

Windsar Care Limited

# Windsor Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Windsor Care Centre is a purpose-built residential care home providing personal and nursing care for up to 72 people across 2 separate adapted floors. The service provides care to older adults some of whom live with dementia. At the time of our inspection there were 39 people living at the service.

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

Some significant improvements had been made, however, further improvements were still required to ensure people were safe.

We found whilst some aspects of medicines management had improved, other areas needed further improvements. Where people temporarily left the home, the provider did not have systems in place to ensure the continuity of medicines administration. This put people at risk of possible missed medicines. Where people were prescribed when required (PRN) medicines, person specific guidance was not in place to aid staff when making decisions to administer the medicine. Therefore, we were not assured that staff would consistently assess the residents need for PRN medicine administration.

Risks related to fire were not always managed safely. Recommendations made following fire inspections were not always considered or actioned. The provider's auditing systems were not used effectively to manage fire risks and we identified some missed opportunities where learning could have occurred.

People's risk of pressure damage was not always managed safely. There was no process in place to ensure mattress settings were checked and were correct. This put people at potential risk of pressure damage.

Whilst some improvements had been made with the provider's quality assurance systems, we saw further improvements were still required. Quality assurance audits failed to pick up some of the concerns found during this inspection.

We acknowledged the provider had introduced new systems and processes, however, at the time of our inspection we were not assured of their effectiveness. Some of the processes had only been introduced for just over a month.

The provider had made some significant improvements such as staffing, staff training and communication. We saw these changes had made a positive impact on people's outcomes. Staff genuinely looked happy and focused on making further improvements.

People told us they felt safe living at Windsor Care Centre. Staff knew how to identify and report any concerns. The provider's recruitment and selection processes in place had improved and were safe.

People had an improved dining experience which offered a variety of appetising food choices that suited

people's preferences. People were supported to meet their nutritional needs and complimented the food at the home.

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. However, we saw the provider had identified some recording shortfalls which staff were working through.

The culture of the service had improved and was now open and inclusive, people felt communication from the new manager was good. Staff told us they felt supported and listened to. The manager sought feedback from people and staff and used this to improve the service. The manager and provider were committed to improving people's quality of life. There was a clear management structure in place and staff worked well as a team. The provider had sought support from a consultancy company with the aim of continuously improving staff and people's experiences. The provider had better oversight of the service. Staff worked well with external social and health care professionals.

#### Rating at last inspection and update

The last rating for this service was inadequate (published 11 October 2022). This service has been in Special Measures since 11 October 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At our last inspection we recommended that the service implemented a plan to check people's DoLS application statuses at regular intervals. We also recommended the provider made sure all staff were aware of the importance of offering people a choice of meals and they had enough support to enable them to have adequate nutrition and hydration. At this inspection we found the provider had acted on the recommendations and had made improvements.

#### Why we inspected

We carried out an announced focused inspection of this service on 17 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent, person centred care, safeguarding service users from abuse and improper treatment, premises and equipment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

At this inspection we found whilst some improvements had been made, further improvements were still required as the provider remained in some breaches of regulations. You can see what action we have asked the provider to take at the end of this full report.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Windsor Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to fire risk management, medicines management and quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Windsor Care Centre

## 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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors, a pharmacy inspector, a specialist advisor who was an occupational therapist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Windsor Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Windsor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was leaving. A new manager had been recently appointed who intended to submit an application to register.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We spoke with 8 people who used the service and 1 relative. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at 19 people's care records and 11 medicine administration records (MAR). We spoke with 11 members of staff including the directors, manager, nurses, carers, kitchen staff, domestic staff, maintenance personnel and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 4 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

### Assessing risk, safety monitoring and management

At our last inspection we found risks to people were not adequately assessed, documented, and mitigated which placed them at risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Whilst some improvements had been made at this inspection, further improvements were still required, and the provider was still in breach of regulation 12.

- Fire risk was not always managed safely. We found following the last local fire audit, one of the actions included staff fire drills every 6 months for both day and night staff. Whilst we were told fire drills had been started, the records were inconsistent and did not show who had attended and what staff did during the drills. For example, the fire drill on 29/08/22 cited 'Evacuation time 19 minutes, time to completion call-21 minutes'. Another fire drill completed on 03/9/22 had no timelines recorded. Both fire drills had the same action plan of 'Practice, continue to update staff'. Further fire drills carried out on 15/12/22 and 10/03/23, did not contain any action plan or information about which staff attended and their roles.
- The provider completed 'Emergency lighting tests weekly'. The outcome record from 04/11/22 to 02/06/23 cited 'Location on any faulty emergency lighting fitting' -YES. 'All satisfactory or remedial action necessary' - NONE. This meant there was no action taken to address the shortfall.
- We checked the provider's emergency fire grab bag. Whilst there were people's personal emergency evacuation plans (PEEPS) included, these were checked monthly. As such the provider had no way of ensuring themselves these were correct and up to date to include all people. We advised the provider to consider a daily check list to account for people admitted and those discharged.
- One person was at high risk of pressure damage. The person weighed 50kgs and they had a pressure mattress in place set at 120kg. There was no process in place to ensure mattress settings were checked and correct. The person did not have any pressure damage, however, the potential risk was not managed safely.

We found no evidence people were harmed but there were still some unsafe practices that placed people at potential risk of harm. These concerns demonstrate a repeated breach of Regulation 12 of (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection we found people were placed at potential harm as staff did not work in accordance

with the relevant policy and procedures. This was a breach of Regulation 12 of (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Whilst some improvements had been made at this inspection, further improvements were still required, and the provider was still in breach of regulation 12.

- People's medicines were not always managed safely. Where people temporarily left the home, the provider did not have systems in place to ensure the continuity of medicines administration. This put people at risk as a result of possible missed medicines.
- Where people were prescribed when required (PRN) medicines, person specific guidance was not in place to aid staff when making decisions to administer the medicine. Therefore, we were not assured that staff would consistently assess the residents need for PRN medicine administration.
- Where PRN medicines were administered, staff did not always record the time, reason and outcome for the person receiving the medicine. This meant that the effectiveness of the medicine could not be reviewed.
- Some people were administered medicines covertly (when medicines are administered in a disguised format). However, the appropriate legal framework had not been fully followed in line with the Mental Capacity Act 2005. Therefore, we could not be assured that medicines were administered in the best interest of people.

We found no evidence people were harmed but there were still some unsafe medicines practices that placed people at potential risk of harm. These concerns demonstrate a repeated breach of Regulation 12 of (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Although staff had received training in medicines, we saw some directions on medicine administration records (MARs) had been handwritten by staff incorrectly and had not been identified by a second checker in line with best practice. This demonstrated that although staff had received training, the provider could not be sure that all staff were competent.
- Staff did not always follow the providers medicines policy. For example, not all staff knew how to return medicines.
- Provider's records showed medicines audits were conducted regularly to check if medicines were managed safely. However, some of the issues we identified had not been found as part of the audit. The provider had introduced a new audit tool but we could not be sure of its effectiveness at the time of our inspection.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to identify potential abuse, protect people from improper treatment, and ensure all staff's safeguarding adults training was up to date. This placed people at potential harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe from abuse living at Windsor Care Centre. Comments included, "I feel safe. I have full confidence in the staff because they make sure they know what is needed in respect of my personal care and being able to be safely hoisted from my bed" and "I get nervous when one of the others (people) shouts out and gets loud and it scares me because I do not like it but the staff step in and calm them down

and deal with it. They come and help me too because they know it frightens me. I find that a comfort and they are so professional."

- People were supported by staff that knew how to raise safeguarding concerns. Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

## Staffing and recruitment

At our last inspection we found there were not enough suitably qualified, competent, skilled and experienced staff to make sure peoples' care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People told us there were enough staff to meet their needs. They said, "There are always enough staff to meet my needs as I need 2 people to hoist me and see to my needs", "I think there is always enough staff on duty and if someone needs help the staff respond very quickly and more importantly you get help from a familiar face which is nice" and "If I need help someone comes very quickly. I never have to wait very long, even at night."
- Staff told us there were enough staff to meet people's needs. On the day of the inspection, we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff did not look rushed.
- Staff recruitment records had improved and showed thorough checks had been undertaken. Records showed the provider followed safe staff recruitment processes which included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

At our last inspection we found people were placed at risk of harm from various infections, because hygiene standards were inadequate. This was a breach of Regulation 12 (Safe, care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 for preventing and controlling infection.

- The provider had introduced cleaning schedules which were followed strictly by staff. We found the home environment had significantly improved. There were better monitoring systems and policies in place, and we saw staff following them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider had supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged. Staff at Windsor Care Centre had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

#### Learning lessons when things go wrong

- The provider had a system to manage shortfalls and aid lessons learnt. We saw the provider was working through an improvement plan following our last inspection. Staff understood their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a fall analysis had resulted in better streamlined referral processes to supporting healthcare professionals such as occupational therapy. Records also showed the number of falls incidents had reduced.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found recommended the service implements a plan to check people's DoLS application statuses at regular intervals.

At this inspection improvement had been made and the management team had a system in place to check on peoples DoLS application statuses.

At our last inspection we found the registered person had failed to ensure consent was correctly established in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, further improvements were still needed. The provider was continuously working to address the shortfalls.

- We looked at 4 mental capacity assessments. Some improvements had been made and the assessments were decision specific. However, it was not clear what the assessment outcomes were and what action was taken following the assessments.
- Some mental capacity assessments contained conflicting information. For example, one person's mental capacity assessment for bedrails cited '[Person] had capacity to make decisions regarding bed rails and can

communicate needs.' However, the same person had a best interest for bedrails which cited, '[Person] has been deemed to lack capacity and is not able to communicate and weigh up information.' The same person's consent and capacity care plan cited, 'Can not retain information to make noncomplex decisions. Is able to make simple decisions, can retain information and cannot understand information'. This showed a lack of understanding of the MCA.

- Another person was on covert medicines. Whilst information from the dispensing pharmacy about covert administration was available, there was no best interest documentation in place.
- The provider's audit system had identified some of these concerns and were still working to address them. We saw the actions were still within completion timelines.

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

At our last inspection we found the service did not always do everything reasonably practicable to make sure people who used the service received person-centred care. Assessments did not always consider current legislation and how the service worked collaboratively with people and their relatives during the assessment, was not consistent. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, some areas were still requiring improvement and the provider was working through some action plans to address shortfalls in this area.

- People's assessments of needs had improved and were more person centred. Records showed people and relatives were involved in the care planning process. However, some of the care plans still needed to be improved. The provider was working through an action plan to address this.
- Staff told us further training on how to write up care plans and risk assessments had been introduced and all staff were completing it. Processes had been introduced to monitor and ensure the training was effective. The provider had also introduced a digital care recording system which staff were still getting used to.
- Plans of care developed from information gathered from admission assessments now captured people's life stories. This enabled staff to have a better understanding about the people they cared for and enhanced people's experience of care.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not always supported to undertake training, learning and development to enable them to fulfil the requirements of their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Staff training had improved. Records showed staff had received training including falls awareness, dementia awareness as well as manual handling. One member of staff told us, "Falls face to face training was very helpful. Also, positive behaviour support and epilepsy."
- Staff had also received role specific training. Records showed 3 members of staff had been enrolled on to medicines champion training. One member of staff commented, "The deputy manager has arranged face to

face training, diabetes training, dementia, end of life, stoma care, wound care."

- Ancillary staff had completed training relevant to their role. For example, more staff had completed food hygiene training. We saw staff looked confident during mealtimes and supported people well.
- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. One member of staff told us, "They showed us how to use a hoist, infection control, how to communicate with the residents. They gave e-learning and face to face training, such as medication champion training and dementia."
- We saw staff now had access to meaningful supervisions which were used to develop and motivate staff as well as review their practices. These included ad hoc as well as group supervisions.
- Nurses had opportunities to attend clinical risk meetings which were aimed at supporting staff.

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

At our last inspection we recommended the service made sure all staff were aware of the importance of offering people a choice of meals and they had enough support to enable them to have adequate nutrition and hydration.

At this inspection improvements had been made and staff were aware of the importance of offering people meal choices.

- Throughout the inspection we saw people were supported with nutrition and hydration in a dignified way. We saw people were actively encouraged to choose snacks and drinks.
- During lunch we saw staff showed each person what the choices were therefore enabling them to make a visual decision. One person made their choice, however, when their food arrived, they changed their mind. It was no issue for staff to take away their meal and replace this with a different meal. The choice of lunch was taken away and replaced with a different meal. One person said, "I can have anything I like for lunch, I can just ask for what I fancy."
- People told us they enjoyed the food and that they discussed any food concerns with the chef. One person told us, "I had to have a special diet and definitely nothing spicy and it was all a bit boring, but the staff worked with me to make it as good as it could be. The cook came to see me and discuss what I needed which I thought was very good."
- The provider continued to look for areas to improve to ensure people received a positive dining experience. Records showed they often completed positive mealtime experience audits which were used to drive improvements across all services.

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

At our last inspection we found people with poor mobility were not always effectively supported. Reviews of peoples' health were not regularly undertaken and information from health care professionals supporting people, were not always considered. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Improvements had been made for people who had poor mobility. Input from other healthcare

professionals was sought and recommendations were implemented into people's plans of care.

- Where people had had falls, the provider had introduced post fall monitoring which ensured all other risks would be explored. For example, when people were prescribed blood thinning medicines.
- People experienced better outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. Records showed people living in the home had annual health checks and medicine reviews by GPs.
- Where referrals were needed, this was done in a timely manner. We saw evidence people's care and support was planned and coordinated when they moved between different services.

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

At our last inspection we found there were not suitable arrangements in place to ensure the premises and equipment were promptly maintained. This was a breach of Regulation 15 (1) (e) Premises and equipment of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had worked hard to address the concerns identified at the last inspection. We saw and records showed equipment was well maintained. The home decor had significantly improved, and some improvements were still ongoing. Windsor Care Centre smelt fresh and looked clean, and the temperature in the home felt alright for people.
- Windsor Care Centre was an adapted building which was spread across 2 floors with adapted facilities. The ground floor had a lounge which had access to a secure large garden. People's rooms were personalised and decorated with personal effects.
- The environment had dementia friendly decor with themed corridor of music, bar, post office and rummage boards. People had access to a beautifully well thought set up sensory room with lots of dementia friendly artefacts which we were told was often used.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful gardens with several sitting areas. There were different seating areas around the home where people could spend their time.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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; Continuous learning and improving care

At our last inspection we found quality assurances systems in place were ineffective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements had been made at this inspection, further improvements were still needed, and the provider was still in breach of regulation 17.

- Since our last inspection, the provider had hired a consultancy firm. Progress to address the concerns found at our last inspection was slow due to changes in the consultancy firm used. However, the new consultancy firm had developed an action plan, in conjunction with local authority commissioners, to address these concerns. New quality assurance systems had been introduced but it was too early for us to determine how effective some of them were.
- Audits of medicines management and care plans were still not fully effective. Some of the concerns reported under the safe and effective domains had not been identified by the provider's quality assurance systems.
- Some people's records contained conflicting and incorrect information. For example, 2 people had their falls risk assessment scores calculated incorrectly. One was recorded as high instead of low and the other as high instead of medium. Both these risk assessments had no risk control measures in place.
- Records relating to the management of the service at times consisted of conflicting information and were not fully completed. Recommendations following fire safety inspection were not always adopted or actioned.

These concerns were a repeated breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some systems had been introduced to improve oversight on quality assurance within the service. For example, the provider operated a 'Resident of the day' audit which allowed every aspect of each person's care to be reviewed fully. This would feed into the main care auditing process. However, it had not been fully embedded, and we could not be sure of its effectiveness.
- The new manager was supportive and approachable. This enabled staff to feel open and included as

partners in care allowing them to take ownership of their actions. We saw they freely challenged each other's practices.

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

At our last inspection we found the service did not always promote an open, empowering and inclusive work culture. This was a breach of Regulation 17 (Good governance) 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 17 for promoting a positive culture.

- There was a new manager in post who was closely supported by a new deputy manager and a visible and available provider. There was a clear management and staffing structure, and staff were aware of their roles and responsibilities and had confidence in the management team.
- People we spoke to commented on the new manager and how hard she had worked to improve things. They said, "It is much better than it was, and it is getting better every day", "The standard of cleaning has improved, I think there may be more cleaners" and "[Manager] is very approachable and I find her professional approach a comfort. She seems to be having a positive effect on things."
- Staff were complimentary of the improvements and support they received from the management team. Comments included, "Managers are approachable. If I have any concerns, I feel confident to raise them", "The manager is more supportive. We have medicine champion. There is now a lot more activities we now have 3 activity coordinators" and "Everyone is doing hard work to try and make improvements."
- Staff felt empowered to speak up and call out poor practice. During the inspection we witnessed an incident where a care staff member challenged a nurse by identifying a near miss and prevented a medicines error.

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

At our last inspection we found there were ineffective communication systems and missed opportunities to improve the quality of the service for people and staff, after feedback was sought. This was a breach of Regulation 17 (Good governance) 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 17 for engaging and involving people.

- People and relatives had opportunities to raise any comments via an open-door policy at any time as well as meetings.
- Feedback through meetings was used to improve people's care. Meeting minutes showed discussions of all aspects of people's life including communication, recruitment, food provision, activities as well as improvement plans following the last inspection.
- Staff had opportunities to provide feedback and receive updates through surveys, team meetings as well as 'daily flash meetings.' From these meetings, the provider operated a 'You said, we did' process to ensure they acted on the feedback. For example, staff had requested weekend activities for people. The provider had employed a new extra activities coordinator to ensure activities over the weekends.

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

At our last inspection we recommended the registered manager ensure work practices are in line with its Duty of Candour Policy. At this inspection we found improvements had been made.

- The new manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The interim manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care. We received positive feedback from healthcare professionals on the improvements made in the home in the last year.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

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  People who use services and others were not protected against the risks associated with medicines management and fire safety.  Regulation 12(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Provider's quality assurance processes were not always effective. Some people's records were not always complete  Regulation 17(1)(2)