

Flightcare Limited

# Broadway Nursing

## Inspection report

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Date of inspection visit:  
07 January 2019  
09 January 2019

Date of publication:  
30 January 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 7 and 9 January 2019 and was unannounced.

Broadway Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is situated in the Clubmoor area of Liverpool, close to shops, as well as public transport and can accommodate up to 48 people. There were 39 people living at the service when we visited.

At the last inspection on 5 March 2018 we found four breaches of regulations and we asked the provider to take action to make improvements to the safety of the premises, the frequency of staff supervision, promoting people's dignity and the governance of the service. Following that inspection, the provider sent us an action plan of how they planned to rectify the breaches we found. At this inspection we found their action plan had been followed and three of the breaches had been rectified but further improvements were needed.

At this inspection we found a continued breach of Regulation 12, as doors to rooms containing hazardous items had locks on them, but these had not been used effectively, which put people at risk.

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

The provider had rectified other aspects of the safety of people's care and treatment, which had previously been in breach of regulations. The provider had identified further measures to make the environment safer for people.

The service's managers and provider had developed and carried out audit checks to develop the safety and quality of people's care. The registered manager and care quality manager were working closely to achieve improvements through the use of these checks. Team handovers took place daily to discuss updates and issues, however this needed to be expanded to involve staff members across the service. We found that development needs had been identified, but corrective actions at times needed to be more effective, as some issues were recurring.

We made a recommendation regarding individual staff feedback and performance management as part of effective quality assurance.

We found and reviewed with the team some aspects of record-keeping across the service that needed to be improved to provide consistently safe, quality care for people.

We made a recommendation regarding the use of regular checks.

Improvements had been made across the key questions we ask. However, due to some concerns we could not improve the rating for safe, effective and well-led, as well as the overall rating for the service. We recognised the efforts the registered manager and team at Broadway Nursing had made to achieve these improvements. The team were also aware there was more work to do. We found the staff we met during the inspection warm, welcoming and engaging.

The team was led by a long-standing registered manager. 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.

People told us they felt safe living at the service and there were generally enough staff to meet their needs. Staff felt short notice absence at times increased their workload. The registered manager was addressing this. Staff had been recruited using appropriate checks.

Risks for people had been assessed and measures had been put into place to help protect them. The registered manager analysed incidents and accidents to learn lessons from what had happened and help prevent reoccurrence. Staff were knowledgeable about safeguarding procedures and concerns had been investigated appropriately.

External and internal audits had identified that aspects of medicines management needed to improve. The service was working in partnership with their pharmacist and GPs to improve this. People and relatives told us the service was always clean and we found this when we visited.

The service worked in partnership with a variety of health professionals to achieve good outcomes for people. People were supported to eat and drink well. We found some of the recording around people's weights, nutrition and health needs required review.

The adaptation of the environment needed further development to be more accessible and dementia-friendly. An assessment system helped the service to support people's rights under the Mental Capacity Act 2005 and act in their best interest. Staff felt well supported in their role.

The majority of staff had worked at the service for a long time. This created a kind, close "family-like" feel that people, relatives and staff told us about. People and relatives were involved in decisions over their care and bedrooms had been personalised. The service had made improvements to protect people's confidential records more robustly.

Overall, people and relatives told us that staff knew them and their needs well. We found some good examples of person-centred care and planning. We considered with the team how other areas could be developed. The service had identified that the activities on offer needed to be developed. However, we also observed staff looking for ways to engage and stimulate people when activities coordinators were not available. Staff had arranged birthday celebrations for people and involved them in the creation of a service calendar.

People and relatives knew how to make a complaint and we saw complaints had been recorded and investigated by the registered manager. We also saw compliments from relatives and external professionals. This included praise for the good, compassionate care the service provided at the end of people's lives.

The service produced a monthly newsletter to keep people and relatives up to date and sought stakeholder

feedback and involvement through surveys. Information was available to people on prominent notice boards, which also promoted a service that was inclusive of people and staff's diverse needs. Relevant notifications had been sent to CQC in line with legal requirements.

## 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.

Measures put into place to protect people, such as locks, had not always been operated effectively.

Aspects of medicines management required improvement. The service was addressing this.

People felt there were enough staff to meet their needs. The service was addressing some staff shortages.

Staff were aware of safeguarding responsibilities and concerns had been investigated appropriately.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The adaptation of the environment needed to be improved to make it more accessible and dementia-friendly.

The service was supporting people to eat enough and drink well, but some recording and information around this needed to be improved.

Staff supervisions had improved and staff felt well supported.

The service was working within the principles of the Mental Capacity Act 2005 to uphold people's rights regarding decisions and maintain their best interests.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives told us staff treated them with kindness and respect. We observed unrushed, dignified interactions when we visited.

There was a long-standing staff team in post who created a warm, family like atmosphere.

The service had improved people's mealtime experience and involved people and relatives in decisions over their care.

The service had improved the protection of people's confidentiality.

### Is the service responsive?

**Good** ●

The service was responsive.

The care planned and provided for people varied, but we saw overall good examples.

There were some activities on offer, with a view to further development.

People and relatives knew how to complain and complaints had been reviewed appropriately.

The service was continuously improving the good, compassionate care they provided to people at the end of their lives.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Audits and checks had helped the service to identify issues better, but corrective actions at times needed to be more effective at improving the quality and safety of people's care.

We found that record keeping had improved, but there were occasional gaps and issues in different areas.

People and relatives felt the service was generally managed well. The registered manager was well respected and received ongoing support from the provider.

The service kept people and relatives up to date through monthly newsletters and sought feedback from stakeholders.

# Broadway Nursing

## **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 checked whether the provider was 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.

This inspection took place on 7 and 9 January 2019 and was unannounced. The inspection was carried out by one inspector and one 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.

Before our inspection we reviewed information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service to gather their views.

We spoke with eight people who lived at the service and five relatives. During the inspection we spoke with eight different staff across the service. This included the registered manager, deputy managers, care assistants, the care quality manager, as well as kitchen staff and the provider's estate manager. We reviewed four staff recruitment files.

We also received feedback from commissioners and viewed comments from external professionals regarding the quality of the service.

We walked around the home on both days of our visit and observed the care people received at different times. We looked at the care files belonging to six people who lived at the service. We checked communication logs, records and charts relating to people's care, as well as medicine administration

records and audits. We also looked at the service's incident and accident forms, safeguarding records, quality assurance processes, meeting minutes, as well as training and supervision information.



# Is the service safe?

## Our findings

At the last inspection we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been adequately protected from the risk of fire. Access to high-risk areas, for example where chemicals or tools were stored, and water at high temperatures was not controlled.

We found at this inspection that fire protection had been improved and access to high-risk areas, including the laundry room and maintenance room, was controlled through doors with key pads. However, on the first day of our inspection we found that the key locks on the laundry room door and the maintenance room had not been secured. These rooms contained openly displayed laundry detergents and tools that would pose a danger, particularly to people living with dementia if they accessed these rooms unsupported.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We pointed out this repeated issue we had found to the registered manager who arranged to have the locks altered, so that doors would automatically secure once closed.

Regular checks took place to monitor the safety of the environment. Wheel chairs and lifting equipment were stored in a niche towards one of the fire exits at the end of a corridor. A clear passage way was left, but the service agreed these could pose a potential obstruction. The provider was awaiting delivery of a container to store this equipment outside of the building to make sure the corridor was kept free from obstruction. A recent inspection from the Merseyside Fire and Rescue Authority attested a reasonable standard of fire safety at the service.

The service's management of people's medicines needed to be improved. The pharmacist that worked with the service and the provider's care quality manager had developed thorough improvement plans to help with this. Issues were particularly identified around good record-keeping regarding people's medicines. However, we also saw a complimentary letter from pharmacist staff that praised the improvements they had seen.

When we checked people's medicines with a deputy manager, we found the stock levels were correct, but staff needed to improve on how they recorded this, particularly around controlled drugs. Controlled drugs are medicines with additional control measures in place because of their potential for misuse. We found that plans for people's "as required" or "as directed" medicines could be improved to help ensure people received them at the right time and considered with the team their plans to do this. We understood senior staff were working with GPs and the pharmacist to ensure prescriptions contained clearer instructions where needed. People we spoke with told us they received their medicines on time.

People and their relatives told us there were generally enough staff to meet their needs. One person told us, "I press my buzzer and they come." Another person said, "Mostly – but sometimes at meal times you have to

wait as they are busy helping people eat."

We saw from checks that the service monitored how long it took staff to respond to call bells. Where needed, managers supported staff to see to people and reduce waiting times. We observed staff attending to people in a patient and unrushed way. The registered manager was transparent about the fact that significant changes in the needs of several people, combined with short notice absence from staff the previous month, had put staff under additional pressure. The registered manager explained their discussion with clinical commissioning groups to ensure more appropriate funding. The registered manager and care quality manager were also introducing formal absence management discussions with staff to address short-term and short notice absence.

Staff we spoke with told us that there were always enough colleagues planned in to work, but that absence at short notice could be difficult to cover and this put pressures on them. The provider employed "roaming carers", who helped to cover if permanent staff were unavailable. The use of agency staff was rare and this helped the service to be able to provide more consistent care. Staff had been recruited using appropriate checks. These helped to ensure they were suitable to work with people at the service who may be vulnerable as a result of their circumstances.

People told us they felt safe living at the service. Relatives agreed and thought their loved ones were well looked after. A person told us, "I'm well looked after day and night." Another person said, "Yes, I feel safe because they are always about and they check on me and ask, 'Do you need anything'". A relative said, "Yes, my relative is very safe here – whatever you ask [the staff] there is no problem. We could not ask for better."

Staff were knowledgeable about Safeguarding procedures and had confidence that managers would address any concerns. Staff also told us they would feel confident to whistle-blow to other organisations if appropriate, such as the local authority or CQC. The provider's safeguarding policy supported this. The registered manager recorded concerns and how these had been investigated and resolved.

Incidents and accidents were analysed on an overview, to check for patterns or trends. The service used 'reflective sessions' to learn from accidents and incidents. We saw that to learn lessons and help prevent reoccurrence, the team thought together about what might have gone wrong and what could be improved in the future. We considered that information from this could also develop people's risk assessments further and discussed this with the team.

Risks to people had been assessed and measures were in place to reduce them. These included personal emergency evacuation plans (PEEPs) for how to evacuate people from the building, assessments of mobility and risk of falls, as well as assessments of risk of pressure sores and malnutrition. Review of risk assessments took place regularly. Audit checks identified where information or review was missing. We considered the consistency of some information further under the question whether the service was well-led.

The service was clean and hygienic. One person told us "It is always spotless and clean." Staff maintained infection control, with sanitising gel dispensers, as well as personal protective equipment available throughout the service.

## Is the service effective?

### Our findings

At our last inspection we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff had received regular supervision.

At this inspection we found staff had had at least two supervision meetings, as well as appraisals, over the previous year. We found this improvement to be sufficient for the provider to no longer be in breach of regulations. However, this was an area for further improvement, as the service aimed for staff to receive four supervisions a year.

Staff we spoke with felt well supported and told us managers were at hand to discuss any issues. A staff member said, "I get to say what I need to talk about what I need. I feel listened to by managers."

Staff had access to a company induction and yearly training sessions that the provider considered to be 'mandatory' including, Safeguarding, Moving & Handling, Health & Safety, Fire Drills, Equality and Diversity, Understanding Dementia, Challenging Behaviour and Medicines. On an overview we saw that the majority of staff were up to date with their training and were due to renew this in February and March 2019.

We observed staff's moving and handling interventions and found that most of these were competent. We discussed one occasion on which practice needed to be improved with the registered manager and care quality manager.

People and relatives felt that staff were competent in their care. One person told us, "Yes – they know what they are doing." All relatives we spoke with felt that as far as they were aware, staff had the right training and skills.

Improvements were required to make the service more accessible and dementia-friendly. For example, not all of the shared bathrooms people used had support rails near the toilet to help make them accessible for everyone. In those bedrooms with en-suites, a support rail had been installed to the side of the toilet. We considered these rails and rails in corridors were not in a contrasting colour to benefit people's orientation, in line with best practice advice.

The registered manager and provider used a best practice tool to develop the service to become more dementia-friendly. We saw that the scores on this had improved, but further work was required. The registered manager had for example identified that additional orientation signage and symbols were required. When we visited, some of the rooms were being redecorated and the refurbishment of the service was ongoing.

Along corridors and in the lounge we saw opportunities had been provided for people to reminisce. This included pictures, as well as magazines that became popular in the 1950s and 1960s.

The service worked with a variety of health professionals to achieve good outcomes for people. We found that people had relevant care plans in place to support their well-being. We mentioned to the registered manager that some people we spoke with had asked for further physiotherapy. The registered manager told us that although relevant referrals had been made, at times these could take a while.

We reviewed with the registered manager a sample of weight monitoring, malnutrition, blood glucose monitoring and wound care records. Generally, these had been completed regularly and effectively, with a few areas of information requiring review, for example the calculation of a person's Malnutrition Universal Screening Tool Score. However, this person had been reviewed by dieticians. The registered manager had identified in their checks when staff had not consistently recorded information and addressed this. A visiting professional also commented positively on the service's partnership working with them.

We considered and discussed with the team that the use of some best practice guidance could further help with the assessment of people's developing health needs, such as identifying early signs of sepsis. The service had also worked in partnership with the Northwest Ambulance Service. This had helped staff to develop confidence in assessing health deterioration and taking appropriate action.

A relative told us, "I actually think being here has helped [my relative] to live longer."

The service supported people to eat and drink well. Staff we spoke with were knowledgeable about people's specialist diets and fluid support. We considered that some information on the kitchen overview board of people's specialist nutrition and fluid support required updating. However, care staff were made aware of changes in morning handovers. Food and fluid charts were being completed. These recorded how much to drink or eat had been offered to the person and what their output had been. We found and discussed with the manager that staff could record what the person had actually taken in from the amount offered more clearly, to ensure an accurate picture.

The menu had been reviewed in consultation with people and their relatives to be more varied and cater for different preferences.

People's feedback about the food varied. Two residents told us the service catered appropriately for their diabetic diet. We heard from two other people that they felt the quality of the food needed to improve. For example, one person told us, "It was brilliant, but it has gone down", the other described the food, particularly the consistency, as "awful". More positive comments included, "I watch what I eat for my cholesterol and blood pressure. They give me a healthy diet" and "They ask me what I want and if I do not like it they will make me something else".

Relatives comments included, "[My relative] is on a fairly strict diet and I know they get it" and "[My relative] is mostly on a liquid/soft diet. [My relative] can have soft fruit and staff tell us how their weight is doing."

We found that the service sought the consent of people or their relatives where appropriate and was working within the principles of the Mental Capacity Act 2005. The provider used a step-by-step tool to support their practice around this. We discussed some opportunities for personalisation with managers. 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. We found that applications had been made appropriately and the registered manager monitored these effectively.

## Is the service caring?

### Our findings

At the last inspection, we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the mealtime experience had not been used effectively to promote people's dignity and respect. At this inspection, we found people's dining experience had improved sufficiently for the breach to be rectified.

The provider and registered manager had consulted people and relatives on the menu and the mealtime experience. This was evident from a "You said – we did" board in the dining room. There were menus for different mealtimes available on tables, which had been laid and decorated.

At mealtimes we observed that people had to wait a little to be served because staff were busy assisting people to eat in their rooms. When staff arrived, they were attentive serving and helped people with their food. No one was rushed.

At the last inspection we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's confidential records had been left lying out in communal areas. At this inspection we found improvements had been made and the breach had been rectified. People's records were kept safe and confidential. One staff member confirmed this and told us, "People's records are now always kept in the office and we have to go and get them every time we need to make an entry."

People and relatives told us staff treated them with kindness and respect. The majority of staff had worked at the service for a long time. This created the close "family-like" feel that people, relatives and staff told us about.

People told us, "I have nothing wrong to say about the staff – they are good, professional and friendly" and "The care is excellent; I would advise it to anyone. You can talk to them and have a laugh."

A relative told us, "I am very satisfied with the care [my relative] gets and they also care for me. Staff are lovely to me." Other relative's comments included, "The staff are really supportive and have got to know [my relative]. It is like a family and they make us welcome" and "Yes, we are very pleased. [Our relative] just seems to improve and is looking so well."

We observed interactions between staff and people who lived at the service. Staff spoke to people respectfully. When staff were engaged in other tasks and people spoke with them, staff stopped what they were doing to give people their full attention. Interactions were personalised and warm, using people's preferred names. Relatives told us that staff made them feel welcome when they visited and they could do so at any time. We observed the registered manager and the team engaging with relatives with compassion and kindness.

People and their relatives were involved in decisions over the planning of care. We saw that people's

bedrooms had been personalised and felt homely. People had the choice and were asked for their consent to have their picture, name and something that was important to them displayed on their bedroom door. One person told us, "They come and ask me every month [about care decisions and planning." A relative said, "I can see [my relative's] file any time and I am happy with their care."

The registered told us about their work with advocates that were supporting people who needed someone to speak up on their behalf. In the reception area was a folder provider information for people regarding local advocacy services.

## Is the service responsive?

### Our findings

People and relatives told us that generally staff knew them and their needs well and met them. We saw overall good examples. Where we found variation in the planning and carrying out of personalised care, we discussed opportunities to develop this with the team.

For example, we found that people had a 'This is me' document in their care plans, which helped staff to learn about people's life histories and preferences. We saw that people and relatives had been involved in writing these. People had care plans and risk assessments in their file based on their needs. Care plans were being developed to give more information about people's diagnoses and how these affected them personally. We saw good examples of this and discussed those care plans that would benefit from further development with managers.

A relative said, "Things get sorted as [my relative] has regular reviews."

We discussed with managers how at times successful ways of supporting people could be shared between different staff to help everyone. For example, we discussed that we found some staff were more successful than others at engaging with people who might often refuse support or personal care. We considered together how sharing of what helped people and staff in these situations would promote the development of personalised care.

Risk assessments and care plans were reviewed regularly. We found that at times reviews could become more meaningful, to avoid the overuse of "no changes" or similar phrases, and considered this with the management team. The service used a key worker system, whereby members of staff were allocated to each person who used the service, to keep their records up to date. The service also used a 'Resident of the day' system. This meant that each day staff focussed particularly on the care and records of two different people.

A staff member told us, "I love the 'resident of the day' [approach]. Everybody, care staff, domestic staff, kitchen and handymen, all come together." Part of these days were full care plan reviews, a deep clean of the person's room, a review of food and drink preferences, as well as ensuring that maintenance issues in the person's room had been addressed.

Activities were being developed to become more varied and stimulating for people. The service had identified this as an area for improvement. There were currently no trips out, but relatives told us special occasions took place at the service. There were two activities coordinators employed at the home. The registered manager explained that one of them had recently been unavailable. The registered manager was honest about the fact that staffing needs meant that at times the other coordinator had to help out elsewhere.

However, we also found that other staff got involved with activities and looked for ways to engage and stimulate people. On the first day of our visit, an entertainer had been booked, as it was the birthday of a person who lived at the service. On the second day, we staff had a musical afternoon with people. People



sang and danced along on both occasions and appeared to enjoy themselves.

A member of staff had taken pictures of the service's garden throughout the year. They had then involved people to select the 24 best pictures, to create two unique service calendars. The staff member explained, "They are unique and not for sale, they are free. It is up to people if they would like to make a donation and we are collecting it for [cancer charity name]."

People and relatives knew how to make a complaint. Generally, people told us that they had no reason to complain, but if they did, they were listened to. Complaints had been recorded appropriately, supported by follow-up actions. A complaints procedure was available. This was also included in the 'service user guide' each person who lived at the service received.

The provider had developed the service user guide to include more pictures and it was available in larger print. The care quality manager also stated that if needed, it would be available in braille print. The registered manager also gave us an example of how staff supported people whose first language may not be English. Staff who spoke the person's first language were available and the registered manager told us they also used a mobile phone translation application to help.

The service supported people at the end of their lives with dignity, compassion and respect for the person's wishes. The service had 'champion staff' dedicated to this and had developed a specific care plan to provide support to people at the end of their lives and their families. These plans provided greater opportunity to note in detail people's own preferences and wishes.

We read very positive feedback from a palliative professional that praised the team. "I would just like to say how professional I found the staff. They had good insight into the patient's needs and were able to assess their palliative symptoms and act accordingly. They appeared happy and motivated to improve the patient's experience during their stay at the home."

## Is the service well-led?

### Our findings

At our last inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not always kept securely, there were large gaps in record keeping and audit checks had not identified the issues we found when we inspected.

At this inspection, we found sufficient improvements had been made and the provider was no longer in breach regarding this regulation. However, this continued to be an area for improvement and development.

Audit processes had been developed and had identified the majority of issues we found at this inspection. The registered manager and care quality manager worked closely to complete these checks and develop action plans. We found improvements had been made where issues were identified, however some themes were recurring and needed to be addressed more effectively.

For example, audits had identified on a recurring monthly basis a need to improve the offer and recording of people's personal care, as well as refusals or what staff had done to encourage the person. We also found medicines audits had identified recording issues. An example of this was how staff recorded the units a person received of their medicines to regulate their blood sugar levels. Managers had clearly written on the medication administration record (MAR) how staff should not record this, to avoid confusion. However, not all staff had followed this.

Team handovers took place daily. Staff we spoke with felt these daily meetings should involve all staff, not just care staff, to support effective communication. We saw that the registered manager discussed issues and needs for improvement with the team at meetings. However, we considered that a greater development of individual consultation with staff on issues and performance was required. We considered this would identify support needs and provide opportunity to review individual responsibilities, as part of effective quality assurance to improve ongoing issues.

We recommend the service develops how staff receive individual feedback from managers in a clear and effective, yet constructive and motivating way, to clarify responsibilities and support needs.

The registered manager carried out daily 'walk arounds' to check the environment, as well as audits of records, including care plans and wound management. These checks had identified the occasional gaps in people's records. We found that overall things such as pressure relief mattress checks, weight monitoring, blood glucose monitoring, turn charts and care plans had been completed effectively.

We pointed out a few areas for improvement to the registered manager. This included ensuring that the correct setting of pressure relief mattresses was recorded. We found this to be the case in the majority of checks we made. For a couple of mattresses the setting needed to be adjusted slightly. As audits checked a different set of rooms and records every day, we considered regular thorough, complete checks would be beneficial, particularly with regards to pressure relief settings and recording.

We recommend the service reviews the use of regular thorough settings and records checks to complement daily spot checks.

We also considered that care plan audits checked whether documents were present in the person's file. These checks were effective at identifying when care plans were missing. However, we discussed with the registered manager that audits did not necessarily check through the quality and consistency of information. For example, in one case information about whether a person could hear well or not needed to be clearer. We understood that further photographs and information would be added to people's records when the service received a new colour printer they were waiting for. This included photographs that had been taken to support wound monitoring and management, but not yet printed.

To further develop the oversight over health, safety and maintenance, the provider had created an 'estate manager' post and we met with the new estate manager. The provider had already taken steps to minimise the risk of legionella build-up throughout the service, including remedial building works. We saw a recent sample attested there were no legionella present in the service's water supply. Legionella are bacteria that can be dangerous to people's health. The estate manager explained the changes they had made to checks, such as water temperatures. We discussed with the estate manager that to help with the monitoring of legionella risk, the recording of stored water temperatures needed to be clearer.

A registered manager was in post and they had been at the service for three years. The registered manager had sent statutory notifications to inform CQC of specific events, in line with their legal obligations. When we visited, we found the registered manager and provider representatives welcoming, transparent and responsive to our feedback.

People, relatives and staff described the service as a "family".

A person we spoke with told us, "It is a happy, homely atmosphere – a nice community". Another person said, "It is good – I get along with everyone"

A relative said, "It is like a family – everyone knows one another and are really supportive."

A staff member described, "I like working here and I have worked in a few places. People and staff are well looked after. [Provider] is quite generous and if we ask for things for the residents, they get them."

The service kept people and relatives up to date with monthly newsletters. These were printed and available in the reception area of the service. The service sought feedback from people, relatives and other stakeholders. A yearly survey was carried out, with the results for 2018 yet to be published. Feedback we received from stakeholders told us about ongoing improvements. We also saw that the service had received compliments visiting professionals.

In the reception area and throughout the service we saw boards that offered information on a variety of subjects. These included amongst others nutrition and hydration, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards and End of Life. The service had staff champions to take responsibility for and promote different aspects of care and these were noted on the boards.

We also found a board promoting the equality and diversity of people and staff at the service. This was further supported through a policy that made a clear statement against discrimination based on things including race, nationality, heritage, religion or belief, age, social class, political beliefs, disability, marital status, parenthood, sexual gender or gender reassignment, sexual orientation, employment status, HIV

status or commitments as a carer. A range of policies was in place to guide staff in their role.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Locks in place to protect people from accessing high-risk areas, such as the laundry or maintenance room, had not always been secured, which put people at risk.