Country Court Care Homes 2 Limited

# Walberton Place Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Walberton Place Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 80 people, there were 64 people living at Walberton Place Care Home at the time of inspection. The service supports people who may be living with dementia or need support with their physical health.

Walberton Place Care Home is a large purpose-built building over two floors. Each floor has separate facilities such as dining areas, lounges and places to socialise. The first floor is a specialist unit for people living with dementia. The building is surrounded by gardens and has an internal, enclosed courtyard garden.

People's experience of using this service and what we found
People told us there were not enough staff to complete necessary care in a timely way. This meant people had to wait for support with drinks, getting to the toilet and moving around. People said they felt frustrated when staff were too busy to respond to call bells. We saw staff rotas did not always have enough staff to match the planned schedule.

Information in care plans about people's assessed risks and needs was not always accurate and people had not contributed to their assessments. This meant that staff did not always know what people's needs and risks were and how to support people. Care plans were not always person centred as they did not accurately reflect people's individual needs and preferences for care.

People did not always experience a service which responded to their changing risks and needs. One example of this was that people had not been referred to the falls prevention service in line with the service's policy. Some people had experienced repeated falls, records of these had been kept but people were not offered specialist assessments to reduce risks and improve outcomes.

People did not always experience a service which responded to their changing risks and needs in a timely way. One example of this was that some people had not experienced a timely referral to the falls prevention service in line with the service's policy. Two people had experienced repeated falls, records of these had been kept but they were not offered a timely referral to reduce risks and improve outcomes.
People were not always supported to have maximum choice and control of their lives and staff were not always given information about people's agreed best interests. Some people were thought by managers to lack mental capacity to make decisions about their medicine, however, this had not been assessed with them. Staff supported people with their medication needs but there were no records to show people's wishes and preferences about medication. Managers took steps to address this during our visit.

People told us staff and managers were kind and friendly, they told us they enjoyed the meals and social group activities were varied. People were supported to join a wide range of social groups and exercise sessions. We saw these activities taking place through the day.

People told us they felt safe from abuse and protected from the risks of COVID-19. The service had good measures in place to manage infection prevention and control, for example, there were robust cleaning schedules and waste disposal measures. Visitor arrangements followed government guidelines, all visitors were supported to complete COVID-19 tests and personal protective equipment, handwashing facilities and hand gel were available. A visiting room had been created and there was a booking system to ensure the room could be cleaned thoroughly between visits.

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

This service was registered with us on 01 October 2019 and this is the first inspection.

Why we inspected
This was a planned comprehensive inspection.

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. We found no evidence during this inspection that people were at risk of harm from this concern.

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 have identified breaches in relation to safe care and treatment, person centred care, staffing and good governance 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 for 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 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?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service caring?**

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

**Is the service responsive?**

Requires Improvement

The service was not always 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.

# Walberton Place Care 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 carried out by one inspector who attended the location and two Experts by Experience. The Experts by Experience contacted people and their relatives after the visit. 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
Walberton Place Care Home is a 'care home'. 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. The registered manager was taking leave at the time of the inspection and there was an interim manager in place.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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 reviewed information we had received about the service. We used this information to plan our inspection.

During the inspection
On the day of our visit we spoke with two people who used the service and spent time observing the care received by people and how they responded to staff. Some people were not able to communicate their views to us due to dementia. Experts by Experience contacted seven people by telephone. We spoke with the manager and area manager, a chef, maintenance lead and three care workers.

We reviewed a range of records including care and medication records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and staff competency records.

After the inspection
We continued to seek clarification from the manager and area manager to validate evidence found. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with six relatives of people who use the service by telephone. We received feedback from six community health and social care professionals and the local authority commissioning team. We continued to look at a range of records including training data and quality assurance records, nine care plans and five staffing and recruitment records.

Requires Improvement

# 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 for 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.

Staffing and recruitment

● The home was sometimes understaffed during the night. Most people said their care needs were being met to some extent, but care staff were busy and rushed due to understaffing. People told us, "I am happy with the care, but sometimes the tablets are a bit late and if someone has to go to hospital sometimes, they have to stop and do that." and, "They are very short of staff in everything. Well, it affects me that I don't bother them when I should. I think they don't need to be bothered so much when I need a cup of tea, when they are so short of people, so I give up." Several care staff told us people's risks and needs could not always be managed proactively due to too few staff. We saw staff rotas showed there were less staff at night than the service's dependency tool had calculated to be safe.

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection by reviewing their staffing levels and actively recruiting to the service. They are taking steps to build up their bank of flexible staff to ensure safe numbers are available.

● Staff were not always recruited safely to the service. The provider did not ensure there were suitable character references for candidates before they started employment. Four of the staff files we looked at lacked reference information about candidates suitability to work with vulnerable adults. References were requested from previous employers and dates of previous employment were confirmed but there was no follow up to seek assurances about suitability for care work.

The provider responded immediately and following the inspection by reviewing their recruitment records and recruitment audit processes to make improvements.

Assessing risk, safety monitoring and management

● Care plans did not accurately reflect people's needs and risks and it was not clear that safe care and support was in place. One needs assessment stated that the person was both independent with personal care and needed full assistance with all personal care. Another person's care plan stated that they were able to walk unaided with a walking frame and needed assistance from one member of staff. Another person's care plan recorded in one section they had pressure sores and in another section said they had good

healthy skin with no issues. There was an increased risk that staff would follow incorrect guidance when providing support to people who could not express their needs.
● The service recorded a high number of falls, mostly unwitnessed. While most of these did not result in serious injury, paramedics were called when people hit their head, or an injury was found. Most falls were experienced by people living on the dementia floor. Care plans gave little information to staff about how people's risk of falls could be reduced. Staff had not received training in reducing falls risk for people at the home.

Following the inspection, the provider reviewed and audited care plans and made plans to improve people's referrals to specialist assessments.

Using medicines safely
● Medicines were administered by specific staff who had received training and passed competency tests. Refresher training was available to staff. A medicine administration near miss had recently been reported to the manager by a relative. When this was identified the manager took steps to ensure the staff undertook further training and assessment for competency.
● There were policies and processes for delivering safe medicines support to people. Medicine support was audited by the manager to check policies and procedures were being followed. The audit included checks on stock counts, storage, disposal and ordering.
● We saw medicine being administered with appropriate checks and recordings. People were offered medicines respectfully; these were explained according to their medication administration record. People were asked how they felt to determine if pain relief was offered in response rather than simply being offered tablets.

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.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe from abuse at Walberton Place Care Home. One person commented, "I'm safe here with everything I think", "I don't think of harm or abuse". We saw policies and processes in place for responding to allegations of abuse. The manager had previously contacted us to discuss concerns and the service had appropriately submitted concerns to the local authority and notified us.
● Relatives we spoke with were confident that people were safe from abuse. One relative told us, "I have no worries at all about safety either from abuse or from the physical environment. My relative is always happy, but if they are worried, they can talk to anyone and they'd be listened to and I believe action would be taken if necessary." Another relative said, "My relative is safe all the time now, and that makes me feel happy because I know the danger they were in at their own home."
● Staff received training to identify and report safeguarding concerns, this was part of induction training and mandatory refresher training. Staff understood what different forms of abuse were and how to report

concerns. Staff told us they felt confident raising safeguarding concerns to senior staff and managers when needed.

Learning lessons when things go wrong

● The service had learnt lessons from a COVID-19 outbreak during the pandemic. Cleaning and hygiene regimes had been changed and increased. Zones were introduced within the building and cohorts of staff were organised on each floor. Staff told us they had received additional training in infection prevention and control since the outbreak. Cleaning regimes had become more frequent and thorough with all staff providing increased cleaning activity around the home. We observed communal spaces, corridors and rooms to be clean and tidy.

Requires Improvement

# 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.

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, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lacked mental capacity to make decisions about their medicines were not assessed to establish their previous wishes, preferences and best interests. The service had not assessed when people were unable to give consent to medicines administration. This meant that people were at risk of receiving medicines without their previous wishes being considered.
- People's mental capacity, communication needs and need for support with decision making was not recorded accurately. The service did not ensure staff knew what decisions had been made with and about people to support their care. One person was described in their care plan as both able and unable to make independent decisions about their care. Staff described another person as requiring a DoLS application to be made while also having mental capacity to decide to live at Walberton Place Care Home and understand their care needs.

Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. In particular the provider had failed to carry out mental capacity assessments and best interests assessments for relevant people. This placed people at risk of receiving care that was not in their best interests. This was a breach of regulation 9. (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately, during and after the inspection to carry out mental capacity assessments for some people in relation to decisions about medicine.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Care plans did not always support staff to understand people's needs, risks and preferences. We read contradictions in care plans. One person's record stated they both could, and could not, independently manage personal care and use the call bell. Care staff told us they read care plans regularly to understand people's current needs and wishes and could see these were not always accurate or person centred. This placed people at risk of their needs being misunderstood and unmet by staff.

● People's complex dementia needs were not always being effectively met. Where people experienced complex and risky behaviours, such as sexual disinhibition, they did not have robust behaviour support plans in place to reduce risks and protect them. One healthcare professional told us, "When the service admits people with dementia directly from hospital it doesn't always put in place a proactive response to their risks. Complex mental health needs are not always recognised by the provider and are sometimes beyond care staff's knowledge. Community nurses and healthcare professionals are managing a lot of the risk." Care staff did not all have training in working with dementia and challenging behaviours. One staff told us their training was limited to monitoring behaviour rather than developing knowledge of how to respond to people.

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. This placed people at increased risk of harm. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection by reviewing all care plans to make improvements.

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

● Staff could not accurately rely on care plans to understand people's nutritional needs. One person's nutritional care plan stated they were prescribed supplements twice day, but another section stated they were not prescribed supplements. Care plan's for people with Crohn's disease and type 2 diabetes did not specify their range of dietary needs or identify what risks staff should be monitoring and responding to. This placed people at increased risk of mistakes being made with their meals, snacks and drinks.

● People told us they liked the food and made choices from the menu. They told us, "The diet is excellent.", "The food is nice." Some people told us they particularly liked the breakfast buffet and cooked breakfasts and people said they had choices about where and when they ate.

● The service had developed a photocard pack for easy identification of meals from the menu. Staff supported people to pick their meals, a four-week menu was planned in advance. The chef told us people were welcome to make specific requests and individual's portion sizes were accommodated. Several people had fortified diets and the chef was aware of one person's allergy needs.

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

● The layout of the home gave people living with dementia secure space to walk indoors and outdoors. The corridor of the dementia floor was a square around the enclosed courtyard. There were several communal areas where people could meet and eat together, lounges and games rooms were available for group activities and social events.

● The service recognised the need to support people with visual impairment around the building. One

person was being supported with signage in a particular colour they could more easily see, we observed this was used on their bedroom door and in directions around the building.
● The building was accessible for people using wheelchairs and walking aids. Lifts were available between floors and the exterior and courtyard gardens were level or gently sloped.

Staff support: induction, training, skills and experience
● There was an induction program in place and shadow shifts were arranged so that new care staff could learn from more experienced members of the team. New staff had three months to complete their induction modules and were in the process of doing so. The training matrix showed that some new staff had not yet completed mandatory training but were working with more experienced staff on their shift.
● Staff had supervision sessions with managers where their progress, training needs and competence were discussed. Staff told us they could raise issues, ideas and feedback to managers in these sessions.

Requires Improvement

# 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 were not always supported and treated with dignity and respect; and involved as partners in their care.

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

● People's preferences, background and history was not consistently recorded in their care plans. This meant personal information of importance to people was not always available to staff. Care plans had a 'Personal preferences' section but eight of the care plans we saw did not have this completed. Preferences for how people liked to wash, dress and personal grooming were not evident through care plans. People who could not easily communicate this information were at risk of receiving support that was not specific to their wishes and preferences.

● The service facilitated resident meetings where people could give feedback, ask questions and make suggestions. Some people told us they attended these, one person said, "We have a regular resident meeting, we can voice about anything you are happy about or bothered about. You really feel secure here."

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

● People spoke highly of the kindness from staff and managers. One person told us, "The staff are very kind and friendly, to be honest they are like your family. I mean it is my home. When I go in hospital and say I want to go home I mean here." We saw staff knew the names of residents and their visitors.

● Staff wanted people to experience good care and were committed to contributing to this. Staff understood that training and learning was important to the quality of care that people received. Staff told us, "It's really important for staff to get to know people, it's part of the job I really like.", and "The quality of care is really important, you know, how people are treated as well as what the service looks like. I think staff I work with all care." We saw people being supported with meals, with medication and activities in a cheerful, friendly and caring way.

● The service supported people's spiritual needs to be met. One relative told us, "My relative is not religious, but the staff asked about their faith and devotional needs and said they could arrange a vicar which was a very nice thing for them to think of offering." Another said, "My relative was not a church-goer per se, but because they have better access to things and more of a community around them they have regained their desire for being part of the church community life. A group from the local church used to visit the care home and hope they come back soon."

Respecting and promoting people's privacy, dignity and independence

● People's views and experiences were not consistently listened to or respected. People told us they had raised concerns about staffing and call bell response times and did not feel their views were valued. Some people told us they felt put off raising concerns due to lack of actions to make improvements. The manager told us people had raised concerns about long waits for staff but there were no plans to involve people in

how this could be improved. Staff told us they sometimes struggled to give people the individual quality time they needed when teams were short staffed.

● People we spoke with felt managers and staff were respectful of their privacy and dignity. We were told, "They talk to me how my daughter talks to me. They are never bad tempered.", "I do have privacy, yes, they always knock on the door and if they want to do something they always ask first. I do like that yes." and "I have a very nice private room that I can go to anytime of the day whenever I wish too." We saw respectful and kind interactions between people and all staff.

● People were supported to have private contact with friends and family. A relative told us, "[My relative] has always been treated by the care staff and all the team with great dignity and respect from what I've seen. On the phone you can hear them knock to come in and they politely say they will come back at a better time." Another relative said, "They will always remember to knock on the door rather than just walk in and they are really good at letting my relative do as much as they can for their self, like help to change the bed, do some of the spring cleaning." We observed staff knocking on bedroom doors before entering and having conversations about whether they wanted to join activities.

Requires Improvement

# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Improving care quality in response to complaints or concerns

- People's care plans were contradictory and did not accurately reflect their care and health needs or preferences. Many aspects of care plans listed what people could and could not manage but did not reflect their care goals or what they enjoyed and disliked. Care plans did not give staff clear guidance about how to understand or support people's individual care goals.
- People told us they knew how to raise a concern with staff and managers, however, we heard mixed experiences of how responsive the service was to people's concerns. While some people and relatives felt confident to raise a concern if needed, other people told us managers had not been responsive and they had lost confidence to speak up. The manager told us some people were unhappy about the waiting times for call bell responses at meal times, however, there was no plan to improve people's experience of this. Please see the well led section of this report.
- People's wishes about DNACPR (do not attempt cardiopulmonary resuscitation) decisions were clear on their end of life care plans. Representatives were named and decisions about care, treatment, faith and funeral wishes were recorded.
- Care plans reflected people's social needs and how they liked to spend their time. Care plans prompted staff to 'encourage [people] to enjoy past hobbies and interests', favourite pastimes and important relationships were recorded. Staff working with people living with dementia had information to support people's individual social interests and preferences.

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 (AIS). 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.

- People's sensory and communication needs had been noted in their care plans. Where people were also living with dementia the service had started to identify how this impacted on their communication methods and support needs. Where people needed information written down due to hearing impairment this had been identified. We saw examples of large text signage and particular colours of signs put in place for people with visual impairment.
- Hearing aid and glasses maintenance was noted in care plans. Some people did not like to wear hearing aids or took their glasses off and it was noted when this impacted on people's safety and independence. Staff were prompted to accommodate lack of sensory aids by giving people additional time to receive information and respond.

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

● The service had a strong group activity and social schedule with activity coordinators leading events for people who enjoyed these activities. During the COVID-19 pandemic people had restricted access to community facilities, however, group social activities and exercise sessions in the home were available. One person told us, "[the home is] very happy, it really is. The staff look after you and the activities here if you want to join in you can, it's your choice." A relative told us, "Although not a 'joiner-in' usually, my relative says the quizzes and party afternoons are such fun." We observed people enjoying exercise and musical sessions through the day on both floors of the home. We saw the activities staff inviting people to contribute to sessions and join songs.

● The building and gardens provided various places for people to meet, sit and socialise together as well as quiet spaces. There were a number of communal places to meet for meals, watch TV and take part in organised activities. We saw people enjoying lunch together, singing together and taking exercise sessions.

● People received social visitors in accordance with government guidance as pandemic restrictions were being eased. The manager confirmed that visitors could arrange visits at any time suitable to people. We saw a range of visitors to the home, all being supported to follow safe infection prevention and control processes.

Requires Improvement

# 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. 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

- Manager's audits did not identify gaps in quality or areas for improvement. For example, audits of medicine administration and care plans had taken place regularly but had not identified a lack of mental capacity assessments or the errors in records found during inspection.
- Managers had not identified gaps in recruitment records. Records had not been robustly checked or audited, so the lack of character references had not been identified.
- There was not a robust response to understand risks across the service and make improvements. Information about call bell responses, incidents and accidents and staffing levels where not robustly analysed and responded to. There was no system to accurately collect data about, or audit, call bell response times. People told us they had raised concerns about response times, but no action had been taken. People and staff did not know how low staff levels would be managed to improve people's experiences.

The registered person had failed to operate effective systems and processes to ensure good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During and following the inspection the provider took steps to review their audits and governance processes and improve management oversight of the service.

- The manager was well known to people, relatives and staff and had a strong presence within the home. People told us the manager was approachable and available to talk with when needed. The management team were ambitious for the quality of care provided to people and were responsive to issues raised during this inspection.

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

- A person-centred approach was inconsistent across the service. Aspects of care for people with higher needs such a falls and behavioural risks were not described in detail for staff to proactively manage.
- The manager informed people and their relatives about events such as accidents and hospital admissions. We saw evidence that the duty of candour was being fulfilled through notifications about serious injuries

and safeguarding concerns. Relatives told us they believed they were being kept up to date.
● There was a formal complaints process which relatives had accessed. We saw the service had responded in writing to formal complaints and according to their process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The service sought feedback from people, relatives and staff to some extent, but did not always act to make improvements to care. Some people and staff told us the service had been slow to increase the availability of care staff to meet needs. People and staff felt care provision was regularly over-stretched.
● Managers had not worked in partnership with the falls prevention service despite keeping a log of multiple falls experienced by people. Immediate actions had been taken to respond to people's falls, but there was a lack of planning with people at higher risk of falls to reduce their risks or understand the cause of falls through specialist assessments.
● The service worked with district nurses who supported people's planned, long-term healthcare needs such as skin care. Staff had received some training from district nurses to improve their knowledge of skin care. We saw evidence that paramedic practitioners were called and attended when people had falls and accidents. Advice about emergency care and transfers to hospital was followed.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the |

requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.