

Absolute Healthcare West Ltd

# The Village Nursing Home

## Inspection report

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19 May 2022  
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13 June 2022

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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 caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Village Nursing Home is a residential care home providing personal and nursing care and accommodation for up to 90 people across three floors. Each floor is separated into two units each with its own communal areas. The service supports people with complex needs including dementia and people with nursing needs. At the time of our inspection there were 68 people using the service.

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

We were not always assured people received their medicines as prescribed due to the lack of information in their records for time sensitive medicines. We were not assured risks to people were effectively monitored due to the lack of records to support the management of these and discrepancy in records. The provider's internal checks had not identified the shortfalls we found during our inspection.

We have recommended for the provider to seek external advice and guidance on providing an environment that will meet the needs of people with dementia. With observed some practices which compromised people's dignity.

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; however, the policies and systems in the service did not always support this practice. We found Deprivation of Liberty Safeguards (DoLS) authorisations had expired and the provider had not sent requests for renewals in a timely manner. The new registered manager has implemented a new system to address this.

Safeguarding procedures were in place, and staff had received training to protect people from abuse. Action had been taken to learn from incidents that had occurred to reduce the risks of the same incident reoccurring. Staff were recruited safely. The provider was actively recruiting to reduce the number of agency staff used to support people. We were assured with the measures in place to prevent the spread of infection.

People were supported to access routine healthcare appointments. People told us they enjoyed the food provided and were supported to eat and drink enough to maintain their health. Staff had received additional training in relation to people's medical needs to increase their knowledge and understanding. The provider had implemented additional training to agency staff to ensure they had the skills to support people who lived at this service.

Staff felt supported in their role. Systems were in place to support people to maintain contact with their loved ones. The manager was described as approachable, open and transparent. The service was taking part in research studies for people who live with dementia to aid the development of the research in this area.

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

Rating at last inspection. The last rating for the service under the previous provider was requires improvement published on 20 August 2021.

#### Why we inspected

The inspection was prompted in part by a notification of a specific incident. Following which a person using the service sustained potentially avoidable harm resulting in a hospital admission. This incident has been subject to a safeguarding investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of medicines and the training of staff including agency staff. This inspection examined those risks. We have found evidence that the provider needs to make improvements.

Please see the safe section of this full report.

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.

#### Follow up

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 caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Village 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 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 was undertaken by two inspectors, an assistant inspector, a specialist advisor 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. The specialist advisor was a nursing professional.

#### Service and service type

The Village is a care home. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. The Village 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The current manager has submitted their application to register with CQC.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 May 2022 and ended on 13 June 2022 when feedback was provided. We visited the service on 19 May 2022. Telephone calls were made to relatives by the Expert by Experience on 24 May 2022

## 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 all this information to plan our inspection. 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 nine people and 13 relatives about their experience of the care provided. We spoke with 19 staff which included permanent and agency nursing, and care staff, team leader, medicine technician, activities co-ordinator, chef, housekeeper, deputy manager, quality manager and manager.

We reviewed a range of documents and records including the care records for 13 people, 50 medicine records, and three staff recruitment files. We also looked at records that related to the management and quality assurance of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Records were not always in place to support the management of risks to people. We reviewed the care of one person who had a pressure sore. This was during the time the previous registered manager was in post. A healthcare professional had advised staff to provide re-positioning support. However, re-positioning charts were not implemented until seven weeks after they were recommended. This meant we could not be assured staff were providing the required support to minimise the risk of further deterioration of this person's skin.
- One person's care plan stated the speech and language professional had recommended for them to have level one fluids. This is fluid which is thicker than water. This person's care plan had not been amended to reflect this and stated for normal fluids to be given. The person's choking risk assessment stated they were high risk. Staff told us this person was receiving normal fluids. This meant we were not assured known risks to this person were being managed to reduce avoidable harm.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to demonstrate people were being supported appropriately in relation to known risks.

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

- These concerns were shared with the manager and immediate action was taken to address these.
- At the time of the inspection it was a warm summer's day. We found the temperature on the units were around 28 degrees. Windows were open and fans were being used to try and reduce the temperature, but these had little impact. This has the potential to have a negative impact and increase risk to people's well-being and staff due to the heat. We discussed this with the manager who acknowledged our concern and told us they were looking to install air conditioning.
- People who became distressed had plans and risk assessments in place to guide staff on how to support and respond to their distress.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Fire safety checks were completed, and people had personal emergency evacuation plans (PEEP) for staff to follow in the event of an emergency.

### Using medicines safely

- Prior to the inspection we were notified about an incident where a person had refused their medicines. This refusal was not escalated and resulted in the person sustaining avoidable harm and being taken to the

hospital. This incident has been investigated and the provider has taken action to address staff performance and the shortfalls identified.

- Escalation procedures were now in place for staff to refer to when people refused their medicines or declined in health. Staff we spoke with knew about these and how to raise any concerns.
- We reviewed the records for two people that lived with diabetes who were prescribed medicines to be administered before their breakfast. Improvements were required as the records did not indicate when these people received their breakfast for us to be assured, they had received their medicines as prescribed. We have no evidence of any impact this had on these people.
- We observed insulin stored in the medicines trolley for one person which was out of date. We raised this with the team leader for removal.
- Guidance was in place to support staff when administering 'as required' medicines to people.

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

- Overall people and relatives told us they thought their loved ones were safe. One person said, "Yes I feel safe here the staff are about and walking up and down the corridors." A relative told us, "(Person) is safe because there are different floors each with their own keypad and all the rooms are alarmed so if person moves around at night they will know. Also, all the staff are helpful and will do anything for you."
- We did receive some concerns from relatives due to their loved ones sustaining injuries due to falls and being involved in altercations with other people that lived in the home. These relatives did confirm information had been shared with them and assurances provided about the actions taken in relation to these to mitigate any future risks.
- People were supported by staff who had been trained in safeguarding. Staff we spoke with had an understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "Any concerns and I would report it straight away to the nurse, deputy or manager, and if needed to external agencies such as yourself (CQC)."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

#### Staffing and recruitment

- We received mixed feedback from people, relatives and staff about the staffing levels. The main concerns shared were in relation to the number of agency staff being used. We observed high agency usage during our inspection visit. The manager was actively recruiting to all posts in order to address this.
- We saw people's needs were met in a timely manner during our inspection visit.
- People's dependency needs were assessed on an individual level to help determine the required staffing levels needed to meet people's needs.
- Recruitment checks were undertaken to ensure staff were suitable to work at the home. We found gaps in one staff member's employment history that had not been explored and recorded, but this was addressed when raised.
- Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. 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

- 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.
- The provider was following the current government guidance and visiting was promoted. Systems were in place to support visiting through the provision of COVID-19 testing and providing PPE. Visitors were able to see people where it was suitable for them.

#### Learning lessons when things go wrong

- Action had been taken and lessons learnt following the specific incident that had occurred. Recommendations made by the safeguarding team had been implemented to mitigate the risks of this incident reoccurring.
- Accidents and incidents were recorded. Each incident was reviewed by the management team and actions recorded to reduce the risk such as sensor aids, and increased staffing observations.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment required improvements to ensure it was more dementia friendly. There was limited signage to support people's independence and orientation around the units including on some people's bedrooms doors.
- We also identified some aspects of the home's physical environment that may impact negatively on the wellbeing or independence of people dementia. The manager advised us they had received positive verbal feedback about the murals on the walls but agreed to review these with external sources.

We recommend the provider implement best practice and follow current guidance on providing a dementia friendly environment and seek formal feedback about the existing environment provided.

- We observed on one unit (out of six) the orientation board containing the date had not been updated for a period of nine days. This has the potential to be confusing for people who may rely on this information.
- People had access to a large secure garden, and we observed people make use of this on the warm day of our inspection visit.
- People and relatives told us they were able to personalise their bedrooms to meet their individual preferences.

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.

- Some people had DoLS authorisations in place or these had been applied for. However, we found there had been a delay in submitting applications for seven people whose DoLS authorisations had expired. For example, one person's DoLS authorisation had expired on 22 August 2021 and the new authorisation request was not sent until 21 October 2021. This meant restrictions had been unlawfully placed on people during this time period.
- The new manager had taken steps and rectified this prior to our inspection and completed all the required applications and implemented a monitoring system to ensure applications were now submitted in a timely manner.
- People and their relatives told us their consent was obtained prior to staff providing support. A relative told us, "The regular staff always ask for consent for care to be delivered and explained things to [person]."
- Staff we spoke with confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had an understanding of the MCA and how this related to seeking consent before supporting people.
- Where people declined or resisted support, systems were in place to escalate these so decisions could be made in their best interests and in accordance with their care plan and risk assessments.
- Where redirection or restraint techniques had been used to support people during periods of distress incident forms were completed, and these were reviewed by the management team to ensure appropriate procedures had been followed and were the least restrictive.

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

- People and their relatives told us they had confidence in the abilities of the permanent staff but some concerns were shared about the agency staff. A relative said, "The main staff are well trained and suitable for the job. [Person] is happy with the staff and for [person] that is a good sign." Another relative told us, "The agency staff are not as good and don't seem to know how to communicate with someone with dementia."
- Although agency staff had training provided by their respective agencies the manager had implemented a training programme for all agency staff to undertake when they begin to work at the home. The manager told us this is to ensure they have the required skills for their role, and which meets their standards. Discussions with agency staff and records we reviewed confirmed this.
- In response to learning from recent incidents all staff including agency have received diabetes training. Agency nurses have also had their competences evaluated.
- The service had enrolled staff on a training programme called IWHELD. This is an evidence-based programme designed to improve the quality of life for people with dementia through the development of dementia and diabetes champions. There were 11 staff who had completed the training and were champions in these areas, and seven more staff have enrolled.
- Staff we spoke with told us they felt confident in their role and had received the required training. New staff confirmed they were supported to have an induction which included shadowing experienced staff and completing core training.

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

- People and relatives told us the food was nice and choices were provided. A person said, "The food is tasty, and we get asked what we fancy." A relative told us, "[Person] really likes the food and we go in the afternoons when we visit because [person] won't see us if it's dinner time. They have cake days and there are cakes in reception. [Person] drinks well when we are there as well."
- Where needed people's food and fluid intake were monitored to ensure people had enough to eat and drink.
- The manager has introduced a 'dine with management' programme where people from different units had their meals with managers in the reception area. The aim being to assess people's needs and any concerns

and to have a chat and social time with people. A relative told us about seeing this and commented, "It's really good that the management have lunch with people, nice to see."

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

- People's needs were assessed prior to moving into the service. People and relatives told us they had been involved in this process. A person said, "I was asked lots of questions about me and my needs so staff could support me with the things I cannot do myself." A relative told us, "Yes I was involved with the assessment this gave me the chance to tell them about [person's needs and what makes them happy and unhappy."
- People's care plans and risk assessments considered their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People told us their routine healthcare needs were met and health appointments were arranged on their behalf. One relative said, "They have called me to ask about [person] having their COVID-19 booster and made the appointment." Another relative told us, "They would always phone up, and discuss with us any healthcare appointments needed. [Person] is having physio at the minute due to problems [person] is having after a fall."
- Records we reviewed confirmed people's healthcare needs were supported. The appointed GP visited the home on a weekly basis to support people's medical needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We observed some practices which compromised people's dignity. We saw some people wearing pyjamas throughout the day. This has the potential to disorientate people with dementia to differentiate between night and day.
- Staff gave us different explanations for this which included people's resistance to wear day clothes and one staff member told us, "Following personal care it can be easier to reduce the potential resistance of people to change later with night staff." We were also advised this was people's preferences. We discussed this with the manager to monitor and to ensure where possible people were supported to wear appropriate clothes depending upon the time of day.
- We observed some people who had wound dressings applied had the date recorded on them for when the dressing needed to be changed. Some of these dressings were visible. When we discussed this with the manager, she advised this was recommended by healthcare professionals. The manager confirmed records were in place to support when dressings should be changed and acknowledged our concerns about the impact this practice had on people's dignity. The manager agreed to review this practice.
- We observed staff promoting people's dignity and privacy by ensuring they knocked on people's bedroom doors and ensuring doors were closed when providing personal care. A person told us, "They [staff] always knock before they come in, and ensure I am covered up when they help me with a wash." A relative said, "They keep [person] dignified in their grooming as [person] will undress themselves so they put a larger blanket over [person]. [Person] has lost all sense of who they were."
- We saw examples where staff encouraged people to be independent this included when eating and drinking and when completing daily tasks. One person told us, "The staff do encourage me to do as much for myself as I can which is good especially when having a wash."

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

- Feedback about the staff particularly the regular staff was positive. A relative told us, "The staff are approachable, friendly and you can ask them anything as they are always willing to help. They treat [person] with respect which is shown in the manner that they speak to people." Another relative said, "The regular staff are wonderful, polite friendly and informative. If you need anything, they will let me know for example, shower gel. Staff come down when it's time to take [person] back upstairs and [person] pats their arm, [person] so comfortable with them."
- We observed staff being respectful to people when supporting them in their daily lives. Where people preferred a specific gender of staff to support them this was respected and adhered to.
- We observed staff supporting people with patience. For example, when people became anxious or

confused staff provided reassurance in a calm manner and used their re-direction skills to try and alleviate the person's distress.

- Information about equality and diverse groups was displayed around the home to promote an inclusive community and atmosphere.

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

- Where possible people were supported to make daily decisions about their care. This included decisions about their personal care, food and drink and where they wanted to spend their time.
- A person told us, "I choose to stay in my room, and this is respected, and I have what I want to eat even if this is the same things, as that is what I like." A relative said, "Staff give [person] as much choice as they can. [Person] chooses their own clothes, [person] wanted a bath at lunchtime, they always check whether [person] wants a bath or a shower and [person] usually chooses a shower.'
- Staff told us they involved people in decisions about their care. One staff member told us, "I always give people as much choice as possible. If people are not able to tell me then I try and show them clothes or food, they can choose from. If people are not able to tell me then I do what is in their best interests."
- Where required people were supported by an advocate. The manager understood when advocacy services would be required and how to access these services.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives, we spoke with told us they were involved in the ongoing monitoring of people's care. One relative said, "I have been involved in the care plan and had reviews. I checked the notes and raised stuff with (name of manager), her response is really good, and she sorts things out." Another relative told us, "They have asked me about the care plan whether I wanted to add anything to it or change it and ask what helps. We have had a couple of reviews."
- The manager told us work was ongoing to gain additional information from people's loved ones to complete a document called 'All about me'. The aim of this document is to gain insight and detailed information into a person's life history and their preferences to include within their care plan.
- Relatives confirmed they were kept informed about their loved one's wellbeing. A relative told us, "Yes, they contact you if there are any issues for example [person] became unwell and they phoned straight away to let me know they had contacted the ambulance service and then phoned again when the ambulance arrived." Another relative told us, "They keep you updated, they phoned about the DNAR and also re the DoLs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Observations confirmed staff communicated with people to promote their understanding. Most staff had knowledge of the communication needs of the people they supported. A staff member said, "Some people cannot communicate verbally so it is important to look at their facial gestures and mannerisms to see if they want to do what I am asking."
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was then used to develop people's care plans.
- The manager understood their responsibility to comply with the AIS and the importance of communication. The manager told us information could be made available in alternative languages or easy read if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

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

- We saw the provision of activities varied across the different units. We saw some people with dementia were not always supported to engage in meaningful activities and had nothing to occupy them other than the television. Our observations were shared with the manager to review.
- The service employs activities staff and we saw these staff support some people to go out for walks, play games, and complete some art and craft activities in preparation for the jubilee celebrations.
- Most relatives told us there were activities at the service and photos of these were put on the service's Facebook page and in the foyer area for relatives to see. Newsletters were also produced and distributed to provide relatives with information about future events and pictures of previous ones.
- A relative told us, "Staff come and give me updates, they told me [person] cannot undertake certain activities anymore. They do wonderful things, for example, on Valentine's Day they made hearts to give to loved ones, there was a pantomime at Christmas, and they make pom poms for people with learning difficulties. There are going to be lots of events for the jubilee such as afternoon tea. There are paintings that they have done on the wall. They have a lovely lawn and they take them out there in the summer."
- All relatives confirmed systems were in place to enable them to maintain contact with their loved one, especially during the COVID-19 restrictions.

Improving care quality in response to complaints or concerns

- Not all relatives were aware of the formal complaints procedure but were happy to raise issues with the manager, deputy, nurses and care staff. A relative told us, "I do not know about the complaints procedure, but I would just ring the manager if I wasn't happy."
- A complaints procedure was in place and we saw where issues had been raised these had been reviewed and responded to appropriately. Learning from concerns were shared with the staff team so where needed improvements could be made.

End of life care and support

- We saw limited information was currently provided in people's care records about their end of life wishes and preferences.
- The manager told us they were working with a specialist healthcare professional to improve upon this. People and relatives were being consulted about their considerations and wishes and this information would then be added to people's care records for staff to refer to.
- The manager told us they had signed up to complete the end of life gold standard framework which provides enhanced guidance on how to support people at the end of their life.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The service management and leadership were not always consistent, and improvements were required.

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

- Audits and processes failed to identify the shortfalls we had found in how risks were being managed, which placed people at risk of avoidable harm.
- Audits of medicines failed to identify the lack of information recorded in relation to time critical medicines and the removal of out of date medicines.
- Systems and processes failed to identify people's care records contained inaccurate information. For example, our observations of one person's physical wellbeing did not match what was recorded in their care plan. For another person we observed they did not have any teeth or dentures, but their care plan and daily records stated they did and had been supported to clean these in the morning. There was also a discrepancy in one person's records about them needing to have medicines administered covertly. Therefore, we could not be assured records were being completed accurately.
- Systems and processes had not been robust enough to ensure DoLS authorisations had been submitted without delay following their expiry.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There has been a change of manager at the service and they have submitted their application to register with CQC.
- The manager was responsive to our feedback and took action to address the shortfalls we had identified. The manager had implemented many new systems following their arrival in February 2022 to address shortfalls in the service. This includes audits in relation to people's food and fluid intake.
- We saw evidence that the provider undertook visits to the service and completed actions plans where environmental issues needed to be addressed. The management team also completed daily walk arounds on all units to monitor the ongoing delivery of care to people.

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

- People and relatives we spoke with knew who the manager was and expressed positive comments about the manager. One relative told us, "[Manager] will willingly natter and she will try and get all the help she can, for example, the home has been involved with Exeter University doing a research project on how to

avoid medication to manage behaviour and they are now involved with another study at Kings College London researching how to help carers to cope better. She is very much engaged with people she's not just sitting in the office, she's very much hands on."

- Another relative said, "The manager is lovely, she sits down and chats and has time for everyone. She interacts with [person] and makes [person] a cup of tea even though she's obviously busy, she still makes time for people. She is very approachable and making improvements in the service."
- Our observations supported this feedback. The manager was knowledgeable about people's needs and has implemented new systems and has action plans in place to further drive improvements.
- Staff told us they felt supported in their roles and described the manager as approachable. A staff member said, "Since the new manager came things have and are improving. The manager is lovely, helpful and I feel able to discuss any issues with her. We just need more permanent staff so we can have a consistent team supporting people."

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 manager understood their responsibilities in relation to the duty of candour regulation. The manager was able to demonstrate how they had responded to incidents and contacted people's loved ones to discuss these to meet the requirements of this regulation.
- The manager aimed to promote an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from previous incidents that had occurred.

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

- Systems were in place to gain feedback from people, relatives and staff. This included meetings, surveys, and individual discussions. Various topics were discussed using these forums about the service and people's care delivery.
- Feedback from our discussions with relatives and people were shared with the manager in respect of what they told us about how the service could improve. This included, to minimise the use of agency staff and to improve staff availability at weekends. Relatives told us it was sometimes difficult to enter and leave the service due to staff being busy. The manager has addressed these through actively recruiting and ensuring a dedicated staff member is now available at weekends to support visits by people's loved ones.
- Staff including agency staff told us they enjoyed working at the service and felt able to share any ideas they had. Agency staff made positive comments about the additional training and support they now received.

Working in partnership with others

- As previously detailed the manager is working with Exeter University and Kings College London to participate in research projects in relation to supporting people who live with dementia and their relatives. The research projects are in relation to reviewing people's sleep patterns, use of medicines to support distressed behaviours, developing dementia champions, and supporting relatives understanding of dementia and the impact this has on individual people.
- The management team also worked in partnership and sought feedback from partner agencies such as the local authority, healthcare professionals and pharmacy to monitor the service provided and to drive improvements.
- The management team also work in partnership with the local Public Health England office to ensure feedback and recommendations in relation to responding to and preventing Covid-19 outbreaks had been implemented in a timely manner.

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 were not protected from harm due to the lack of robust risk management processes within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.