the safety of people living at the home. People's care plans included Personal Emergency Evacuation Plans which gave direction to staff and emergency services on how to safely evacuate people in the event of a fire or other emergency.

Using medicines safely

- Processes followed by the service overall ensured that people received their medicines safely and as prescribed. Medicine Administration Records (MARs) were complete. There were no gaps or omissions in recording.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers. However, we did find for three people, where they had been

prescribed PRN medicines, PRN protocols were not available.

- We asked to check the stock levels of medicines that were provided in their original packaging to see if they had been given as prescribed. However, we were unable to do this as the service did not keep a record of stock or stock levels. This meant that the service could not be sure that people were receiving their medicines as prescribed. This included medicines to protect the stomach, prevent seizures and for agitation. We highlighted these minor concerns to the registered manager who agreed to review their processes to ensure the safe administration of medicines.
- We saw that medicines were kept securely. We looked at controlled drugs and saw that balances were correct. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.
- Weekly and monthly medicine audits had been completed to ensure that people were receiving their medicines safely and as prescribed. Where issues were identified these were addressed with details of the actions taken. All staff who were authorised to administer medicines had received the appropriate training and had been assessed to confirm their competency in undertaking this task.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe and reassured with the care and support that they and their relative received at Baxendale Care Home. One person told us, "I am getting good care here." Relatives commented, "My mum had a fall and staff have placed a mattress on the floor and made alterations to make sure it doesn't happen again" and "There was an issue about mum getting out of bed during the night; they told me there was a mat on the floor which is attached to a bell, so that's made me feel less anxious."
- Safeguarding policies in place guided the service on the processes to follow to record and report concerns and allegations to the appropriate authorities.
- All staff that we spoke to demonstrated a good understanding of how to safeguard people from abuse. Staff listed the different possible types of abuse, the signs they would look for to identify possible abuse and the actions they would take to make sure people were kept safe from any harm.

Staffing and recruitment

- At the last inspection in December 2017 we found that the service did not always maintain safe staffing levels and the appropriate deployment of staff especially at night which meant that people may not have been receiving safe care. During this inspection we found that the service had addressed this issue.
- We observed sufficient numbers of staff available during the day and night to support people safely. Staff were allocated to each floor in the home so that they were always available to safely support people when required.
- People and their relatives spoke positively about current staffing levels at the home. Everyone told us that there was always enough staff available. Relatives told us, "I'm not there during the night, but I go mornings and afternoons, and yes, they are very good for that. Normally there are only two to three in the wing, and there's only six residents on the ward", "In the lounge where my [relative] sits, there's always two staff there, and that makes me feel safe" and "[Relative] doesn't need help with personal care, but there are enough staff for her needs."
- Care staff also confirmed that there were no issues with there not being enough staff available. The only concern raised was around when care staff cancel their care shift with very short notice, which especially happens more at the weekends. However, we were also told that the team leaders and managers always try their best to cover the shift.
- Processes in place enabled the service to recruit care staff that had been assessed as suitable to work with vulnerable adults.

Preventing and controlling infection

- Records confirmed that all staff had received infection control training. Care staff had access to personal



protective equipment to prevent and control the spread of infection.

- We observed that the home was clean and free from malodours.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

#### Learning lessons when things go wrong

- At the last inspection we found that accidents and incidents, especially where people had fallen, were not audited and analysed to identify any trends patterns so that improvements and learning could be implemented to prevent any further re-occurrence. During this inspection we saw that the service had addressed this issue.
- Accidents and incidents were documented. Records included the nature of the accident/incident, the actions taken and any follow up that may be required. The registered manager analysed all accidents and incidents on a monthly basis so that lessons could be learnt and where required actions could be taken to prevent further re-occurrences.

## 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- When we checked records relating to people's DoLS authorisations we found that where people's DoLS had expired, there was no documentation to confirm that further authorisations had been requested.
- The service, on their PIR, told us that there were 11 people living at the home that were subject to a DoLS authorisation. We could not see any documentation from the registered manager requesting the local authority for a re-authorisation for five people. For six people we saw that a reauthorisation had been requested on 28 February 2019, a day after the first day of this inspection. This included re-authorisation requests for people whose DoLS had expired between 2016 and January 2019.
- DoLS authorisations and any applied conditions, where applied for, had not always been clearly recorded in the person's care plan. Therefore, where conditions may have been set, care staff would be unaware of this and how to support the person to meet the conditions.
- We highlighted the lack of DoLS authorisations to the registered manager who stated that authorisations had been requested but responses were yet to be received. However, there was no paper trail confirming this. We asked the registered manager to send us confirmation from the relevant local authorities that the service had submitted re-authorisations following the inspection. However, we did not receive this confirmation from the service.
- This meant that the service was not working in accordance with the MCA 2005 and were possibly depriving people of their liberty without the legal authority to do so.

The above information meant that the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection in December 2017 we made two recommendations around ensuring people lived in an environment which was least restrictive and clearly recording best interests decisions. During this inspection we found that where doors had a code lock to enter and get out, the code was discreetly displayed by the lock so access was not restricted. With support people, where required, could gain access and leave the unit when required.
- People's cognition and mental capacity had been documented where required. Where people lacked capacity, decisions that had been made in their best interests had been documented. However, this was not consistent for all care plans that we saw.
- We were also unable to evidence that people had consented to their care and where people had been assessed as lacking capacity, involvement of their relative or next of kin had not been documented.
- The registered manager and deputy manager told us that due to the transition of care plans from paper records to electronic care plans, information had not been fully transferred. The service assured us that care plans would be fully updated over the forthcoming weeks.
- We observed that people were always asked for consent before being supported by care staff in all aspects of their daily living. Care staff demonstrated a good understanding of the key principles of the MCA and how these were to be applied when supporting and caring for people.

#### Staff support: induction, training, skills and experience

- People and their relatives told us that they thought care staff were appropriately skilled and trained to do the job. One person told us, "Yes they do as far as I know." Another person said, "They seem to know what they're doing. I think they are doing a credible job." Relatives comments included, "Yes I do; they're on the ball", "Yes I do. In general, I am very pleased with the attention my [relative] gets" and "Yes, they are. They understand my father's condition, so they make he's looked after in that respect."
- Care staff told us and records confirmed that they were effectively supported in their role through an induction which they were provided with prior to starting work, regular on-going training and regular supervisions with their line manager.
- Whilst looking at care staff files, we could not evidence that annual appraisals had been completed for those staff members. We spoke with the registered manager about this who showed us records of completed annual appraisals for other staff members and confirmed that all annual appraisals for all staff would be completed in April 2019.

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

- The service carried out an assessment of people's needs to confirm that the home could effectively meet their needs and choices.
- Following the assessment, a care plan was then compiled so that care staff would have access to information and guidance on how the person wished to be supporting taking into consideration any risks, special needs and requirements.

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

- People and their relatives told us that the food and drink provided at the home was good and that they enjoyed their meals. People told us, "I like the food here, very good food", "Food is very good, I am eating too much and gained weight, but now decided to do dieting" and "Alright, I had some Rice Krispies." Relatives commented, "I think the food is good; mum still likes sweet things", "I honestly think the diet for my mother is very good" and "The menu choice is varied and very good; if there's something mum doesn't like they provide something she likes."
- We saw people being supported to eat and drink with dignity and respect. People were encouraged to maintain their independence where possible. Drinks, snacks and fruit were available to people throughout the day.
- Where people had special dietary requirements, these had been clearly documented in the person's care

plan and kitchen staff were aware of these to ensure people received safe and effective care according to their needs. Care plans also listed people's likes and dislikes in relation to food and drink.

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

- Records confirmed that the service tried to work effectively as a team within the home as well as in partnership with other agencies so that people received effective and consistent care.
- Daily handovers took place at the start of every shift and involved all care staff on duty. This supported effective information exchange about people and their health and care needs.
- We saw records between the service and a variety of health care professionals where people required specialised intervention. This included referrals that the service had made on behalf of people to access the dietician, continence service, district nurses and tissue viability nurses.
- People and their relatives confirmed that the home arranged access to health care professionals including GPs, dentists, opticians and dieticians. One person told us, "Oh yes, they are very, very much on the ball." A relative explained, "From the medication and health point of view my [relative] had swollen ankles and they called me and told me about it and got medical help."

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

- All areas of the home were accessible by people including the garden and outdoor spaces. Appropriate signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- The west wing, which is the dementia unit supporting people living with advanced stages of dementia had been recently redecorated and adapted effectively meet their needs. The provider had used appropriate decoration and signage to support this and to promote people's independence.

# 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

Good: 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 told us that they found care staff to be kind and caring. We observed positive interactions between people and care staff. One person told us, "It is a good place. People are kind and helpful." Another person said, "Lovely place and the staff is very special."
- We asked relatives whether they found care staff who worked at Baxendale Care Home to be caring. Their responses included, "Yes I do. There's a nice feeling about the home because the resources are good, they have the extra time to care" and "Yes I do. We often hear them talking and singing to mum. They don't do it because we are there, they do it because they care."
- Care staff knew people well and this was demonstrated through their interactions and conversations with people. One care staff told us, "People get very good care here. I would definitely place my mum here."
- Care plans recorded people's religious and cultural beliefs and any specific wishes they had to support their beliefs. The registered manager told us that weekly church services took place in the home for those people who wished to practice their faith. Where people belonged to other faiths, involved family members supported the person to access the appropriate community services. The service supported the person and their family to facilitate this.
- People were supported to maintain their relationships with their partners, family and friends. Visitors were welcome to the home at any time. Care plans gave some basic background information on people's current relationships. The deputy manager gave examples of how they supported people to do this in practice which included giving people and their partners their own space and privacy to be together.
- Care staff understood people's diverse and cultural needs and were keen to ensure that care provision was non-discriminatory and that people were supported according to their needs and preferences. One care staff told us, "We respect the individual. We are all human beings."

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

- People told us that they were involved in making decisions about their daily care needs and throughout the inspection we observed this in practice. We saw care staff asking people what they wanted to do and how. Care staff took the time to explain what they were doing, ensuring people were always given choice.
- Care plans detailed people's likes and dislikes, needs and preferences which care staff were aware of and were supporting people accordingly.
- Relatives also confirmed that they had been involved in care planning and had been asked to provide personal information about the person to help enhance their experience of care. One relative explained, "I was involved; [relative] liked staying at Baxendale. I met with management and we discussed all aspects of her care."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed that they and their relative were always treated with dignity and respect. One person told us, "They always knock on my door and ask if they can come in." Another person said, "They [staff] would always knock on the door before coming in." Throughout the inspection we observed this in practice.
- Relatives' feedback about respecting people's privacy and dignity included, "They are very good and I notice the same care with other patients, such as closing the door when going to bathroom" and "We know that the staff are under a lot of pressure; they're always changing mum and she's clean and her hair is done nicely."
- Care staff understood the importance of respecting people's privacy and dignity and supported them in maintaining their independence where possible. We saw care staff encourage people to try and undertake certain tasks themselves only intervening where required. One member of care staff, when asked about how they respect people's privacy and dignity told us, "We give them a towel to cover themselves, doors are closed, we give them choices." Another care staff explained how they promoted independence and said, "You get to know the residents. We give them a lot of encouragement and say to them, "Have you tried yourself? and I'm sure you're able to."

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we had made a recommendation to the service around implementing an appropriate activities programme and a person-centred approach to caring for people living with dementia. At this inspection we found that the provision of activities for people living with dementia had not improved.
- We observed a variety of activities taking place in the main part of the home on both days of the inspection. This included a quiz, an exercise class, art work and bingo. We observed people actively participating and enjoying the activity. People also had access to daily newspapers and magazines as per their choice. One person told us, "Yes I take part in the activities such as complete phrases and quiz."
- However, for people living with the effects of advanced stages of dementia, on the west wing, we noted very little in terms of engaging activity.
- On the first day of the inspection, when we entered the west wing, we saw care staff sat in a group together talking with each other. People were sat in the lounge/dining area with some music playing in the background. At that time staff were not interacting with people.
- Further through our observations, we saw that although care staff positively interacted with people on a one to one basis, there was no other planned activity.
- We looked at activity charts for three people living on the west wing for the month of February 2019. There were at least 10 days where no entry had been made about any activity that the person had participated in. Activities recorded on other days only included 'watching television', 'listening to music', 'one to one' with no description of what this was, 'entertainment' again with no description what this involved, sleeping and visits by family.
- Care plans were in general person centred and contained information about the person, their likes, dislikes and wishes on how they wanted to be supported. However, due to the transition from paper care plans to electronic care plans, information for some people was not always complete and in some areas inconsistent.
- One person's care plan, did not list any of their likes or dislikes. For other care plans, people's life history or any background information about the person was not available. The registered manager and deputy manager told us that life history work had been completed, but that these had been archived away during the recent refurbishment work. We asked to see some completed life history work but when we were shown life history booklets, these had not been completed.
- This meant that people may not always have been receiving care and support that was responsive to their needs and wishes. The lack of personal information about people, meant that care staff may not have had access to important and relevant information so that care, support and communication could be tailored based on what staff knew about the person and their history. Appropriate consideration had not been given to planning and scheduling of activities for people living with the advanced stages of dementia to stimulate them and bring them into positive wellbeing.

We recommend that the service seeks guidance on suitable activity provision for people living with dementia and implements this. We also recommend that the service delivers a person-centred approach in response to people's needs.

- Care plans were reviewed monthly or sooner if any significant change had been noted.
- Care plans gave information about people's communication methods, difficulties in communications and methods to be used to communicate with people. We saw this in practice and saw that care staff communicated well with people. Care staff were able to adapt their responses in a way which supported people and their communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they had any concerns or issues to raise and were confident that these would be dealt with appropriately. People told us, "They are doing their best, and no complaints" and "I don't have any complaints." One relative told us, "I would complain to the management. They're very approachable." Another relative said, "I would talk to the Manager and yes, when we've had niggles, they've explained the situation and dealt with it."
- Complaints were clearly recorded, investigated and responded to by senior managers in line with the provider's policy. The service demonstrated an open and transparent approach to dealing with complaints with a view to learning and making the required improvements.

End of life care and support

- Care plans included a section called 'Final Days' which recorded information about how the person wished to be cared for at the end of their life. People and their relatives had been involved in discussing their wishes during their last days.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented within their care plan. Records showed healthcare professionals, people and relatives had been involved in these decisions. The provider had ensured this information would be readily available to staff.



## 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Regulations have not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection in December 2017, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found several concerns around how the service managed and monitored the care. This included poor staff morale, mixed feedback from people, relatives and staff about the management of the home, staff not feeling supported and ineffective provider oversight.
- At this inspection we found that although staff morale and feedback about the management of the service had improved, the lack of appropriate management oversight processes meant the registered manager had failed to identify the issues that we found as part of this inspection.
- Audits were in place to check that the administration and management of medicines within the home was safe. Checks were also completed on the home's health and safety requirements. Where issues were identified these had been recorded with details of actions taken.
- The provider, which was a board of trustees, completed monthly visits which consisted of observations, checks of reported accidents, rotas and medication.
- However, where we identified issues around the lack of individualised risk assessments for people, poor completion of monitoring charts for people, the lack of DoLS authorisations, inconsistent information on care plans and lack of sufficient person-centred detail and poor activities provision for people living with dementia, these had not been identified through any of the registered manager's or provider's monitoring processes.
- We asked the registered manager and deputy manager if they completed any checks or audits of care plans. We were told that due to the transition of care plans and the re-writing of care plans onto an electronic format, checks had not been completed and whilst they did review paper versions of the old care plans, their findings had not been recorded.
- The service had not submitted any recent statutory notifications to inform of us when people's DoLS had been authorised. We brought this to the attention of the registered manager who told us that they had not been clear about the requirement of submitting this notification. However, we later found that this was not the case and that re-authorisations had not been requested for any notifications to be submitted.
- The lack of effective management oversight meant that people could be placed at risk of receiving care that was not safe, effective and responsive to their needs.

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

- On the first day of the inspection, we saw a trustees quarterly committee meeting take place. We saw some

trustees arrive and walk through the dining room without greeting or acknowledging people who were having their lunch. Trustees were to have lunch as part of their meeting. We were shown a different menu listing the meal to be offered to the trustees. This was different from the meal provided to people living at the home.

- We gave feedback of our observations to the registered manager and the chair of the board of trustees who was also the nominated individual. We told the provider that the lack of engagement between the trustees and people was a missed opportunity for trustees to obtain people's feedback and experiences on the quality of care that they received.
- The nominated individual explained that our observations, during the inspection, were not always reflective of how the board of trustees conducted themselves. He went on to say that prior to the scheduled meeting, five board members had been walking around the home and had spoken to people living at the home. It was explained that board members did visit the home on an ad-hoc basis and spoke to people about their lived experiences. However, the nominated individual agreed to report our feedback to the board of trustees with a view to learning and improving their practices.

Based on our above findings, the service continues to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives felt engaged and involved and were able to give their ideas and suggestions on how they and their relatives received care and support. One person told us, "We have three different meetings and if we are not happy about something they try and fall in with what we are saying."
- Records confirmed that regular resident and relatives' meetings took place. Topics of discussions included meal choices, activities and staffing levels. One relative commented, "I have had a few discussions and they've been helpful. Basically, I am very pleased with the home."
- People and their relatives were also asked to completed annual satisfaction surveys as another way to give their feedback and suggestions about their experience on the delivery of care and support. An analysis had been completed and where improvements or learning were identified as an outcome, actions taken had been recorded.
- Regular care staff meetings encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice. Staff told us that they were listened to and felt well-supported informally as well as through regular training, supervisions and annual appraisals. One care staff member told us, "We have staff meetings where we talk about updates on residents, how we are feeling. We can give suggestions and we feel listened to. It all gets documented and we do get feedback."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives knew the management team and spoke positively about the way in they engaged with them and on how the service was run. One person told us, "I know the manager, all are very friendly and helpful." Relatives feedback included, "The manager seems available always", "She's [registered manager] approachable, as are the deputy managers" and "I've always got on fine with her [registered manager] and she's very professional."
- Communication between people, relatives and the service was seen to be professional, open and transparent. Feedback from relatives was positive. Comments included, "I let the care home get on with it. They will inform me of any major changes" and "They seem competent and communicative."

Working in partnership with others

- The service worked in partnership with other health and social care professionals including the palliative care team, GPs, opticians, dentists, dieticians and continence advisors.
- The service had good links with the local community and worked in partnership with them to improve

people's wellbeing. Regular involvement from community groups such as the local church, local faith groups and visits from pets had also been organised.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service was not working in accordance with the MCA 2005 and were possibly depriving people of their liberty without the legal authority to do so.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Service management and leadership was inconsistent. The systems for improving the service were not operating effectively to identify and address issues with the quality and safety of the service.</p>