

Bupa Care Homes (ANS) Limited

# Havelock Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 and 24 March 2016. Havelock Court Nursing Centre is a care home with nursing. The service provides personal care and nursing care to older people, those living with dementia and mental ill health. The service can accommodate up to 60 adults. 58 people were using the service at the time of our inspection.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection of the service took place on 3 January 2014. The service met all the regulations we checked at that time.

We identified that the provider was not meeting regulatory requirements and was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that people had not always received safe and appropriate care. There were not always sufficient staff on duty to meet people's needs safely. The provider used a robust process to recruit staff suitable to support people at the service. Staff assessed and reviewed people's needs and put plans in place to support them. Staff had identified risks to people's health and had sufficient guidance on how to manage those risks safely.

Staff knew how to protect people from abuse and neglect. People told us staff were kind and caring. Staff upheld people's dignity and respected their privacy. Staff knew people well, understood their communication needs, and provided them with the support they required. Staff promoted people's health and provided them with support that reflected their choices and preferences. People received the support they required to take their medicines safely. Medicines were securely stored and administered in line with people's prescriptions.

Staff involved people and their relatives where appropriate in the planning and delivery of their care. Staff understood their role in line with the requirements of the Mental Capacity Act 2005 (MCA) and ensured people consented to the care and support they received. The registered manager ensured decisions were made in people's 'best interests' if they were unable to do so. Staff upheld people's rights and appropriately supported those whose freedom was authorised to be restricted under the Deprivation of Liberty Safeguards (DoLS).

The provider supported staff to develop their skills and knowledge to meet people's needs. Staff received relevant training in caring for people and received clinical supervision. Staff discussed their learning and development needs in regular one to one meetings and action was taken to address any knowledge gaps.

Staff received the support they required to develop their knowledge and skills by attending in-house and external training organised by the provider. The service held regular staff meetings.

People took part in individual and group activities that they enjoyed at the service and in the community. The service worked in partnership with healthcare professionals to ensure people receive appropriate care and treatment. People enjoyed the food provided at the service.

The service valued people's and their relatives' views and opinions about the service and acted on their feedback to develop their support and care. People knew how to make a complaint and felt confident to raise a concern with the registered manager or staff.

The provider was in the process of recruiting more nursing and care staff. Staff morale varied at the service and the spirit of good teamwork was not shared by all. Some staff felt management did not listen to their concerns and were not confident the provider took note of their issues seriously. There was an atmosphere of distrust amongst some care staff, nursing staff and among staff of diverse nationalities.

The registered manager reviewed the quality of the service and took action to address any areas requiring improvement. The registered manager worked with the provider's senior management team to keep them abreast of developments at the service and any action taken to address complaints and incidents.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. The provider had not ensured there were always sufficient staff on duty to meet people's needs safely. This meant people were at risk of receiving unsafe and inappropriate care.

Staff assessed and identified risks to people and managed these needs appropriately to keep them safe. Staff knew how to identify and report concerns about abuse to protect people from harm.

Staff managed and administered people's medicines safely as required. The service used robust procedures to recruit suitable staff.

### Is the service effective?

**Good** ●

The service was effective. Staff did not always feel supported in their role as they felt their concerns were not listened to. People received support from well-trained and knowledgeable staff. Staff attended training and had regular supervision.

Staff understood and supported people in line with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguard (DoLS) to uphold their rights and keep them safe. People consented to the care they received.

People's nutritional and hydration needs were met. People had access to the healthcare they required to maintain their health.

### Is the service caring?

**Good** ●

The service was caring. People said staff were kind and polite. Staff treated people with respect and upheld their privacy and dignity.

Staff understood people and their needs well and supported them in line with their preferences. Staff knew people's communications needs and understood how they wanted to receive their support.

Staff involved people to make decisions about their care. People received the support they required to maintain relationships with their friends and family and to celebrate special occasions and events.

### Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and provided them with the support they required. Staff developed support plans to meet each person's individual needs and delivered their care as planned.

People took part in activities of their choice which they enjoyed and received support to pursue their interests.

The service regularly asked people for their views about the service and the support they received and considered their feedback. Complaints were investigated and responded to appropriately.

### Is the service well-led?

Requires Improvement ●

The service was well-led. The provider had taken steps to increase staffing levels of care and nursing staff to provide stability of workers and continuity of care to people.

The provider had made improvements to the service about staff relations but feedback received was that there was a culture of mistrust amongst some staff and management. Some members of staff felt unsupported and felt unable to approach the registered manager to make suggestions about how to improve the service.

The registered manager regularly reviewed the quality of service and the support people received to ensure a high standard of service was delivered.

# Havelock Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of this service on 23 and 24 March 2016. The inspection team consisted of two inspectors, two specialist advisors, one of whom was a nutritionist and another a tissue viability nurse, a pharmacist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including any statutory notifications received. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection.

During our inspection, we spoke with 10 people using the service and four people's relatives. We spoke with 18 staff including members of the care team, the registered manager, training manager and area training manager, two nurses in charge, the cook and the activities manager. We spoke with healthcare professionals visiting people at the service including a dentist, two care managers, two social workers, GP, a community psychiatric nurse (CPN) and an interpreter who supported a person at the service.

We looked at 12 care records and 15 medicines administration record charts. We read management records of the service including incident reports, medicines management processes, safeguarding concerns, complaints and audits to monitor the quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who

could not talk with us.

After the inspection, we spoke with staff from the local authority who commissioned the service.

## Is the service safe?

### Our findings

The provider did not ensure they were sufficient staff on duty to meet people's needs safely. One person told us, "I need two or three staff to move me. Sometimes they are understaffed". Another person said, "Generally, there are enough staff". The provider had recruited additional staff who had not started work at the service as they underwent pre-employment checks.

People had not received the support they required which caused them and others discomfort. For example, we saw some people shouted and screamed in their rooms and lounges and needed staff to reassure them. We observed four call bells rang continuously for 25 minutes on one floor before staff responded. The lead inspector responded to three of the call bells and spoke to staff on the unit about this. They told us they could not leave people they were supporting when call bells rang and had to complete their tasks safely. We saw staff then responded to the call bells when they had finished supporting people they were giving personal care. The noise of the call bells distressed those people and heightened anxiety levels of other people at the service. We observed some people had to wait before receiving the support they required. Some members of staff told us they managed the situation as best as they could despite staffing levels which sometimes were lower than planned due to sickness absence. However, other staff told us they found the staff shortages stressful and difficult to support people with complex health needs safely.

There were insufficient staff on duty to meet people's needs safely. We spoke with the registered manager how they determined staffing levels. They told us the service took into account people's needs, guidance from healthcare professionals involved in each person's care and the skills mix required to support people with their complex needs. Although the registered manager was aware of people's needs and used this information to determine the staffing levels in line with the service's procedure, the provider had failed to ensure sufficient numbers of staff were available to support people adequately and safely. We saw from rotas over four weeks that the planned staffing ratios did not always match with staff that turned up for duty. Staff told us the provider did not allow agency staff to provide cover and the service's own pool of 'bank' staff was not always sufficient to cover planned and sickness absence. However, the registered manager informed us they sought cover from other local services run by the same provider and used agency staff as a last resort.

People did not always receive care when they needed, as there were insufficient staff to provide it. Staff sickness absences were not always adequately covered. Staff did not always respond to meet people's needs appropriately and on time when there were shortages. The complex health needs of people at the service meant any staff shortages reduced the service's capacity to support people safely. For example, some people had mental health problems and showed behaviours that challenged the service and others. Other people required support with moving and transferring and some required assistance because of their physical disabilities. We observed staff shortages affected the appropriate skills mix that was required to enable staff to meet all people's needs.

We observed staff shortages on both days of our inspection. There were three care staff short on the first day of our inspection. On the second day, there was one nurse and one member of care staff to look after 24



people instead of one nurse and three care staff on the first floor as stated on the rota. Two care staff had not turned up for work resulting in the staff shortage. We spoke to the registered manager who told us the rota was prepared in advance but had failed to get cover due to staff calling in sick. They also explained the processes the service had put in place to manage sickness absence to minimise the risk of not having enough staff on duty. We saw there were insufficient staff numbers to use hoists to help some people out of bed as they preferred and as recorded in their care plans. Staff told us and records confirmed that staff had not assisted two people to get out bed as they wished because of the staff shortage. We observed staff did not always quickly respond to people's requests or answer call bells promptly as the staff dealt with requests that were more urgent. We saw staff were busy and moved on when they had completed the tasks they were doing. Due to low staffing levels on the day of our inspection, the medicines round did not finish until 11.30am. This meant people experienced delays in receiving their medicines which could make them ill or delay their recovery. Rotas showed recurrent staff shortages and uncovered staff absences which staff said affected their ability to support people safely and their well-being.

A healthcare professional commented on the impact of the staff shortages at the service. They told us of an occasion when they had observed the service had used a member of staff assigned to provide one to one support to a person with complex needs to support the general care staff on a unit because of staff shortage. A relative told us "There could be more people working here". This meant that staff sometimes delayed supporting people which caused them distress.

We could not be confident people received the support they required or wished for because there were insufficient members of staff available to support them.

The provider had not ensured there were sufficient staff to meet people's needs safely. These issues were a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had begun a recruitment exercise to ensure there were sufficient staff at the service and to strengthen the clinical oversight on people's welfare. The registered manager told us the service had experienced a high staff turnover in the last few months. The provider had recruited four full time care staff, two bank care staff, three bank nurses, three full time nurses, a bank chef and a catering assistant. They all were awaiting criminal record checks and references before they were confirmed in post. The impact of the recruitment will be assessed at the next inspection of the service.

The registered manager had identified risks to people's safety and welfare. Support plans provided staff with information on how they should support people whilst keeping them as safe as possible. Risk assessments covered areas such as a person becoming malnourished, developing pressure sores, having a fall, self-neglect and self-harm. Staff reviewed people's risk assessments to ensure they included any changes in risks to their health.

Staff managed risks to people's health appropriately. People at risk of developing pressure ulcers received the appropriate support they required using air mattresses and pressure relieving cushions. Tissue viability nurses visited the people to minimise the risk and ensured they managed situations to prevent avoidable pressure sores from developing. Staff understood how to use mobility aids and hoists to support people to move and transfer safely.

Staff supported people manage risks to their health. Staff identified people who required support because of their behaviours that challenged the service and others and took appropriate action to reduce risk of harm. The registered manager ensured people who required one to one support received it to reduce the risk of harm to them and other people. Records showed staff knew the situations that could trigger people

to display behaviour that presented risks. For example, one person preferred to spend time alone and staff knew they became distressed if other people came too close. On the day of our inspection, we observed staff provide one to one support to the person and ensured they moved them away from other people to keep them safe. The person's risk assessment showed how staff should support them to ensure they protected them from harm.

Staffing levels were sometimes low and we were concerned this did not help staff to keep people safe from harm. Despite this, staff had protected people from harm and minimised the risk of recurring accidents at the service. Staff had updated people's records as appropriate when accidents occurred. Staff reported incidents and accidents as required at the service and ensured they shared the information with others and made them aware of the risk to a person's safety and welfare.

Staff understood the organisation's safeguarding reporting procedures to protect people. Staff knew the signs and symptoms of potential abuse and understood the reporting process if they had a concern about a person's safety and well-being. Staff told us they would report to the manager any concerns. Staff knew how to escalate any issues not resolved at the service by whistleblowing to external agencies such as the local authority. Records showed the registered manager worked closely with the local authority safeguarding team and reported safeguarding concerns raised at the service. The service had cooperated with investigations and put plans in place to minimise the risk of recurrence of harm to people.

People received the support they required to take their medicines safely as prescribed. One person told us, "I get my medication when I need them". A relative told us, "[Person's name] medication is given as it should". Staff managed people's medicines appropriately and had accurately and consistently recorded on medicine administration record (MAR) charts each time a person received their medicines. People received their topical medicines (such as creams and ointments) as prescribed. We saw these were listed on the MAR charts with the rest of their medicines. Care staff understood how to administer the creams and ointments.

People received the 'as required' medicines when needed in line with current guidelines. Staff managed people's 'as required' medicines appropriately in line with the provider's protocol. MAR charts showed when and why a person had received their 'as required' medicine. People's records showed staff monitored a person's use of 'as required' and made referrals to the GP if the medicine had been taken frequently. One person told us, "I can have extra pain killers if I need them". Another person said, "I am given my tablets and I can have painkillers when I need them". A member of staff told us, "We always ask each person if they require their 'as required' medicine to manage their pain and support them accordingly". We saw medicines were stored appropriately and the service held adequate stocks for all people.

The service supported some people to receive their medicine covertly to ensure they were not at risk of mental and physical health deterioration. The registered manager had involved appropriate healthcare professionals because the people involved lacked insight on their health and the medicines they required to maintain their well-being. The GP and healthcare professionals involved in people's care had carried out relevant best interest assessments and agreed they needed support with their medicines. Care records contained sufficient information for staff on how to administer the person's medicines and that staff had followed the guidance.

The environment was safe for people. The service made regular checks to premises and equipment which ensured their safety for people to use. Regular maintenance checks confirmed fire alarms and emergency lighting were tested and kept in working order. The service regularly practiced emergency drills to ensure people knew how to evacuate the building in case of fire. Records confirmed equipment such as hoists, mobility aids, beds were regularly serviced to ensure people could use them without risk of harm. Records

confirmed the maintenance team attended to repairs immediately and staff said they felt confident to use the equipment.

## Is the service effective?

### Our findings

People told us they received the support and care they needed from well trained staff who understood their needs. One person told us, "Staff are good at what they do". Another person said, "The staff seem to be well trained and are good at their jobs". A relative told us, "People are looked after very well. I don't have any worries. The staff are well qualified for their work".

There were mixed views about the support staff received from the registered manager. The registered manager ensured all staff received supervision as planned and followed up on issues raised. Records showed managers explained and discussed with staff in supervision and appraisal sessions the service's expectations of them in relation to meeting people's individual needs, participating in team meetings and training and reporting accidents and incidents. However, some staff told us they did not find the one to one supervision sessions useful. They said the registered manager did not take their concerns seriously. Records and discussion with senior management showed the provider had carried their own investigations and commissioned training on communication and team building to improve interaction amongst the staff team. Staff had received an annual appraisal to review their performance and discussed the skills they needed for their role.

People received support from appropriately inducted staff. New staff received and completed an induction programme which ensured they had the appropriate skills and knowledge to meet people's needs effectively. Records showed they had completed mandatory training and practical experience tasks in line with the provider's policy. New staff had held regular meetings with the manager to go through the service's operational procedures to make sure they understood them. A 'buddy' assigned to a new member of staff supported them to get to know the people and their needs and to understand their role. The registered manager reviewed new staff's performance during probation to ensure they could undertake their role before confirming them in post.

People received support from staff who had the knowledge and skills to meet their needs effectively. The registered manager ensured staff received the support they required to update their skills and knowledge through attending regular training and receiving 'refresher' courses. The registered manager worked closely with the training manager and ensured staff attended training as required. Records showed staff had attended a range of training courses which included safeguarding adults, medicine administration, the Mental Capacity Act 2005 (MCA), fire safety awareness, Deprivation of Liberty Safeguards (DoLS), person centred planning, people moving, record keeping and dementia awareness. Staff told us the training "made them aware of appropriate ways of how to support people". The training ensured staff had the skills and up to date knowledge required for their role.

Staff had access to clinical supervision and reflective practice to develop their skills about how to support people. Nurses received specialist training courses which they required to do their work effectively. For example, they had attended a pain management 'syringe driver' training, pressure ulcer management, theory training for verification of expected death in care homes and introduction for palliative care, all provided by St Christopher's Hospice. A member of staff told us, "The trainings guides us on why we have to

do things in a certain way to maintain a person's well-being".

Care staff received specific training to manage people's individual needs. For example, they had attended training on understanding and managing behaviour that challenges. One member of staff told us, "This training is very good. It makes us look out and recognise triggers of challenging behaviour in people and how we can use verbal and non-verbal techniques to support people safely".

Staff understood and supported people in line with their responsibilities under the Mental Capacity Act (MCA) 2005. People's records showed that healthcare professionals were appropriately involved in making decisions in their 'best interest' only when assessments showed they lacked the capacity to make the decision themselves. The registered manager had made applications for Deprivation of Liberty Safeguards (DoLS) and authorisations were in place. Staff explained to us what they would do to ensure they did not subject people to unlawful deprivation of their liberty.

Staff asked people for their consent before providing their care and support. One person told us, "The staff do ask me about my care". Another person told us, "Those who take care of me do talk to me about it and ask how I want to be supported". Staff showed a good understanding of the principles of the MCA. We observed staff ask people if they wanted any support and how they wished to receive the assistance they required and supported them as they wanted. One person told us, "We support people to choose and communicate their choices".

The service met people's nutrition and hydration needs. People told us they enjoyed the food which was available at the service. One person told us, "The meals are great. Whatever meal I fancy, they will provide". Another person said, "The meals are very good. They would do something else for me if I asked. There is enough to drink". A relative told us, "The meals are good and served hot. I have had a few meals and found them tasty". Another relative told us, "[Person's name] thinks the food's ok. There is fresh water available every day". We saw fresh fruit, juice and snacks were available throughout the service. However, some people required prompting from staff to access the refreshments and this was not always possible given the low numbers of staff on duty at times.

The chef had detailed information about people's dietary needs, each person's likes and dislikes and supplied them with food that met their preferences. For example, people with diabetes and those who required a soft diet, low sugar, and potassium free diets received food appropriate to their health needs. The chef held an up to date record of people's nutritional requirements. Staff told us people received all the foods they requested. The chef involved people in planning menus and ensured they were offered an alternative if people did not like the prepared meal. Staff monitored food and fluid intake and weights of people at risk of becoming malnourished and ensured they made referrals to the GP and dietician when appropriate.

People received the support they required to have their health needs met. One person told us, "The doctor visits and if I have any health problems, they investigate very quickly. A therapist came recently to encourage me to get out of bed". Another person told us, "I can ask for the doctor if I am not well. If I go to hospital, they [staff] go with me".

A GP told us they visited the service twice a week and as when required which ensured people received appropriate and timely care. Staff monitored and updated people's weights and had made referrals as appropriate to healthcare professionals such as dieticians. The registered manager checked changes in people's health and ensured the GP conducted an annual health review for each person.

Staff worked closely with healthcare professionals to ensure people received the support they required. Records showed staff monitored people's health and made referrals to other healthcare professionals to ensure people received appropriate support with their health needs. A person said, "They organise visits from the chiropodist and others when I need them". For example, dieticians, dentists, speech and language therapists, mental health teams, tissue viability nurses and podiatrists had regularly visited people and records contained information of the treatment they had received. Records showed staff had followed advice given which ensured people received the support they required. A healthcare professional told us, "There is a high standard of care and staff have good skills".

## Is the service caring?

### Our findings

People were treated with compassion and had good relationships with staff. People and their relatives we spoke with were happy about the care and support they received at the service. One person told us, "The people here are kind. I am happy with everybody". Another person said, "The staff are caring, considerate and willing to help". Other people's comments included, "The staff are good, gentle and easy to talk to", "All the staff here are lovely" and "The staff are very reassuring". One relative had sent in a positive compliment to the service and said, "I hold you all dear in my heart for your care of [person's name]".

Staff understood people's communication needs and had sufficient information to ensure they knew how they wanted to be supported. A member of staff told us, "We are aware of how people communicate and understand what is being said when they speak". For example, some people required staff to speak slowly and maintain eye contact so they were able to process the information. We observed staff were patient when giving people information. Communication between staff and people was good and we heard staff address people by their preferred names.

People and their relatives were involved in the planning and delivery of their support and care. Care records contained information about each person's individual needs including their likes and dislikes. One person told us, "Staff know how I like things as we talked about the help I need. The staff keep me up to scratch on my care plan". Another person told us, "I am involved in changes in my care plan. I usually sign it off". A relative told us, "Staff contact us and ask about what [person's name] wants and their preferences. They keep us informed on what's happening". Another relative told us, "They would ring me up if [person's name] is not well and discuss changes to their care". Records showed some people made choices and about their day to day decisions. For example, people chose how they wanted to spend their day, what time they went to bed and what they wanted to wear. People told us staff respected their choices and supported them with the decisions they had made.

Staff respected people's privacy and supported them to maintain their dignity. People received personal care in the privacy of their own rooms or the bathroom and staff ensured they closed doors and shut curtains. One person told us, "I am given privacy when my family visit and I can choose to be in my room or elsewhere". Another person said, "When staff help me with my wash, they are very respectful". We observed staff knocking before entering people's rooms. Staff spoke to people politely, offered people choice and asked them what they wanted to do. We observed that staff did not always have the time to support and reassure people if they were anxious because they were busy.

Staff supported people to decorate their rooms as they wished to make them homely. People were encouraged to be as independent as possible. We saw people use their laptops, mobile phones and play stations.

People's information was kept securely at the service and shared on a need to know basis. Staff understood about data protection and ensured people's information about their health and well-being was kept confidential. Records showed staff shared with other healthcare professionals involved in people's care

when appropriate.

Staff supported people to maintain relationships with their relatives and friends as they wished. Records showed some people went out on trips with friends and family. People supported people to celebrate special occasions such as birthdays. Staff organised parties for them and supported them to invite important people to them such as family and friends. During our inspection, a person had celebrated their birthday with family members and other people at the service. A relative told us, "The service makes it such a special occasion". Staff had organised a special meal and a birthday cake for the person. Another relative wrote a compliment note to the registered manager, "I just want to thank you and all my friends at Havelock, for your hospitality on Christmas day. The dining room was beautifully laid out and looked festive and welcoming. The kitchen staff put on a delicious traditional meal and other staff members were most attentive to all".



## Is the service responsive?

### Our findings

People spoke positively about their care and support. One person told us, "Staff can't do enough for me". Another person told us, "I get the care I need. I would say if I didn't. Staff know me very well". "

People received support that met their individual care needs. One person told us, "I need everything done for me and I get it. The staff cope with me very well". Another person said, "I feel I get the care I need". Staff fully involved people and relatives, where appropriate, in planning their care and support to meet their individual needs. Staff assessed people's needs and had developed plans on how they should provide their care and support. Staff knew people's care needs and what support they required from them. Assessment records contained people's information on their health, background and preferences. People's care records contained specific information about individual needs which enabled staff to plan and deliver their support in a manner that promoted them to be as independent as possible. For example, staff encouraged people to undertake tasks that promoted their personal hygiene and well-being such as tidying and cleaning their room. People's records showed how they spent their time in and out of the service and the support they had received in line with their care plan.

People received the care and support which was appropriate to their needs. The registered manager ensured staff regularly reviewed people's needs and the support they required. Care records showed staff had updated people support and care plans as appropriate. On the day of inspection, we saw staff take immediate action to address a sudden deterioration in a person's health. The service had contacted the GP who came and made a referral for the person to go to hospital.

People had mixed views about the activities available for them at the service. Some people felt there was not sufficient staff to engage them in activities. One person told us, "I do my own thing as there is no staff to engage with me. There is a lack of activity here". A relative told us, "There is a good programme of activity. However, some more one to one time with staff could be organised". People who were positive about the activities at the service told us, "We get out sometimes, like to Brighton. There are activities sometimes like exercises with balls".

Staff supported people in line with their known preferences in relation to whether they liked to spend time with a group or preferred time on their own. Some people did not like to participate in group activities and could benefit with one to one sessions as they chose to remain in their rooms. We observed that some people in their rooms did not always participate in any activities. Although we saw a structured and detailed activities schedule, there was a risk that some people might not have the opportunity to engage in activities at all which increased their risk of social isolation and boredom.

People took part in activities of their choice at the service and the local community. Staff were aware of people's likes and dislikes and supported them to develop their interests and follow their hobbies. The activities manager involved people to develop an activities plan that was suited to their individual background and interests. Staff supported people to go to local parks, eat out at cafes, visit the library, and go to church and make trips to the coast. An activities manager organised activities for people at the service

including celebrating events such as religious holidays and commemorating historical events. They told us they planned what activities to do with people and their relatives. The activities manager showed enthusiasm and engaged people when supporting a person take a lead role in their birthday party.

People knew how to raise a complaint at the service. One person told us, "I'm sure the manager would listen if anything was bothering me". Another person said, "Things are ok here. I talk to staff if I have any worries and they sort out things for me".

The provider's complaints procedure was effectively used to resolve any concerns raised. One person told us, "I've never needed to complain". Another person told us, "When I complained about a carer some time ago, they dealt with it immediately. Otherwise, I have absolutely no complaints". The staff were clear about the complaints process and how they supported people to make a complaint if they wished to.

The service took people's complaints seriously and ensured a positive outcome for them, whenever possible. The registered manager maintained a record of all complaints received and ensured they responded appropriately, in a timely manner and identified any trends. We saw the service had investigated and addressed a complaint by a relative of a person using the service. The complaint was about how they had experienced poor interaction and communication whilst at the service. The registered manager had reviewed the communication skills of all staff and discussed with them at a team meeting effective ways of speaking to visitors and lessons learnt from the complaint. Staff had attended a 'refresher' communication training session to ensure they communicated appropriately with everyone they spoke with. The registered manager had responded appropriately and sent a written response to the person's relative who had made the complaint.

People using the service and their relatives had the opportunity to give their feedback about the service through completion of satisfaction surveys. One relative had written, "I want to express my sincere gratitude to a member of staff. [He/she] was friendly, helpful and informative". The registered manager shared the comments at a staff meeting to show people's appreciation of their work and reinforce good practice.

The service held quarterly meetings with people to discuss their welfare and changes they would like to see and any planned improvements. One person told us, "We do have residents meetings and staff do listen to what we say". Another said, "The residents meeting are useful, staff keep us updated". People told us the registered manager listened to them and acted on their concerns. Records of these meeting showed a high level of attendance and participation by people. Notes of the meetings showed they had discussed new ideas on how people liked to be treated, changes to the staffing team, menu planning and the increase in the choice of activities available to them.

## Is the service well-led?

### Our findings

People and their relatives told us the registered manager was approachable. One person told us "The manager comes around to ask if everything is ok". Another person said, "I chat with the manager daily". A relative told us, "The service seems well run. The manager is always available and listens if we have any concerns".

Some staff told us they did not feel confident to approach the registered manager and felt unsupported in their role. The staff told us although the registered manager asked them if there was anything they required to enable them to meet people's needs, they felt their concerns were not listened to. We sought an explanation from the registered manager about this and a senior manager who told us the provider had previously looked into allegations and was working on developing a cohesive staff team. The provider had commissioned training on communication to improve staff relations and the relationship with the registered manager on team building. However, the level of dissatisfaction shown by some staff during and after the inspection indicated the issue remained unresolved and the training had not had a positive impact on all staff. We contacted senior management after our inspection and they told us the provider was providing ongoing support to staff to promote team building.

People and their relatives said they felt the service was well managed. One person told us, "The management of this home is definitely ok". Another person said, "From what I see, the place is run well". Other comments include, "This place is well managed. I would recommend this home" and "The place is peaceful and seems well managed".

The registered manager organised and attended staff meetings which emphasised the importance of treating people with respect, maintaining their dignity and providing them with choice. Staff told us communication was shared appropriately within the team.

The registered manager undertook checks and audits to review the quality of the service and made the required improvements to ensure people experienced high standards of care. The service took action when necessary in response to the audits. For example, the clinical service lead undertook an audit of 'home acquired pressure ulcers'. The audit report read, "good management around pressure ulcers", a finding confirmed by our tissue viability specialist. The service had received an award from a local hospital on a '200 day zero pressure sore' free days. The registered manager monitored and reviewed accidents and incidents and ensured staff took appropriate action to keep people safe.

The registered manager carried out audits on medicines management processes and made improvements in line with their guidance and the provider's policy. The service worked closely with their local pharmacist and had fortnightly meetings in relation to re-ordering of medicines to ensure people received their medicines as prescribed. The service had adopted guidance from the pharmacist to improve their stock management.

The registered manager understood their responsibility in relation to their registration with CQC and had

ensured the service submitted statutory notifications as appropriate.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs. The procedures to follow in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the service.

### **The enforcement action we took:**

Issued a Warning Notice to both the Registered Manager and the Provider