

Bupa Care Homes (CFHCare) Limited

Manor Court 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?

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

Manor Court is a residential care home that provides personal and nursing care for up to 111 people. The service is divided into four units but at the time of the inspection one unit, Beech, was closed. Three units are for older people and one unit is for younger adults with physical disabilities. At the time of our inspection 56 people were living at the service. Some of the older people were living with the experience of dementia.

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

During this inspection we found medicines were not always managed safely and not all staff had completed medicines management competency testing to ensure their skills were up to date and they could administer medicines safely.

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 and in their best interests; the policies and systems in the service did not support this practice. The principles of the MCA were not always being followed as staff did not always have a good understanding around people consenting to their care. We recommended the provider consider current guidance around the MCA and update their practice accordingly.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. However, during the inspection we identified areas for further improvement around medicines and consent to care.

We recommended the provider ensure there are a range of activities that meet the needs of all people using the service.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place and there were enough staff to meet people's needs. Staff followed appropriate infection control practices to prevent cross infection.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their job effectively and safely. People were supported to maintain health and access healthcare services appropriately.

Staff were kind and provided support in a respectful manner. Staff respected dignity and promoted independence for people.

Families were welcomed to the service. There was a complaints procedure in place and people knew how to raise complaints with the manager.

People and staff reported the manager was approachable, making improvements and promoted an open work environment.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 September 2019). There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor Court Care Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to people being cared for safely and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always 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 ●

Manor Court 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.

Inspection team

The inspection team included two inspectors, a member of the CQC medicines team, a nurse specialist advisor and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manor Court Care Home is a 'care home'. 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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the current manager had made an application to become the CQC registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with the manager, the quality manager, five nurses and six care workers. 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 records. This included 14 people's care records and medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found medicines had not always been managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection. However, we identified some areas that required further improvement.

- Some people were prescribed medicines which were time sensitive. These medicines needed to be taken at exactly the right time each day. For one person, the instructions on the administration record did not include this time. This meant they were at risk because the medicines may not work effectively if given at the wrong time.
- Another person's care plan for pain recorded how to administer medicines and what type of medicine to administer. However, as there was no information about how the signs and level of pain were to be monitored, it was not clear how staff monitoring for pain would know if the administered medicines were effective. This meant staff may not have been aware when the person required medicine.
- Not all staff had undertaken annual medicines competency testing to ensure they had the skills required to administer medicines safely.
- Some people were prescribed 'thickeners' to change the consistency of drinks. People had individual prescriptions relating to their specific needs and their own supply of these. We saw a member of staff make up two people's drinks and use the same tub of thickener to thicken both drinks. This was not according to the people's individual prescriptions. The staff member also walked away and left the thickener tub on the side in the dining room when it should have been stored securely, because misuse of this prescribed substance could cause people harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines training had already been scheduled for the month after the inspection. The manager told us medicines competencies would be completed within two weeks after that. They confirmed medicines competency testing would take place on an annual basis thereafter. Our observations indicated medicines were being administered safely.

- Medicines were generally stored securely, and only authorised staff had access to medicines. Room and fridge temperatures were taken using manual thermometers that were calibrated annually.
- Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- Medicines care plans provided good guidelines for administering medicines including clear guidance for managing as required (PRN) medicines for each person.
- The provider undertook medicines audits to ensure medicines were administered and managed safely.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and implement risk management plans to reduce the risks to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. These included risks relating to choking, moving and handling and skin integrity.
- Risk management plans were updated each month or when required and appropriate referrals were made, for example, to the speech and language team, optician, chiropodist, tissue viability nurse and dietician. Risk management guidance was reflected in people's care plans. For example, with wound care we saw records were updated with information about changes, the GP's input, monitoring of wounds and the impact on people's health.
- The provider had procedures around fire safety. Personal emergency evacuation plans (PEEPs) provided clear guidelines for how each person should be evacuated and what assistance was required to ensure people could evacuate safely in an emergency.
- We saw checks with action plans to help ensure the environment was safe and well maintained. These included environmental risk assessments and equipment checks. People had equipment such as sensor mats, bed rails and call bells to help keep them safe. Maintenance and cleaning checks were up to date.
- Senior staff had a daily morning meeting to share relevant information including the wellbeing and safety of people.

Staffing and recruitment

At our last inspection we found there were not always enough staff to meet people's needs and keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people.
- The manager told us they had been consistently recruiting to ensure that they had the right staff in the right place to meet the provider's service and care expectations.
- The provider used a dependency tool to calculate the amount of staff required to meet people's needs. People told us there were enough staff to safely meet their needs. Comments included, "There is plenty [of

staff]", "When I press the bell they come quickly even at night" and "I like it there is enough staff." Although one person noted, "There isn't enough staff in the morning."

- We observed staff taking time to sit and talk with people. Staff interaction with people was generally good, particularly with the activity co-ordinators. However, we did see one incident when a visitor advised staff a person needed their attention and it took some time for staff to attend to the person.
- Staffing levels were reviewed as part of the provider's quality framework. Response times to calls bells and incident and accident trends were considered as part of planning to meet people's needs. The manager told us they had recently completed some work with the nurses, so they spent less time in the nurses' station and more time in communal areas with people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe in the service and said, "I feel safe they have alarms on the doors. It is really good you can't get in without a code" and "The people here make me feel safe."
- The provider had up to date policies and procedures for safeguarding and whistleblowing. Staff had appropriate training and were aware of guidelines and contact details of the local authority safeguarding team, which was displayed around the service.
- The provider had systems for reporting and investigation suspected abuse and worked with other agencies to safeguard people from harm. Safeguarding concerns were raised appropriately with the local authority and CQC. Additionally, the provider sent a monthly analysis of incidents and accidents to CQC. The provider kept a log of safeguarding incidents and there was a record of outcomes and the lessons learned to try to prevent the situation repeating itself.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. This included a policy on coronavirus guidelines. Staff had attended training on infection control.
- We saw checks with action plans completed to make improvements and ensure a clean and safe environment.
- Staff wore protective personal equipment such as gloves and aprons to help prevent cross infection.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. They recorded and investigated incidents and accidents with action plans to reduce the risk of re-occurrence.
- A monthly audit report analysed incidents and accidents and considered preventative measures. There was a quality assurance framework that ensured the relevant managers within the organisation were aware of the service's incident reports.
- Incidents and accidents were also discussed at a monthly lessons learned meeting and a weekly clinical meeting and was shared appropriately with the staff team.
- The manager told us that previously, the admission process had not been helpful to staff. Therefore, the manager has changed the process to discuss new admission with the unit where the person will go, so staff working in the unit could assess if that unit could meet the person's needs. This meant unit managers had more accountability and staff felt more involved in the process.

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 requires improvement. At this inspection this key question has remained the same. 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.

- In most cases the provider had assessed people's mental capacity and recorded best interest discussions and decisions. In a few cases the staff described how they had done what they felt was best for a person rather than respecting the individual decision which the person had the mental capacity to make. For example, one member of staff explained they were restricting a person's cigarette breaks because the staff felt it was too cold and the person was at risk if they spent time outside.
- Records used to monitor aggression showed that some incidents had escalated after a person's decision had not been respected. For example, before one incident where a person became distressed the staff had recorded, 'We explained to [person] that [they] needed to go to bed', when it appeared that they did not want to go to bed.

We recommend the provider consider current guidance around the MCA and update their practice accordingly.

- Where necessary, the manager had made applications for DoLS authorisations so people's freedom was not unlawfully restricted. Authorisations granted by the local authority were recorded with conditions.
- Where there were restrictions on people's liberty, the provider had followed appropriate procedures. We viewed mental capacity assessments for individual decisions such as the use of bed rails and sensor mats.
- Staff had undertaken training in MCA and one staff member said, "Even if people cannot understand what

you are saying, you must still discuss any care with them and try and help them understand and gain consent."

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance.
- People, and where appropriate relatives, were involved in pre-admission assessments and these were used to form the basis of the care plan.
- The staff regularly reassessed people's care needs and the risks they experienced to ensure they had relevant information to plan the care people required around their needs

Staff support: induction, training, skills and experience

- People using the service were generally supported by staff with the skills and knowledge to effectively deliver care and support. However, medicines competency testing was not always up to date.
- Staff were supported to keep their professional practice and knowledge updated in line with best practice through training, supervisions and annual appraisals. New care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. In addition to mandatory training, staff undertook training that was relevant to supporting the people they cared for. This included dementia, pressure wounds, skin integrity, bedside rails, falls prevention and epilepsy awareness. Staff were also supported to take training that helped them to progress in their careers. For example, two staff were undertaking a clinical leadership program and another staff member an apprenticeship.
- The provider had daily handovers for staff to provide up to date information around peoples' needs and monthly team meetings where staff had the opportunity to share information and good practice with each other.
- Staff said they felt supported by the manager and could approach them whenever they needed to. One care worker told us, "I can be honest and say how I feel. The new manager has made positive changes. Coming to see us and giving us feedback, comes to handovers, asks us how we are doing and gives constructive feedback."

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

- People had enough to eat and drink and were able to make choices about what they would like to eat. We received mixed comments around people's satisfaction with the food offered to them. Comments included, "I eat what I am given", "Food is such a limited choice", "I like the meals. The food is good" and "There is a great choice of food."
- Menus were discussed at monthly resident and family meetings. The chef was involved in the lunch service. They checked people liked the food and had enough to eat.
- People were supported to maintain good nutrition and care plans recorded any specific needs such as a diabetic care plan and people's food likes and dislikes. Where there was an identified need, care plans provided guidelines on how to meet these needs. For example, several people had risk assessments to manage their risk of choking.
- There were systems in place such as the Malnutrition Universal Screening Tool (MUST) to assess and monitor people's nutritional needs. We viewed food and fluid charts and noted the fluid charts did not record a target amount for fluid. Weight was monitored and an analysis provided in the quality assurance reports. Where required, people were referred to other healthcare professionals such as dieticians.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with a number of other professionals to achieve positive outcomes for people using the service.

- We saw evidence in people's records of staff working together through input from other professionals including the tissue viability nurse, speech and language therapist (SALT) and the GP.

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

- Three of the four units at the service were operating at the time of our inspection. Accommodation was provided in three bungalows, each with their own facilities, such as kitchen, dining rooms, accessible bathrooms and single bedrooms. Each unit had an enclosed garden which could be accessed through patio doors.
- The environment was suitable for people's needs, including wide corridors and adapted bathrooms. There was enough equipment to meet people's needs, for example hospital style beds, hoists, sensor mats, and hand rails along corridors.
- The unit for people living with dementia had pictures, photos and features but there could have been better orientation to help people move around independently.
- All the units were clean and well maintained. People's bedrooms were clean and personalised to individual tastes, so they had familiar things around them.

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed that they were supported with their healthcare needs as required. Staff made referrals to a range of professionals according to people's needs.
- People said their health needs were met. They told us, "You can always get a GP if you are unwell", "They keep my teeth clean" and "I saw the optician. He got me the glasses."
- People had good oral healthcare plans with evidence of dental input and monitoring. The manager told us they were in the process of identifying an oral health care champion to promote oral hygiene in the home.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect. 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

At our last inspection we observed staff were not always caring in their interactions with people as some staff were task focused rather than person centred. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were positive about how staff interacted with them. One person said, "I love talking to the staff. They are so busy, but they make time for me." Another person said they loved the staff and thought they did a great job. A third person noted the staff were always "larking about in a good way", having a laugh with people.
- Staff interactions were kind. When staff walked into the room, they greeted people. This included managers who clearly knew people by name and knew things about them. We observed caring and respectful interactions between staff and people. For example, we saw one person say they had sore gums. Staff listened and responded by saying they would arrange for the person to be seen by the dentist and in the interim administered pain medicine to the person.
- Care plans had basic information on people's cultural needs, but from staff interactions, it was evident they were aware of people's needs.
- The provider had a diversity and inclusion policy and staff received equality and diversity training. People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's cultural and religious needs. Wishes and preferences were also recorded.
- People were supported to access their religious places of worship and a Catholic priest visited the service weekly. A staff member told us how one person they supported liked to wear specific religious clothing in communal areas and this was respected.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we observed staff were not always discreet and some staff were task focused rather than person centred. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy and dignity was respected and their independence promoted. For example, around privacy and dignity, staff knocked on doors and preference for a male or female carer was met.
- People were actively encouraged to make day to day choices and where appropriate, people's independence was promoted and encouraged according to their abilities. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Staff offered to cut things up for some people but respected their answers when they said no.
- The service provided adaptive cutlery and plate guards to help promote peoples' independence when eating.
- The provider had systems in place to protect people's confidential information, so it was stored securely and only shared with authorised other parties.

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

- Generally, people were able to make decisions about their care and day to day lives and could express their views through care plan reviews and resident meetings. At one residents' meeting, a person raised they had difficulty with the access ramp on one of the units, consequently the ramp was changed to meet the person's needs.
- Care plans included information about people's choices and preferences. For example, one person's lifestyle care plan recorded the things that were important about appearance for that person.
- We saw staff speaking with people in their own language. This meant staff were able to reassure people and discuss their needs.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we observed people were not always supported to be involved in planning their care and their wishes and preferences were not always respected. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had individual care plans which recorded their needs and provided staff with guidelines regarding support for people. For example, good epilepsy care plans and diabetes care plans for people were in place. Care plans were reviewed regularly. We found some care plans were more personalised than others and the provider needed to have consistency in all units.
- People and relatives told us there were involved in care planning and we saw consent forms to indicate people agreed with the care they were receiving. However, it was not always clear from the records, people contributed to the planning of their care.
- Staff knew about people's needs and how they liked their care to be given. One staff member said, "I always listen if my residents have any worries and I look into the worries".

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

At our last inspection we found the provider did not ensure that the activities provided to people were always meaningful and reflected people's preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider employed an activity team of five staff to involve people in activities. The manager said they were in the processes of enrolling an activity co-ordinator on a course run by the National Activity Providers Association (NAPA) which trains care staff to provide person centred activities for individuals in care settings. The provider also planned to train all activity staff to be dementia champions.
- During the inspection we observed an activity co-ordinator offering everyone an activity and keeping

people engaged and involved. The activity co-ordinator chatted with people and picked up on things they wanted to talk about. Other activities included a gentleman's club, (not just for gentlemen), a culture club, a gardening club, pet therapy, external entertainers and going to the local shops or for coffee. However, we did not see much in terms of rehabilitation activities to help people develop their skills.

- People had mixed responses about the activities on offer, including, "We sit down and do physical exercises", "No activities, I am stuck in bed", "We have acts that come. I have my mobile and there is wi-fi around the home", "We do get out. We do have entertainment. We do pictures of hearts and birds" and "We got taken to the pub or we went to Greenford shopping."
- People were supported to maintain relationships and relatives were welcomed to the service. We observed a family visitor greeted warmly and clearly had a good relationship with staff and other people in the unit. We saw another relative and visitor join people for lunch.
- The provider had a quarterly newsletter to share information with people and relatives that included events held in the home.

We recommend the provider ensure there are a range of activities that meet the needs of all people using the service.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid and guidance. One person's communication care plan noted the person's preference was to use a short simple sentences and facial expressions to communicate. Another person's care plan noted the position the call bell needed to be so the person could call staff when they needed something.
- Staff were able to explain how they supported people with communication. A relative stated, "Staff have learnt [person's] hand signals, gestures and have made [person] part of the family."
- We observed staff speaking with people in different languages when English was not the person's first language.
- The provider had cards for basic needs translated into Gujarati, Tamil and Hindi.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they wanted to raise a concern. Information on how to make a complaint and a suggestion box were accessible in the reception area of the service.
- The provider had not had any complaints since the last inspection but had processes and procedures in place to address complaints. The provider investigated complaints and had a complaint investigation form which recorded actions and lessons learned. We also saw the provider wrote to people making complaints to advise of outcomes and what changes had been made to improve the service.

End of life care and support

- People's end of life care and wishes were recorded in their care plans and staff had completed training in this area. This meant people's wishes and particular preferences for care at the end of their lives were known in the event they required this support.
- Staff were supported to care for people at the end of their life by other professionals such as staff from the hospice to ensure they were comfortable and received the care they needed.

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 inadequate. At this inspection this key question has improved 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.

Continuous learning and improving care

At our last inspection we found systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During this inspection we found that the provider had made a number of improvements and breaches previously identified had been addressed. However, there were areas identified during the inspection that continued to require improvement. This included medicines management and competency testing to ensure medicines were managed safely. The principles of the MCA were not always followed as systems and processes did not always ensure quality of experience for people.
- The provider has a history of poor ratings. This was the ninth inspection since May 2015. The provider was rated good in all domains in June 2018. However, seven of the inspections were rated requires improvement and one in January 2019 was rated inadequate. This history of less than good ratings indicates inconsistent management and governance in the home.

We found no evidence that people had been harmed. However, improvements were still being completed and the provider needed to embed best practice and evidence sustainability. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a number of audits including a walk around by a manager each morning who recorded what they saw and used this as the basis of a daily information sharing meeting with senior staff. We viewed daily alerts and weekly, monthly and quarterly system generated spreadsheets that provided an analysis of areas such as incidents and accidents that occurred within the service.
- An overall quality metrics report for all managers included nutrition, reviews, health and safety, medicines, bedrail use, deaths, Deprivation of Liberty Safeguards (DoLS), hospital admissions and care plan reviews. This report had an action summary and was used to monitor and improve service delivery.
- The manager had a clear oversight and was able to demonstrate improvements. For example, they told us

the 'resident of the day' programme was introduced to ensure a regular review of care was carried out for each person and the actions from the review were implemented in a timely manner.

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

At our last inspection we found the provider had not fully ensured a positive culture and successfully created a person centred environment where people could be cared for according to their needs and preferences. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- People were generally satisfied with the care provided. One person said, "I love it here."
- The manager and the regional manager were both committed to making positive changes to the service. They were involved in and knowledgeable about what was happening in the service and were able to provide relevant guidance and support to staff.
- The manager spoke about including and empowering the team by providing training and giving them more responsibility. For example, the service had identified dementia and infection control leads and seniors undertook leadership training, so they had the right skills for their role.
- The manager promoted an open culture and was available to people using the service and staff. Staff told us they felt supported. One staff member said, "With the new management they listen more and get things done. If I have concerns I speak to them and something will be done. Quite easy to talk to."

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 provider had a policy around the duty of candour and the manager understood their responsibility in this area. They were open about sharing information during the inspection. We saw evidence they acted in a transparent manner when things went wrong and where appropriate relevant people were notified of incidents.
- People knew who the manager was and felt they could raise concerns.

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

- The manager and staff team understood their roles and had a clear management structure. The manager had appropriate skills and experience and had made an application to CQC to become the registered manager. They kept up to date with current practice through organisational alerts and attending external meetings such as provider forums.
- Staff felt supported by the manager and there was good communication within the staff team through handovers and team meetings. Comments from staff included, "Since [manager] came it has got so much better. Clear direction and timescales. We are all working much better. We know what we are supposed to do and how to do it."
- There were several management and clinical governance meetings held by senior staff to provide an overview of the service through information sharing and audit analysis and used to improve service delivery.
- The provider had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. The provider also had a business continuity plan that provided guidance for how to respond in various emergency situations.

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

- The provider engaged with people using the service and invited people and their relatives to monthly meetings where they could voice their opinions. The provider also received feedback through annual surveys that people were asked to complete about their experience of the service. This information contributed the provider's quality improvement plan which included actions and updates.
- The provider held monthly team meetings to share information and give staff the opportunity to raise any issues.
- Notice board in the units displayed what people had said to the provider about improvements and how they responded. For example, we saw a 'You said' poster that indicated people wanted more of two activities. The 'What we did' response provided dates for when those activities were next happening.

Working in partnership with others

- We saw evidence the provider worked with other professionals including, Parkinson's and diabetic specialist nurses, tissue viability nurses, the dietician, weekly visits from the GP and the local authority to provide effective care that met people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure the proper and safe management of medicines. Regulation 12(1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not effectively operate systems and processes to assess, monitor and improve the quality of the service or identify, assess or mitigate risks to service users. Regulation 17(1)