

## Larchwood Care Homes (South) Limited

# Lauriston House

### Inspection report

Lauriston House Nursing Home  
Bickley Park Road  
Bromley  
Kent  
BR1 2AZ

Date of inspection visit:  
03 June 2019  
05 June 2019

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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: Lauriston House is a care home that is registered with the CQC to accommodate up to 92 people. The home provides care and support to older people, some of whom are living with dementia. There were two units on one floor at the home. One unit had been set up specifically for people living with dementia. At the time of the inspection 24 people were using the service.

Rating at last inspection: At our last inspection on 5 November 2018 we found breaches of regulations because risks relating to people's care and support were not always managed safely. Care plans were not reflective of people's care needs and were not being followed by staff. Staff had not always referred people to health care services where they had identified concerns with their health. Staff had not always followed the instructions of health care professionals when supporting people. Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed at the home to meet people's care and support needs. The home relied heavily on agency staff, some of whom were not fully aware of people's needs.

The principles of the Mental Capacity Act 2005 (MCA) had not always been adhered to where people lacked capacity to make decisions for themselves. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Staff did not always treat people with respect, or in a caring way. People were not consistently provided with a range of appropriate social activities that met their needs. We identified one incident that was a safeguarding concern which had not been properly reported or recorded. The home's quality monitoring systems were not effective.

The home was rated inadequate overall and was placed into 'Special Measures'.

At this inspection we saw that the registered manager and the management team had addressed these breaches and were compliant with the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst we found improvements had been made in some areas required further improvements. The systems and processes that have been implemented in well led had not been operational for enough time for us to be sure of consistent and sustained good practice. We will look at these systems again at our next inspection of the service.

People's experience of using this service: Risks to people using the service were assessed, reviewed and managed appropriately. People's care and support needs were assessed before they moved into the home. They had care plans in place that reflected their needs, and these were followed by staff. Staff referred people to health care services when they identified concerns with their health. Staff followed the instructions of health care professionals when supporting people. The home had recruited more full-time staff and were no longer reliant on agency staff.

The principles of the MCA were adhered to where people lacked capacity to make decisions for themselves.

Staff treated people with respect. People were provided with a range of social activities that met their needs. Safeguarding concerns were reported to the appropriate authorities when required. There were effective systems in place to assess and monitor the quality of the service.

People's medicines were managed safely. Appropriate recruitment checks were carried out before staff started working at the home. There were procedures in place to reduce the risk of the spread of infections. Staff had received training and support relevant to people's needs. People were supported to maintain a balanced diet.

People's wishes relating to their end of life care needs had been discussed with them or their relatives [where appropriate] and recorded in their care files. People and their relatives [where appropriate] had been consulted about their care and support needs. The home had a complaints procedure in place.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people, their relatives and staff views into account through meetings. Staff enjoyed working at the home and said they received good support from the registered manager and management team.

Why we inspected: This was a planned inspection based on the previous rating.

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

As the provider has demonstrated improvements and the service is no longer rated inadequate for any of the five key questions, it is no longer in special measures.

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** ●

# Lauriston House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two inspectors, two CQC medicines team inspectors and an expert-by-experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the home on the second day of the inspection.

**Service and service type:** This service is a 'care home'. It provides care and support to older people, some of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as 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 inspection was unannounced. The site visit activity started and on 3 June and finished on 5 June 2019.

**What we did:** Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 contacted health care professionals and the local authority quality monitoring team and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection we looked at six people's care records, staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance checks and policies

and procedures. We spoke with the registered manager, regional manager, a nurse, three care staff, the activities coordinator and the chef about how the home was being run and what it was like to work there. We spoke with four people using the service and four relatives.

Some people using the service had complex communication needs and were not able to verbally communicate their views to us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific 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

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. Regulations may or may not have been met. Whilst we found improvements had been made in this key question we found some areas where further improvements were required.

### Using medicines safely

- We found that information in some people's care plans was not always available to staff at the point of medicines administration to ensure a consistent approach. For example, the protocols describing how and when to apply creams were not available to care staff, the charts for recording the use of creams had not been checked by a second person and did not always reflect the original prescription. Protocols for 'as and when required' medicines did not include details to guide staff on how much to give when a variable dose was prescribed. A person who was given their medicines covertly had a plan detailing how to prepare the medicine, but it was not kept with the medicines and a member of staff told us they prepared it a different way, so it was not done consistently. There was also a risk that the necessary interval was not left between doses of a pain-relieving medicine.
- We brought these issues to the attention of the registered manager and they took immediate action. On the second day of the inspection they showed us updated protocols and charts for staff describing how and when to apply creams, a protocol for 'as and when required' medicines that included details to guide staff on how much to give when a variable dose of medicines was prescribed, and there was guidance in place to administer medicines to individuals covertly. The registered manager had held discussions and recorded with staff responsible for administering medicine in relation to ensuring that time specific medicines were recorded when given on the Medicine Administration Record (MAR).
- People had individual MAR that included their photographs, details of their GP and any allergies they had. MAR administration was recorded and if a dose was not given, the reason was recorded.
- Staff supported people with dignity and people told us they got their medicines on time.
- People were assessed regularly, and medicines were stopped when no longer necessary.
- The service had a process for ensuring that people's medicines and information relating to medicines was made available on transfer to hospital or another service.
- Staff were trained and deemed competent before they administered medicines, and there was a medicines policy in place.

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

At our last inspection on 5 November 2018, we found a breach of regulations because safeguarding concerns were not always reported to CQC or the local authority safeguarding team when required.

- At this inspection we found the registered manager had reported safeguarding concerns to the CQC when they were required to do so.
- The local authority that commissions the service told us the registered manager had been reporting concerns to the safeguarding team when required. They said not all the concerns the registered manager

had reported to them met the safeguarding threshold for investigations, but it was really positive that they were 'reporting'.

- There were safeguarding adults procedures in place. The registered manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authority safeguarding team and CQC if required.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- A person using the service told us, "I know all the staff and if I do not feel safe I can talk to them easily."

#### Learning lessons when things go wrong

At our last inspection we found that incident and accident forms had not always been completed where required.

- At this inspection we found that all incidents and accidents had been recorded appropriately. The registered manager had reviewed accident and incident forms and completed a monthly analysis to look for trends and patterns.
- One person had fallen from their chair multiple times. Although the registered manager had reviewed each fall and acknowledged that there was a high risk that the person would fall again, there was no risk assessment in place or advice for staff regarding how to support the person to reduce the risk of them falling again.
- We discussed these incidents with the registered manager and they told us they were currently consulting with the person's care manager and other professionals regarding how best to support the person, however, the person was still falling regularly. They updated the person's risk assessments during the inspection, outlining the concerns and how staff should support the person safely.
- A safeguarding record log was in place. The registered manager told us this was used to monitor safeguarding concerns and to record any actions taken and learn from any mistakes that had been made.

#### Assessing risk, safety monitoring and management

At our last inspection we found a breach of regulations because risks relating to people's care and support were not always managed safely. Some people had pressure sores. We found that pressure relieving mattresses were not set correctly. We observed two instances where people were given non-thickened fluids when they had been assessed as requiring their drinks thickened, because they were at risk of choking. Another person had previously been hospitalised due to constipation and no action had been taken by staff to seek medical advice or support. Actions recorded in some people's oral health assessments had not been followed up. One person used oxygen to ensure they were able to breathe safely, however there was no guidance for staff on cleaning or maintenance of the equipment used to deliver the oxygen to the person.

- At this inspection, we found the registered manager had introduced a monitoring system to ensure pressure relieving mattresses were set correctly. There was a record of what setting mattresses should be on, and staff checked daily to ensure mattresses were on the correct setting.
- Staff we spoke with were knowledgeable about people's needs in relation to their choking risks. When necessary people had been assessed by a Speech and Language Therapist (SALT). Staff gave people drinks thickened to the correct consistency, in line with the SALT guidance.
- The risk of people becoming constipated had been assessed when necessary. Staff monitored and recorded when people had a bowel movement and took action if required, according to the person's care plan.
- Some people used a nebuliser or oxygen to help them breathe safely. There was clear guidance in place regarding the upkeep and management of breathing equipment.

#### Staffing and recruitment



At our last inspection we found a breach of regulations because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed at the home to meet people's care and support needs.

- At this inspection we observed there were enough suitably qualified, competent, skilled and experienced staff deployed at the home to meet people's care and support needs.
- A person using the service told us, "Yes, there are always enough staff in." A relative commented, "Yes there is enough staff, I have never had an issue with staffing."
- The registered manager showed us a dependency tool and told us staffing levels were arranged following assessments of people's needs.
- The home had a full complement of nursing staff and ten care staff had been employed to work at the home since the last inspection.
- On the first day of the inspection there were two nurses and seven care staff on duty. One nurse and one care staff were agency staff. The registered manager told us whenever possible the same agency staff were used as they were familiar with people, their likes and dislikes and routines. The rota evidenced regular use of the same agency staff to cover sickness and emergency leave.
- Staff had received training and supervision and they showed a good understanding of people's care and support needs.
- Robust recruitment procedures were in place. We looked at staff recruitment records and found these included completed application forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

#### Using medicines safely

- We found that information in some people's care plans was not always available to staff at the point of medicines administration to ensure a consistent approach. For example, the protocols describing how and when to apply creams were not available to care staff, the charts for recording the use of creams had not been checked by a second person and did not always reflect the original prescription. Protocols for 'as and when required' medicines did not include details to guide staff on how much to give when a variable dose was prescribed. A person who was given their medicines covertly had a plan detailing how to prepare the medicine, but it was not kept with the medicines and a member of staff told us they prepared it a different way, so it was not done consistently. There was also a risk that the necessary interval was not left between doses of a pain-relieving medicine.
- We brought these issues to the attention of the registered manager and they took immediate action. On the second day of the inspection they showed us updated protocols and charts for staff describing how and when to apply creams, a protocol for 'as and when required' medicines that included details to guide staff on how much to give when a variable dose of medicines was prescribed, and there was guidance in place to administer medicines to individuals covertly. The registered manager had held discussions and recorded with staff responsible for administering medicine in relation to ensuring that time specific medicines were recorded when given on the Medicine Administration Record (MAR).
- People had individual MAR that included their photographs, details of their GP and any allergies they had. MAR administration was recorded and if a dose was not given, the reason was recorded.
- Staff supported people with dignity and people told us they got their medicines on time.
- People were assessed regularly, and medicines were stopped when no longer necessary.
- The service had a process for ensuring that people's medicines and information relating to medicines was made available on transfer to hospital or another service.
- Staff were trained and deemed competent before they administered medicines, and there was a medicines policy in place.

#### Preventing and controlling infection.

- The home was clean, free from odours and had infection control procedures in place. We saw hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available when they needed them.
- The provider had infection control policies and procedures in place which provided staff with guidance on how to prevent or minimise the spread of infections. They carried out monthly infection control audits to ensure the home environment was clean and safe for people.
- The home had an infection control lead whose role was to observe staff in relation to good infection control practice and to liaise with health care professionals in case of outbreaks of infections.
- Training records confirmed that staff had completed training on infection control and food hygiene.

# 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.

People's outcomes were good, and people's feedback confirmed this.

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

At our last inspection 5 November 2018, we found a breach of regulations because advice provided from some health professionals was not being followed by staff or recorded appropriately to ensure people received the care and treatment they required.

- At this inspection we found that the home had worked in partnership with a GP and other health and social care professionals to plan and deliver an effective service.
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from the GP, dentists, tissue viability teams, speech and language therapist's and dietitians. Records showed, and our observations confirmed, that advice provided by health professionals was being followed by staff to ensure people received the care and treatment required.
- People told us they had access to health care providers when they needed them. One person said, "I have a doctor that comes every Tuesday." Another person said, "There is a GP and if I am unwell you can see them." A relative commented, "If [my loved one] needs to see the GP I tell the nurse and they put their name down for the visiting GP. I have direct contact with a GP as well."
- The registered manager had introduced the 'Red Bag Scheme' for people at the home. A red bag would be sent with people who were transferred to hospital. The red bag contained information about the person's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This meant that ambulance and hospital staff could have important information about the person's needs, preferences and medical condition to determine the treatment a person needed more effectively.

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

At our last inspection we found a breach of regulations because assessments of people's care and support needs including oral health care was not always reflective of people's needs.

- At this inspection we found that people had oral health assessments and care plans in place. The assessments recorded people's daily routines, the support required from staff and the products they used.
- Records showed people had regular check-ups with a dentist and any advice from the dentist was followed. For example, prompting people to brush their teeth and to soak their dentures.
- We saw initial assessments of people's health care and support needs were held within their care records. These assessments were used to draw-up individual support plans and risk assessments.
- Nationally recognised planning tools such as the multi universal screening tool was being used to assess nutritional risk and Waterlow scores were being used to assess the risk of people developing pressure sores.
- People's care plans and risk assessments had been kept under regular review.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found a breach of regulations because the principles of the Mental Capacity Act (2005) were not always adhered to.

At this inspection we checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that appropriate mental capacity assessments relating to people's health care and support needs had been completed and held in care files. Where people lacked capacity to make decisions for themselves they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place, conditions were being followed and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

At our last inspection we found a breach of regulations because people's meal times experience was not appropriate to their needs.

- At this inspection we observed how people were supported at lunch time. The atmosphere in the dining room was relaxed and pleasant and staff were very attentive to people's needs.
- People's care records included assessments of their dietary needs and preferences. For example, food likes and dislikes, food allergies and their care and support needs.
- Some people ate independently, and some people required support from staff. Where people required support we saw staff giving them time and encouragement to eat their lunch. Some people were using adaptive cutlery and plates to support their independence. Where people preferred to eat their meals in their rooms we saw they received hot meals and drinks in a timely manner. Where people needed their food to be prepared differently due to medical conditions this was catered for.
- We saw that pre-prepared meals were currently being supplied by an external company and heated up at the home. The provider told us they planned to provide cooked meals for people at the home. They had recently employed a chef and the kitchen had been re-inspected by the food standards agency and given a food hygiene rating of 5 [The previous rating was 1] which is the highest rating.
- One person told us, "I get a choice of food and its quite reasonable." Another person said, "The food is alright. They cater for vegetarians and non-vegetarians." A third person commented, "In my opinion it is like poor school food. There is a new food manager and if he gets all he asked for, things should improve." A relative said, "The food is very good I can have some if I want. My [loved one] said they like the food."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision from the registered

manager.

- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for care workers new to social or health care.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included basic life support, fluid and nutrition, dementia awareness, safeguarding adults, moving and handling, food hygiene, health and safety, infection control and MCA and DoLS.
- Nursing staff had completed training in clinical areas for example, medicines administration, pressure area care and taking blood from people to send for tests.
- Records showed that staff received regular supervision and annual appraisals in line with the provider's policy.

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

- We discussed with the registered manager their plans to make the dementia unit more accessible for people living with dementia. They told us they had ordered new pictorial signage to aid orientation and staff were in the process of making memory boxes for people to have by their bedroom doors. There was a secure garden, which people enjoyed using during the inspection.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection 5 November 2018, we found a breach of regulations because people were not always treated with dignity and respect. Staff did not always treat people with care or compassion.

- At this inspection we observed that staff were caring and responsive to people's needs. Staff appeared to know people well and treated them with compassion and dignity. They were attentive and respectful towards people throughout our inspection.
- People told us staff were caring and kind to them. Comments included, "The staff always talk to you, any requests they try and get you what you want", "I get on well with the staff", "They look after you, if you are not comfortable in the chair or bed they help you", and "The staff, they are caring and respectful." A relative said, "The staff are lovely. They work their socks off to give the best care. There has been a huge change for the better."
- People's diverse needs were met. People's care plans included a section that referred to their religious, spiritual and cultural needs. The registered manager told us that volunteers from a local Church visited the home every week to support some people with their spiritual needs, the home held a Church service once a month and some people attended a local church once a month for lunch.
- Training records confirmed staff had received training on equality and diversity.
- A member of staff told us, "None of the people living at the home have expressed any diverse needs or wishes. However, if they did, we would do everything we could to support them to do whatever they want to do."

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

- People and their relatives, where appropriate, had been consulted about their health, care and support needs.
- One person told us "My [relative] looked after everything when I became ill." A relative said, "I have had a face to face meeting with the senior nurse and if I say anything needs changing the changes are made." Another relative commented, "I attend review meetings and I am very involved in planning for my [loved ones] care needs." They said the home communicated well with them relating to their loved ones needs.
- Care records were person centred and included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- A relative said that staff respected their [loved ones] privacy and dignity.
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.

- Staff told us they made sure information about the people was always kept confidential. We saw that information about people was stored in a locked office.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control  
At our last inspection 5 November 2018, we found a breach of regulations because people's care and treatment was not always planned and delivered in line with their needs. Some of the language used in people's care plans was inappropriate and judgemental. People were not always provided with activities that met their needs.

- At this inspection we found that people had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to manage people's behaviours safely and with eating and drinking. The language used in people's care plans was appropriate and respectful of their needs and opinions.
- Staff had a good understanding of people's dietary needs and they were able to tell us in detail what each person liked to eat and how and where they preferred to eat their meals.
- Some people living at the service were vegetarian. Records showed that they were only given food which did not contain meat. We observed one person, who staff told us was vegetarian, eating their lunch, and they were served vegetable and lentil casserole.
- Staff were aware of and followed guidance from health care professionals when supporting people with their meals for example, making sure people sat upright and encouraging people to eat slowly.
- People were supported to partake in activities that met their needs. One person told us, "I think there is enough activities, but I do not get involved." Another person said, "There are more than enough things to do, but I prefer to go out with my friends." A third person said, "You can do anything you like, and they always get you involved." A relative commented, "The activities staff are excellent, they come into my [loved ones] room to chat with them."
- We observed the activities coordinator playing games with people in the lounge both days of our inspection. We also saw staff engaging with people through games, dancing, singing reading and conversation.

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.

- Staff understood the Accessible Information Standard.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in their care plans.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was displayed in communal



areas at the home.

- A relative told us, "I know how to make a complaint. I complained to the registered manager the other day, she apologised and took action right away." Another relative said, "I can talk to registered manager, any problems they sort them out immediately."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to resolve their concerns.
- We saw compliments had been received from relatives relating to the standard of care provided to their loved ones.

#### End of life care and support

- None of the people currently living at the home required immediate support with end-of-life care. The registered manager told us when required advice was always available from the GP and a local hospice to help ensure people received appropriate end-of-life care.
- The registered manager told us the home was involved in a local project 'ECHO' [Extension for Community Healthcare Outcomes]. A group of care homes were invited to form a community of practice and participate in an ongoing programme of ECHO sessions. The aim of the project is to empower and support care home staff to provide individualised, skilled and effective end of life care for their residents.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. These had been signed by people, their relatives, where appropriate and their GP to ensure their end-of life care wishes would be respected.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

At our last inspection 5 November 2018, we found breaches of regulations because the home's systems for monitoring the quality and safety of the service were not operated effectively. Information in some people's care plans and risk assessments was not reflective of their care and support needs. Advice provided from health professionals was not always followed by staff to ensure people received the care and treatment they required. Staff were not aware of what the correct settings on pressure relieving the mattresses should be for people. A medicine audit indicated there had been no gaps on people's MAR, despite an instance where a person's prescribed medicines had not been signed as given to people by staff. The principles of the MCA were not being adhered to. The registered manager failed to report a safeguarding concern to the local authority and the Care Quality Commission.

- At this inspection we found that information held in people's care records was reflective of their needs and advice provided from health professionals was recorded and we observed these were being followed by staff.
- There was a monitoring system to ensure pressure relieving mattresses were set correctly. Staff checked daily to ensure mattresses were on the correct setting.
- The principles of the MCA were being adhered to and the registered manager reported any safeguarding concerns they had to the local authority and the Care Quality Commission.
- The registered manager undertook regular monitoring audits. These covered areas such as care files, medicines, health and safety, bed rails, catering and people's dining experience, food hygiene, infection control, complaints, incidents and accidents, staff files, pressure ulcer and wound audits. We reviewed these audits and saw they were up to date and that actions were taken when necessary to ensure that care was provided in the right way.
- A relative told us, "The registered manager knows what needs to be done at the home to make it better, and it is definitely getting there." Another relative said, "I have seen big improvements in the last few months. The registered manager and regional manager are having a huge impact. It's 100 times better now."

Although we found that significant improvements had been made, the systems and processes that have been implemented have not been operational for enough time for us to be sure of consistent and sustained good practice. We will look at these systems again at our next inspection of the service.

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

- The registered manager demonstrated a clear understanding of the requirements of managing a care

home under the Health and Social Care Act 2008. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed. They were also aware of the need to display the current rating of service in the home and we saw the rating was on display as required.

- The provider had appointed a deputy manager to support the registered manager with the running of the home. The registered manager told us the deputy manager had been very supportive and a 'huge help'.

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

- The provider sought people, their relative's, staff and health care professions views about the home through annual surveys. The registered manager had recently sent out a new survey. They told us that any feedback would be used to make improvements at the home.
- Residents and relatives' meetings were also being held. Issues discussed at the last residents meeting included accessing the garden, activities, the tea trolley and the chef introducing tasting sessions. Minutes from the last relatives meeting included discussions on staffing, redecoration, catering and updates on the CQC and the local authority. A relative told us, "The last meeting we had was really good. We got our actions down and we are getting things done. The managers let us know what's going on with the home and the chef came along for a tasting session. We had requested new cutlery, tray tables, new furniture and that has been provided. The regional manager has been a great help and the registered manager is much improved, and they are recruiting some very good staff." Another relative said, "You can talk to the registered manager anytime, she is very nice. She's like a next-door neighbour, easy to get on with."
- Records showed that regular staff meetings were held to discuss the running of the home and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting on the 17 May 2019 included answering call bells, training and new starters, the CQC inspection and the employee of the month. An action plan was attached that reminded staff to answer call bells within three minutes, keep bathrooms clear of nursing items and the requirement that new staff should work with experienced staff for one month after commencing employment.
- Following suggestions made by staff the registered manager had introduced the 'Quality Circle' this is a group owned and run by staff from different departments at the home, to support staff and ensure their views are listened to and considered. They had also introduced an 'Employee of the month' award in April 2019 to show staff appreciation of the work they were doing.
- A member of staff told us, "The registered manager and regional manager are very positive and supportive. I have high hopes that the improvements made at the home will be maintained. There is better teamwork and staff are better supported and feel they are listened to." Another member of staff told us, "The registered manager is dedicated, she has the residents at heart and the staff are listening to management. We are all very well supported by the registered manager and her door is always open." A third member of staff commented, "I look at the registered manager and her confidence, I understand what she wants for the residents and staff. This encourages me to do a good job."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff spoke about the ethos of the home. A member of staff told us, "This is the resident's home, we make it as comfortable and homely as possible. We work together as a team to make sure people are happy, safe and cared for. I feel the team are achieving this."
- Our observations indicated that people were treated equally, with compassion and they were listened to.
- A relative commented, "The registered manager fully understands the duty of candour, they tell us when things go wrong."

Working in partnership with others.

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They told us they had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.
- We saw evidence during the inspection confirming that the home worked closely with health care professionals such as a GP, speech and language therapists and dietitians to make sure people's needs were being met.
- An officer from the local authority quality monitoring team told us during their monitoring visits they found improvements had been made around staff recruitment and training, reporting safeguarding concerns and the registered manager was working with the community pharmacist and GP to improve how medicines were managed at the home.
- The registered manager told us they regularly attended manager forums run by the local authority. They said they had shared and learned about good practice and had brought some of that learning into the home. For example, they had reintroduced the 'Red Bag Scheme' to the home and accessed local authority led training for staff.