

Haldane House Limited

Haldane House Nursing Home

Inspection report

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Date of inspection visit:
20 May 2021

Date of publication:
22 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haldane House Nursing Home is a care home with nursing registered to provide personal and nursing care for up to 25 people. At the time of inspection there were 13 people living in the home.

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

Staff were not always provided with required information and guidance on the safe use and administration of prescribed medicines. This potentially placed people at risk of harm from excessive administration and side effects. Quality assurance processes had not identified the shortfalls we found during our inspection in relation to the safe management of medicines. The registered manager responded immediately and produced evidence to demonstrate these issues had been addressed shortly after the site visit.

People experienced safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people effectively and managed their care safely. Enough staff with the right mix of skills to deliver care and support were deployed to meet people's needs. Staff completed a robust selection process, including their conduct in previous care roles, to assure their suitability to support people. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Staff were supported to develop and maintain the required skills and knowledge to effectively support people. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked together with healthcare professionals to ensure care and treatment met people's changing needs and achieved good outcomes. Since our last inspection the provider had made the environment safer and more suitable for people living with dementia. Improved lighting and signage had enabled people with visual impairments to orientate themselves and promote their independence.

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

People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were respected by staff. Staff consistently treated people in a respectful manner and intervened discretely to maintain their personal dignity. Staff knew how to comfort and reassure different people when they were worried or confused.

People had experienced person-centred care, which consistently achieved good outcomes and had significantly improved the quality of their lives. People received information in a way they could understand,

allowing for any impairment, such as loss of eyesight or hearing. People were enabled to live as full a life as possible and were supported to take part in activities of their choice, which enriched the quality of their lives. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with healthcare professionals and provided good end of life care, which respected people's wishes and ensured they experienced a comfortable, dignified and pain-free death.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and placed people at the heart of the service, demonstrating the caring values of the provider. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. During the pandemic, staff had increased their contact with families to keep them up to date with events and activities going on in the home, which they found reassuring.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 November 2019) and there were multiple breaches of regulation. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 September 2021 and found six breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the key questions Safe, Effective, Caring, Responsive and Well-led which contain those requirements. The overall rating for the service has remained the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haldane House Nursing Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to the safe management and auditing of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

Haldane House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Haldane House Nursing Home is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the

running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service about their experience of the care provided. We spoke with 15 members of staff including the registered manager, the deputy manager, two nurses, six healthcare assistants, the chef and kitchen assistant, two housekeepers and a laundry assistant. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider.

We observed care during mealtimes, social activities and medicine administration rounds to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records, medicine records and daily notes. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four community professionals who engaged with the service, eight relatives and two Relevant Person Representatives. When someone is or may be deprived of their liberty, the law calls them the 'Relevant Person'. The law says the 'Relevant Person' must have a 'Representative' to help make sure their views, wishes and rights are respected.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of Regulation 12.

- We found no evidence that people had been harmed however, people's medicines administration records (MAR) did not have individual protocols for the use of 'when required' (PRN) medicines. This meant staff were not provided with required information and guidance on the safe use and administration of prescribed PRN medicines. This potentially placed people at risk of harm from excessive administration and side effects.
- People's care plans and MAR did not always provide staff with the required information to manage high risk medicines safely and effectively, in accordance with best practice guidance, for example; the use of anticoagulants. These are given to people at a high risk of developing blood clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.
- Since our last inspection, the registered manager had implemented a competency framework to check staff continued to manage medicines safely. However, one staff member had not had their competency assessed since our last inspection.

The unsafe management of medicines placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. On 25 May 2021, the registered manager provided evidence to demonstrate that people's care plans and MAR now contained the required PRN protocols and information regarding high risk medicines. The registered manager also provided a copy of the outstanding staff member's competency assessment.

Assessing risk, safety monitoring and management (people)

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way and did not ensure risks to health and safety of service users were assessed and mitigated. This was a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- People's needs and risk assessments were person-centred, considered all aspects of their lives and were regularly reviewed and updated. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's health and emotional needs.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required. Risks associated with certain aspects of people's care were consistently monitored and managed safely, for example, those identified to be at risk of falling.

Assessing risk, safety monitoring and management (premises)

At our last inspection the provider had failed to ensure actions were completed in a timely manner to make the service a safe place to provide care and support to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- The provider had established systems and processes that assured compliance with statutory requirements and national guidance to ensure the safety of the premises and the equipment within it. This included up to date induction and training plans for the safe operation of premises and equipment, incident reporting and emergency contingency planning.
- The registered manager had made required improvements identified by the local fire safety officer, including the implementation of regular day and night fire drills and evacuation procedures.
- The providers financial planning had considered costs of maintaining safety whilst delivering an extensive programme of environmental improvements.
- There were comprehensive contingency plans to address any foreseeable emergencies, such as fire, flood or contagious illness. Risks in the home were reviewed and there was a robust management process for monitoring and maintaining safety, such as fire, health and safety and infection control.
- Maintenance staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards.
- People had individualised personal emergency evacuation plans (PEEP), which were kept in emergency grab bags. The PEEPs provided essential information related to a person's mobility, ability to follow instructions and formal diagnoses, required to carry out a safe emergency evacuation process.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People and relatives told us staffing levels were safe. One person told us, "The staff are very good and work well as a team, so whenever one of the girls [staff] is spending time chatting or comforting someone, the others respond to calls for help." A relative said, "I think one of the strengths of the home is the retention of the carers [staff]. You see the same

faces when you visit and they know all the residents really well." Staff told us there were always enough staff and that they had time to spend providing people's care and support in a personalised way.

- At our last inspection staff were not always deployed in a way that kept people safe or supported people appropriately to meet their complex needs. The registered manager had completed a staffing needs analysis, which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. The registered manager had also analysed the allocation of staff to ensure they were deployed in the right place at the right time. Since our last inspection the registered manager had scheduled all staff breaks to suit people's care needs.
- The service did not rely on agency staff, which meant people experienced good consistency and continuity of care from staff who knew them well.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in supervisions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt confident in their safety. One person's relative said, "The reassuring thing is the caring nature of all the staff. It might not be one of those posh new care hotels, but you cannot fault the care." One person told us, "All of the girls [staff] keep me safe. It is such a loving environment. It is like a family home."
- Staff had training in safeguarding and understood signs of abuse, such as changes in people's behaviour or physical signs, such as bruising. One relative told us, "They know all the residents so well and are quick to pick up when they are not quite themselves."
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

Preventing and controlling infection

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed, including enhanced cleaning of identified 'high touch' areas.
- The service ensured that visitors to the home were carefully screened so that they did not present a risk to people in the home. This included completing a negative COVID-19 lateral flow test, temperature checks and health questionnaires. Personal protective equipment (PPE) including face masks, disposable gloves and

aprons were provided for visitors before entering the home.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the height of the pandemic the service only deployed staff who were exclusively working at Haldane House Nursing Home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the registered manager did not ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's care plans had been reviewed and improved to consider the full range of people's diverse and complex needs. The service assessed people holistically, and considered their physical, emotional and social needs. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them. The needs assessments were person-centred, considered all aspects of their lives and were regularly, reviewed and updated.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools and installed specialist equipment and accessed support to manage people's skin.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's health and emotional needs.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required.
- Where people experienced behaviour that may challenge others, their care plans provided the required information for staff to identify triggers and appropriate interventions to prevent the behaviours escalating.

Staff support: induction, training, skills and experience

At our last inspection the registered manager did not ensure all staff supporting people were appropriately trained in order to perform their work. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. New staff told us their comprehensive training made them feel confident they were ready and able to meet people's needs.
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervision.
- During our inspection we observed consistent sensitive interactions between people and staff, where people needed to be supported to manage their behaviours. Staff consistently responded to people's needs to achieve positive outcomes, such as utilising an effective approach to help a person calm down.
- Staff told us they had received further training to support people with mental health issues and associated behaviours that may challenge others when they became anxious or distressed.
- The registered manager had developed a training and supervision matrix, which demonstrated that all staff were supervised bi-monthly and had annual appraisals completed. Records confirmed that the provider's mandatory training had been completed and updated.

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

- Since our last inspection the provider had focused on making the environment safer and more suitable for people living with dementia. For example, flooring had been replaced, significantly reducing the risks of trip hazards, malodours and enabling improved infection prevention and control. Improved lighting, extensive signage, and grab rails had enabled people with visual impairments to orientate themselves and promote their independence.
- The service had made necessary changes to meet people's changing needs, leading to people experiencing reduced confusion and anxiety.
- The registered manager had carried out an environmental audit, upon which the provider had devised an ongoing programme of refurbishment and improvements to support people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.
- The registered manager effectively operated a process of mental capacity assessments and best interest decisions.

- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

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

- People were encouraged to maintain a balanced, healthy diet. The chef placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, where people identified to be at risk due to weight loss, they had been successfully supported by staff to achieve successful outcomes.
- We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration.
- Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required.
- People consistently told us the food was very good and the menu offered traditional favourites. If people did not want the meals shown on the menu the chef prepared individual meals of their choice. Relatives consistently praised the quality and choice of food prepared.

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

- Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs. People and relatives told us staff made prompt referrals to GPs, specialist nurses, community mental health teams and other relevant healthcare services, in response to people's changing needs
- Health and social care professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance
- Prior to the pandemic the service had worked closely with the local surgery and had developed a weekly GP round. This enabled the staff to raise any concerns related to people and for people to independently seek medical support when needed.
- People had medicine reviews carried out by the GP and the service's medicines lead to ensure their prescribed medicines remained the most appropriate and effective treatment.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the registered manager did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- There was a strong staff culture committed to delivering person-centred care. Staff were highly motivated to deliver high quality care. All staff took responsibility for ensuring people experienced kind, compassionate care.
- Staff had taken time to develop meaningful relationships with people and their families, who were made to feel welcome in the home. Relatives reported there was a positive, cheerful atmosphere in the home. One relative told us, "It is like one big family. The nurses and carers [staff] are always happy and cheer you up with their smiles and laughter." One person told us, "When I am in my room, they never walk past without coming in for a lovely chat."
- People experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. One person told us, "It's lovely here and all the nurses and carers treat me like their own family. They [staff] always have a smile on their face and are so happy to help me."
- Visiting professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focussed on caring for the individual and not completing tasks.
- There were overseas workers who told us they had not been able to see their families during the pandemic. Such staff told us they channelled all of their feelings about absent family members into providing the best possible care for people living at the home.
- Staff spoke with pride and passion about people living in the home. For example, one staff member said, "The best thing about my job is listening to their [staff] wonderful life stories."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People were supported to make decisions about all aspects of their care. Care plans were developed with people, their relatives and representatives, where appropriate and relevant professionals. Staff team knowledge gained from working closely with people also informed the process.
- Care plans and risk assessments were reviewed regularly, which ensured they reflected people's current needs and preferences. Relatives and representatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- Some people experienced impaired communication and staff were skilled at supporting them to express their wishes. We observed all staff, including housekeeping and kitchen staff, interact in an appropriate, patient and inclusive manner, in accordance with people's communication strategies.
- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. We observed staff support people to move using a hoist. The reassuring and compassionate nature of the staff made people feel safe.

Respecting and promoting people's privacy, dignity and independence

- The registered manager promoted the highest levels of privacy and dignity, which was reflected through the service values and the approach of staff at all levels. People and their relatives told us they were treated well. One person's relative said, "The [staff] are wonderful. You can tell it is a vocation for them and not just a job." Another relative reflected on the staff approach, saying, "The caring by the staff is amazing."
- Staff consistently treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely supported people to rearrange their clothing when required, to maintain their personal dignity.
- When people were confused or disorientated, staff immediately provided reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by gently touching them, which showed people were comfortable and relaxed with staff.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; staff ensuring they were in the right position and at the right level to communicate effectively.
- Staff consistently spoke with people in a way that met their communication needs. Staff knew how to comfort different people. For example, we observed staff gently holding people's hands or putting a reassuring arm around their shoulder. When required staff spoke slowly and clearly, giving people time to understand what was happening and to make decisions.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. Staff encouraged people to walk, if they were able, and to do as much for themselves as they could.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy.
- Staff were mindful of people's privacy. Confidential or sensitive information was kept securely and not discussed in public spaces. People were spoken to with respect and an appropriate tone. Staff spoke with people, not about them. People could spend time in their rooms if they wished.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the registered manager did not ensure care and treatment was appropriate and met people's needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At our last inspection care plans were not reviewed regularly, contained inaccurate and contradictory information and did not always provide guidance about how to support people's needs and health conditions. Since our last inspection all care plans and risk assessments had been fully reviewed and transferred onto the provider's electronic records system.
- People experienced individualised care, tailored to meet their individual needs, which consistently achieved good outcomes. People and relatives praised the quality of care provided by staff, which they felt had significantly improved the quality of their lives.
- People's changing physical and mental health needs were regularly assessed to ensure that the support provided met these needs.
- People and their relatives told us they felt staff had a good understanding of people's needs and adapted their approach based on people's personal preferences, cultural background and individual needs. One relative said, "[Registered Manager and Deputy Manager] are totally dedicated to the home and all the residents. They treat everyone like their family and are very quick to respond to things and keep you updated."
- People and those important to them were fully involved in developing support plans to meet their needs, which reflected their preferences and choices. All staff embraced the provider's ethos and saw it as their responsibility to work with people, to include and engage them as much as possible as this was "their home".

Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the registered manager did not ensure care and treatment was appropriate and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People, relatives, representatives and professionals consistently told us that the provision of stimulating activities had improved since the last inspection.
- Arrangements for social activities, met people's individual needs, and followed best practice guidance, to enable people to live as full a life as possible. People and relatives consistently told us staff had enriched the quality of their lives, which had a positive impact on their health and emotional well-being.
- Since our last inspection staff enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. Activities timetables were readily available to ensure people were able to take part in activities of their choice.
- We observed staff engage in meaningful one to one activity with people, whenever they were not task driven, which made people feel special. Staff regularly sat amongst small groups of people to encourage interactions between people and staff.
- People who were less keen to participate in group activities had access to one-to-one support from staff who would reminisce, read to them, talk about the news, puzzle, craft or chat. One person told us, "It is the highlight of my day when one of the young ladies [staff] come and sit with me to do my wordsearch and other puzzles. It's not the help I need but their company never fails to brighten my day and lift my spirits."
- Restrictions due to the pandemic had curtailed the service involvement in the local community. However, staff were able to demonstrate planned engagement with visits to and from community organisations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we recommended that the service sought advice and guidance from a reputable source about how to meet the Accessible Information Standards. At this inspection we found the requirement improvement had been made.

- Staff were aware of different ways of communicating with people, for example, observing body language, using visual aids, pen and paper, or using simple questions.
- The service ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff effectively supported people to maintain relationships that matter to them, such as family, community and other social links. One relative told us, "[The registered manager and deputy manager] have done a great job reassuring us and keeping us up to date with Covid [COVID-19]."
- Family and friends who visited during the inspection were supported to complete COVID-19 tests to ensure it was safe for them to visit their loved ones.
- Relatives and representatives told us they always received a warm welcome from staff and were encouraged to stay and spend as much time as they wanted.

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in.
- People and families felt able to make complaints if they wished. People and their relatives knew the registered manager and senior staff by name and saw them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns. One person told us, "I don't think I will ever have to complain but if I'm worried about anything, I know I can talk to any of the carers [staff] and they will sort out my problem."
- There were no complaints since the last inspection. The registered manager had used the learning from concerns raised as an opportunity to improve the service, for example; the provision of more appropriate and stimulating activities.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

End of life care and support

- The service worked closely with healthcare professionals and provided good end of life care, which ensured people experienced a comfortable, dignified and pain-free death. Professionals consistently told us the service was focused on providing individualised care which achieved desired outcomes.
- Staff consistently considered people's individual religious, social and cultural diversity, values and beliefs, and how these may influence wishes and decisions about their end of life care.
- People's end of life wishes were sensitively considered and their plans comprehensively explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- The service provided an effective response to people's changing care needs and advice on care and support for people and staff at the times they need.
- Relatives and staff told us they were supported by the service with empathy and understanding when people passed away.
- The registered manager had an interest and specialised in end of life care. They had introduced the Gold Standards Framework (GSF) for end of life care. The GSF Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide exceptional care for people nearing the end of life. The registered manager's knowledge of the GSF care for end of life was reflected in the care plans of people who had received end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the registered manager had failed to operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The leadership, management and governance of the organisation did not always assure the delivery of high-quality and person-centred care. The provider had not identified the shortfalls we found during our inspection highlighted in the safe section of this report. During this inspection we found the provider had failed to manage medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Since our last inspection the registered manager had established new systems and audits to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, which arise from the carrying on of the regulated activity. The registered manager had completed audits which monitored the completion of PRN protocols and staff competency assessments to manage medicines safely. However, these audits did not identify the shortfalls we found in relation to the completion of PRN protocols, staff competency assessments and information required in relation to the administration of high-risk medicines.
- The registered manager's had failed to effectively operate processes to ensure compliance with the regulations and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

This was a continued breach of Regulation 17 (Good governance).

- The management team often worked alongside staff and monitored the quality of their care in practice. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.

At our last inspection the registered manager had failed to notify the CQC of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 (Registration).

- Services registered with the CQC are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered manager ensured CQC was consistently notified of reportable events without delay. The registered manager ensured notifications of the outcomes of Deprivation of Liberty Safeguards applications were submitted as required and without delay. This meant we could check that appropriate action had been taken to ensure people were safe at that time.

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

- People, relatives and professionals described the service as well- managed and organised.
- Relatives told us that the registered manager and deputy manager were very approachable and readily available if people wished to discuss anything. A relative told us, "Things have definitely improved and all the old familiar faces [staff] are still there, which is reassuring to know that staff really care and want to be there."
- The management team promoted a strong caring, person-centred culture in the home where people and staff felt valued. People, relatives and professionals described the registered manager and deputy manager to be conscientious and committed to the people living in their home, who led by example and provided good role models for staff. On relative told us, "The deputy manager has been there so long and lives and breathes the service. She is always there whenever we visit and immediately knows the answer to your questions without having to ask other staff."
- Staff were passionate about what they did and placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

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

- The provider's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been raised or mistakes had been made.
- The registered manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.
- The management team took an open and honest approach to work with people and their families. Relatives praised the management team for being open and honest whenever they had raised concerns. For example, one relative told us, "They [the registered manager] are very good at listening and letting you know what they have done if you raise any concerns."

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

characteristics

- During the pandemic, staff had increased the frequency of communication with families providing reassurance and updates with events and activities going on in the home, for example regular newsletters and personalised emails with happy photos of loved ones engaged in activities or special events. Relatives told us they felt the communication with the registered manager and staff made them feel part of 'the family' and their contributions were valued.
- Staff consistently told us they felt empowered and were working together with the management team for the benefit of the people living at Haldane House Nursing Home. For example, one staff member said the registered manager was always approachable and responsive to new ideas. Two staff members told us the management had been very supportive of their ideas to devise and implement new activities.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised and praised good work by individuals in supervisions and team meetings. One staff member told us, "I was so proud when [registered manager] told me they were very happy with the way I treated [person] and used it as an example to the other carers [staff]."

Continuous learning and improving care

- The management team had completed comprehensive audits that mostly identified shortfalls and how these needed to be actioned. The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.
- Staff recorded accidents and incidents, which were reviewed daily by the registered manager and deputy manager. This ensured the registered manager and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.
- Nursing staff consistently told us the provider had supported them with their continued professional development to revalidate their nursing qualifications.

Working in partnership with others

- The home worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.
- The home maintained positive working relationships with others, and we received consistently positive feedback from other healthcare professionals involved. One health and social care professional told us, "[Registered manager] is a good registered manager and always benefits and welcomes training and support from our teams."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The unsafe management of medicines placed people at risk of harm.</p> <p>Regulation 12 (2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered manager had not effectively operated processes to ensure compliance with the regulations and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.</p> <p>Regulation 17 (1)(2)(b)</p>