

## Jubilee Court Care Home Limited

# Jubilee Court

### Inspection report

Neuro Rehabilitation Centre  
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Bilston  
WV14 9EJ

Tel: 01902883426

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20 January 2020  
22 January 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Jubilee Court is a purpose-built residential care home providing rehabilitation, personal and nursing care to 30 people who have an acquired brain injury. At the time of our inspection the service was supporting 30 people.

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

Systems required improvement to ensure robust recruitment practices were followed and the registration status of nurses needed to be continually monitored to ensure staff were suitable to work with vulnerable people. Medicines practices were inconsistent as we found gaps in records and some medicines had not been dated when opened. Action was taken to address all of these shortfalls during the inspection.

People told us they felt safe. Staff knew how to escalate concerns and were aware of potential risks when providing support. People received their medicines when they needed them. Staff wore gloves and aprons to ensure they protected people from cross infection. Systems were in place to learn lessons from incidents and accidents and from any other events in the home to make improvements.

Staff had the training they needed to fulfil their role and support people effectively. People's healthcare needs were monitored and met, and staff worked in partnership with healthcare and social care professionals in addition to the on-site therapist team. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice. People and relatives made positive comments about the caring, supportive and dedicated approach of the staff and therapist team that supported them. People were encouraged to be independent, had their privacy respected and were treated with dignity and respect. People were supported to participate in meaningful activities of their choice.

People were consulted in all aspects of their care and rehabilitation pathway. Support plans provided staff with information about people's needs and preferences and how they would like these to be met. People had individualised rehabilitation plans which were regularly reviewed monitoring people's progress to reach their potential. People knew how to raise concerns and felt confident these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as open, and approachable in the way they managed the service. Systems were in place to monitor the delivery of the service.

### Rating at last inspection

The last rating for this service was good (published 15 August 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about the care people were receiving and the lack of professionalism of the staff and manager. A decision was made for us to inspect and examine those risks.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Jubilee Court

## 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.

#### Inspection team

The inspection was undertaken by two inspectors, and a specialist advisor on 20 January 2020. The specialist advisor was a nursing professional. One inspector returned on the 22 January 2020 to complete the inspection.

#### Service and service type

Jubilee Court 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.

#### 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. 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.

#### During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with visiting social care and health care professionals, one nurse, one senior, six support staff, the cook, two activities staff, physiotherapist, and physiotherapy assistant, occupational therapist, clinical lead nurse and the registered manager. 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.

We reviewed a range of documents and records including sampling the care records for eight people, 29 medicine records, three staff files and training records. We looked at the registration status for all of the nurses working in the home. We also looked at records that related to the management and quality assurance 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Using medicines safely

- People confirmed medicines were given to them when they needed them. One person said, "Yes I always have my tablets when I need them, and I know what they are for and if I didn't the nurse would tell me."
- Medicines practices were not always consistent. We found some gaps in records for example, dates had not been recorded on one bottle of eye drops and liquid medicines when they were opened. There were some gaps in relation to the monitoring of the site where people were supported to eat with a tube in their stomachs. These issues had the potential to place people at risk of harm. Action was taken to address all of these issues during our inspection. Audits were in place and completed monthly the registered manager told us most of these issues would have been identified in the next audit and addressed.
- Records confirmed people received their medicines when they needed them.
- We observed medicines being given to people and the nurse and senior staff member did this in a safe way ensuring they explained to the person what the medicines were. The nurse and senior stayed with people until they had taken their medicines.

### Staffing and recruitment

- Not all of the required recruitment information had been obtained and verified before staff commenced employment. We found some gaps in employment history for two staff which had not been explored and where references had not been provided by the manager from the previous care related employment the rationale for this had not been recorded. All these discrepancies were addressed during the inspection and additional information sought and added to the staff files. A lesson learned exercise was completed to ensure this practice was strengthened in the future.
- The monitoring of the registration status of the nursing staff employed was not always robust. We found discrepancies for one staff nurse. These issues were addressed during and following our inspection following our prompting. A lesson learned exercise was completed.
- People and relatives told us there was usually enough staff on duty to meet their needs. One person said, "My needs are met and there is usually enough staff, but sometimes there is sickness which does impact on the staffing levels. I know they try and cover this, but sometimes the staff are really busy." A relative said, "Yes there is enough staff but due to sickness there have been some days they are short, but the staff pull together and [name] needs are met."
- Staff we spoke with told us there was usually enough staff on duty. One staff member told us, "Staffing levels are okay when we don't have staff phone in sick, things are getting better and we are able to meet people's needs but some days are busier than others."
- The registered manager told us they used a dependency tool which was reviewed monthly to monitor the staffing levels in relation to people's dependency. The registered manager acknowledged the impact

sickness had on the staffing levels and showed us their contingency plan for staff shortages. The registered manager confirmed efforts were made to cover any staff shortages. This showed the procedures that should be followed to cover staff shortages. Following the inspection visit the registered manager told us a decision had been made to increase the staffing levels by two additional support staff.

#### Assessing risk, safety monitoring and management

- We observed one container of thickener being stored in an unsecure area in the lounge. This was removed and stored securely when we shared this feedback with the registered manager who confirmed action would be taken to remind staff about the risks associated with this.
- People and relatives told us staff knew about any risks associated with providing their support. A person told us, "The staff know me well, and my limitations, and they support me to make sure my position is correct, and I don't fall." A relative said, "The staff know the risks to [name], and what they have been through, they provide the support needed to prevent any risks to them."
- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging. The clinical lead was updating all risk assessments to make them more detailed.
- Staff were familiar with the risks to people's safety such as people at risk of falling. Staff continued to receive support from the on-site therapist team to help identify if additional support could be provided to reduce risks.
- Where people showed behaviours that may challenge others, staff had guidance to follow to manage the situation in a positive way which protected people's dignity and rights.

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

- Following our inspection visit at the service we received information about a safeguarding concern which had not been reported to the appropriate agencies in a timely manner. This is currently being investigated.
- People and relatives told us staff provided safe support and they had no concerns to share. A person told us, "I do feel safe here, and following an incident with another person the staff and manager have put arrangements in place to ensure I am kept safe." Another person said, "The staff are gentle and support me well, I feel safe and the staff help me to keep safe. If I saw anything or had any concerns I would raise them immediately."
- Staff were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would report anything where people are placed at risk, I know the procedures and I know which agencies I can go to outside of this service."
- CCTV had been implemented in the communal areas to assist with the ongoing monitoring of people's safety. People and their relatives were consulted about this.
- The registered manager was clear about their responsibilities to safeguard people and had reported any safeguarding concerns to the local authority and ensured they were investigated appropriately.

#### Preventing and controlling infection

- People told us the home was kept clean and tidy and their bedrooms were well maintained.
- Staff told us, and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.
- An infection control lead was appointed who monitored the standards in place and completed audits. This information was shared with the registered manager and action taken to address any issues such as where pressure relieving equipment needed to be replaced due to risk of infection.



### Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
- The registered manager discussed an incident where lessons were learned which resulted in a disciplinary action for a staff member.
- The registered manager advised they would be completing a lesson learned exercise following the feedback provided from this inspection.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives confirmed they had been involved in the assessment of their needs. One person told us, "Yes I was involved in my assessment both with the staff and the therapist team. I provided information about me and my past life, my accident, my routines and my hopes for the future. Together a plan was devised about the daily support I need and a rehabilitation plan with an aim to improve my independence and to live independently again. Everything is going well, and I am making progress which I am very happy about. I am very happy with all the arrangements in place." Another person said, "I am consulted about everything and staff know about my needs and determination to become as independent as I can. The therapist team are amazing and with them and the staff support I am achieving my targets and improving my skills. Each day I am getting stronger and I am really happy with the progress I am making."
- The registered manager shared with us many stories about people's rehabilitation and the improvements in people's abilities since they moved into the home. In addition, information about people who have successfully reached their rehabilitation potential which has enabled them to move to living independently in the community.
- Care records we reviewed considered people's 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 support: induction, training, skills and experience

- People and relatives told us they felt confident in the staff and their skills to meet their needs. One person said, "The staff do a good job and they know what they are doing so I am confident they have had the training to do their jobs." A relative told us, "The staff performance is varied from excellent and experienced to those new to the role and learning the job. The new staff are supported by more experienced staff when undertaking tasks."
- Staff told us they had received an induction, (which included completing the care certificate), and received training they needed for their role and felt supported. One staff member told us, "I have completed all training, so I can do my job and we have regular fresher training and opportunities to complete training we are interested in."
- Training records we reviewed demonstrated staff had completed training in areas such as brain injury, Huntington's disease in addition to other relevant training such as moving and handling. A training programme was in place and we saw training posters displayed advising staff about planned training in areas such as diabetes, safeguarding and food safety.
- Staff told us they had completed training in relation to oral hygiene as part of their induction, but this was not in detail. Following discussions with the clinical lead and registered manager further training would be provided. This will ensure staff have detailed knowledge and skills on how to support people with their oral

hygiene and signs staff should be aware of which may indicate medical advice should be sought.

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

- People told us they had choices at each meal times and were supported to eat a balanced diet. One person said, "The food is okay it varies. There is a new cook and I am hoping the quality will improve as he gets more settled here. I am asked what I would like to eat, and I can have snacks when I want such as fruit, and toast." Another person told us, "The food is fine and yes we have choices and can have alternatives or what we want really."
- People told us about the breakfast club and the planned sessions facilitated by the therapist team to assist people with meal preparation as part of their rehabilitation programme. One person said, "These sessions are part of my plan and the occupational therapist (O.T) support me to make a drink and make my breakfast so I can gain the skills and abilities to do this for myself. I enjoy these sessions."
- Discussions with the cook demonstrated their knowledge about people's dietary requirements. The cook told us they could provide food to meet people's cultural requirements when needed. Some people we spoke with told us they preferred food provided by their families to meet their cultural needs. Information about people's preferences were recorded in their records.
- People at risk of malnutrition and dehydration had their food and fluid intake monitored. We noted on some records where people had not achieved their optimal levels the action taken to escalate this was not clear from the records. This was discussed with the registered manager who showed us an audit she completed each week sampling some records to identify these shortfalls. People were weighed regularly and changes in weight were monitored and appropriate referrals made to agencies as required.

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

- Staff worked in partnership with the on-site therapist team to support people with their exercises, to maximise their rehabilitation potential. Staff told us they received support and guidance from the therapist team on how to support people with complex moving and handling needs. A staff member said, "The therapist team show us how to use any new equipment and how to safely support people to do their exercises or to move them safely. If people wear aids such as splints the team show us how to put these on."
- Staff also worked with various health care professionals to support people's needs. For example, diabetic nurse, speech and language therapist, and dieticians. We spoke with a visiting healthcare professional who told us, "Referrals to us are timely and appropriate and there is always staff available to assist with the assessments and staff are very knowledgeable about the people. Staff follow instructions and advice."
- Staff also work with social care colleagues, local and specialist hospitals to support people in their pathway to the home or for ongoing appointments monitoring people's needs. Therapist meetings were held every 12 weeks to review people's progress. Multidisciplinary meetings were held annually to review people's needs and progress and before people were discharged.

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

- People's rooms were personalised with pictures and ornaments that reflected the person's likes and interests.
- The home is purpose built over three floors. The top floor is where the therapist team work and provide planned sessions for people. This room has vast amount of equipment and a gym to support people with their rehabilitation. In addition, there is a rehabilitation kitchen which people can use to support them to develop their daily living skills.
- People have access to aids and equipment to support their needs and maximise their independence such as assistive technology. This included ceiling tracking hoists, virtual assistant technology, and sensor mats.
- People have access to a cinema room on the lower level, and plans were in place to revamp the sensory

room.

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 told us staff asked for their consent before providing support. Relatives we spoke with also confirmed this. One person told us, "The staff come in and ask me if I would like personal care or discuss with me what they need to do such as provide pressure relief. So yes, they always ask for my consent first." Where people declined support the risks of this were discussed with the person and these choices respected and recorded.
- Staff we spoke with confirmed they sought people's consent before providing support. One staff member said, "I do always ask and gain permission from people. If they say no I respect this. If people are not able to tell me verbally I look for clues such as their mood, or facial gestures."
- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. Where conditions were attached to people's authorisations records were in place to demonstrate these were being met.
- Where people did not have capacity to make decisions, they were supported as much as possible to have, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff had a good understanding of the MCA and the impact this legislation had on their role. Staff we spoke with were able to tell us which people currently had authorisations in place.

# Is the service caring?

## Our findings

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

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

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

- People told us staff supported them in a respectful manner respecting their diversity and human rights. One person said, "The staff are excellent, respectful, caring and friendly. We have a laugh and joke with I think is a bonus. They respect me for who I am and support me as I want them to. I am very happy here." Another person said, "I am happy here the staff respect me and my ways, they are friendly. I wouldn't want to give up this place I am happy here." A relative told us, "From what I have seen and heard the staff are respectful when they talk to people and when they support [name]. The staff are caring and treat [name] well."
- We observed positive interactions between people and staff. We saw staff laughing and making jokes with people and times where they sang together. People appeared at ease with staff.
- Staff told us they enjoyed their role. One staff member said, "I really like it here we all work together and do our best for people. It is quite sad sometimes when we talk with people and hear their stories, but we do our best to support them emotional as well as in all other areas."

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

- People and relatives told us staff involved them in their care. One person said, "I am in control of my life and what I want to do from when I get up to when I decide I want to go to bed. I can come and go when I want. I am able to express my views when I want, and I am involved in any decisions made about me." A relative told us, "The staff do involve me and [name] about their daily care, and they keep me updated with their wellbeing which is what I want. We are very happy with the care provided here."
- People told us their families and friends could visit when they wanted. The only exception was during mealtimes to protect people's dignity. A relative told us, "I am always welcomed here, and the staff are getting to know me. They always have a smile on their face and offer a drink. If I am here at mealtime I just stay in [name] room, I understand why they don't want me in the dining area."
- Where required people had the support of an advocate to ensure decisions made were in the persons best interest and human rights.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted their privacy and dignity. One person told us, "It can get embarrassing, but I deal with this by having a laugh. The staff are really good and always ensure my dignity is maintained and the doors are shut, and curtains closed. The staff always encourage me to do what I can for myself and tell me how well I am doing with my rehabilitation. They are very supportive." Another person said, "The staff are great, and they maintain my dignity when providing personal care, by covering parts of

my body. They always knock my door and ask if they can come in. The staff ask if I want the door open or shut when I am in my room."

- We observed staff encouraging people to be independent when eating or drinking and when mobilising. We observed staff offering people encouragement and praise following their planned therapy sessions or when they had developed or maintained their independent skills. Staff spoke positively about people's achievements and progress.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us their care was personalised to meet their unique needs and they felt in control and were consulted about their plan of care and rehabilitation. One person told us, "We have had many discussions about my needs and my goals and the support staff and therapist team are working well together to enable me to meet my goals. Everything is kept under review and updated based on my progress." A relative said, "The staff and therapist team are very responsive and work well together to ensure [name] has the support they need. We are very impressed with the care provided and the therapist team are excellent. We have reviews and many discussions about [name] needs and any changes that may need to be made."
- Discussions with the therapist team demonstrated their commitment of working in partnership with people. A member of the therapist team told us, "We work as a team. We complete an assessment with people to assess their needs and their rehabilitation potential. We then review what equipment we may need to assist people to reach their full potential. We complete risk assessments which are then shared with the support staff. We have had many success stories. For example, a person came here and was told they would not walk again. After a period of rehabilitation and hard work by all the staff and therapist team the person has regained their skills and can now walk with the support of walking aids."
- Staff had access to a variety of information to refer to. This included, literature displayed in communal areas about spinal conditions, and people had pictures in their rooms of the stretches they needed support with and of them using the gym. The therapist team completed a manual in relation to stretches and the benefits of these to people, and how staff can support people with these safely.
- The 'resident of the day' model had been introduced. This is where the emphasis is on one person each day and all their care records were updated.

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.

- The registered manager understood their responsibility to comply with the AIS. Information could be made available in large print or alternative languages if required. The registered manager confirmed information such as the complaints procedure could be made available in easy read for people to access.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was also recorded within people's support plans of how they communicated. Staff told us how they used a variety of aids such as picture boards, and wipe boards to communicate with people.

- Pictures were used to support people's exercise's and moving and handling for staff and people to refer to.

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

- People told us they were supported to maintain relationships and to undertake meaningful activities of their choice. One person said, "I go home regularly, and my family visit me often, if I needed to call a relative staff would support me with this. I go out to the places I enjoy when I want to." Another person told us, "I am not restricted I can come and go out as I please. Staff will support me when needed to go out to the places I like. When I am home I prefer my own company and keep myself occupied."
- People told us they were supported to continue with their studies, and one person had recently graduated from university.
- Activities staff were employed, and they and the support staff supported people to engage in either group or individual activities such as, film nights, pamper sessions, arts and crafts, baking, reading, going for walks, or to the local shops. Trips were organised for people to locations of their choice such as, Weston Super-Mare . A Valentines meal had been planned for all to attend for a three- course meal. Newsletters were displayed of past events and detailing key information and birthday celebrations.
- The registered manager told us new activities plans were being devised to reflect people's preferences and the activities people had participated in.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and felt confident issues would be responded to positively and quickly. A person said, "I raised a few things when I first moved in and the manager and was quick to address the issues." A relative told us, "The procedure is here in [name] room. Any issues I would just raise them with the staff, nurses or the registered manager. I am confident I would be listened to and action would be taken."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends. They were also used to improve the quality of the service provided to people.
- A folder of the compliments received was also kept and this reflected people's positive experiences of the home.

End of life care and support

- The staff was working with the palliative care team to introduce the "planning your future care" which is a plan that explores people's preferences and choices around end of life care understanding what is important to them, their fears and special requests.
- Where required records were in place detailing people's wishes and preferences such as remaining at the home.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Systems for monitoring the status of a nurse employed in the home were not robust. We checked the registrations of the current nurses and found one nurse was recorded as having restrictions on their practice. Although the registered manager had some knowledge about the current status of the nurse, she was not aware of the full facts of the restrictions as the nurse had not disclosed these as required. Additional checks had also not been undertaken to check the information held by the Nursing and Midwifery Council (NMC) to validate the information shared. Action was taken by the registered manager when we brought this to her attention, and systems implemented to mitigate the risk of this reoccurring in the future.
- Effective systems were not in place to ensure recruitment records for new staff were checked to ensure they contained all the required information and rationale to support the decisions made before staff were appointed. For example, ensuring gaps in employment had been explored. Action was taken by the registered manager when we brought this to her attention and systems implemented to mitigate the risk of this reoccurring in the future.
- Systems in place did not ensure timely action was taken to identify and address inconsistent medicines practices. For examples gaps in records for people who were assisted to eat via a tube in their stomach, and dates not being added when liquid medicines were opened. Medicines audits were completed weekly and monthly and the registered manager advised these shortfalls would have been identified and addressed.
- Systems were in place to monitor the service provided to people, in other areas we reviewed. These included infection control, health and safety, care plans and records. Where issues were identified action, plans were in place to address them.
- The provider maintained oversight of the service and completed their own audits on a regular basis to monitor the quality of the care provided to people.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, 'approachable, open, and supportive.'
- The registered manager shared with us the 'home improvements plan' which detailed what improvements have already been completed and what was planned for the future. This included redecoration and replacing items such as furniture, and equipment.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

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

outcomes for people

- People told us they thought the home had a positive atmosphere and they felt included in all aspects of their care. One person said, "I do feel empowered here as I have my aims and targets which I intend to reach. The therapist team are fabulous, and the support staff are equally as good to. The manager is lovely and always comes and says hello and asks how I am doing. I am happy with everything here."
- A relative told us, "In comparison to previous experiences this home is excellent. We feel included and at the centre of the care that is provided. We are very happy with everything. The manager is approachable, and I would not hesitate to speak with her about anything and I have confidence in her abilities."
- Staff we spoke with felt supportive in their role. One staff member said, "The management team are supportive and we all work well as a team. It is a good place to work."
- The registered manager told us they aimed to promote an open culture, and 'always had an open-door policy', and this was confirmed by people, staff and relatives we spoke with.

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 registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to recent incidents.
- The registered manager used any lessons learned as an opportunity to make improvements in the home and this information was shared with staff in team meetings held. For example, from incidents that have occurred in the home.

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

- People and their relatives told us their feedback was sought by the therapist team, support staff and the registered manager. One person said, "There are meetings where they discuss the home, but I don't attend as I don't wish to. I would just tell the staff or the manager about what could be improved, and how well they are doing especially the therapist team."
- We saw from the posters and minutes displayed regular meetings were held for people and their relatives to attend to discuss the service. The last meeting was held in November and various areas were discussed including food, and the forthcoming Christmas fete. Where people or relatives made suggestions for improvements these have addressed, and responses included in the minutes.
- Surveys had recently been sent out to obtain people, relatives, staff and professionals' feedback. We reviewed the outcomes from the surveys received in June 2019, and these were positive and displayed for everyone to read in the reception area.
- Staff told us they attended regular meetings to discuss the service and felt confident to raise any suggestions. A staff member said, "We do have regular meetings and updates, and I feel able to speak up and offer suggestions at these or whenever I want to the management team. I feel listened and valued."

Working in partnership with others

- The registered manager, staff, and therapist team all worked in partnership with many social and healthcare colleagues to ensure people received a personalised service. Where required staff worked in partnership to assist people towards their goal with external professionals to plan individuals discharge following their rehabilitation within the home.
- The registered manager worked in partnership with the local authority and had nearly completed all required actions from the recommendation report sent to them following a quality visit.

