

Platinum Care Homes Limited

Church View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Church View Care Home is a 'care home' providing personal and nursing care for up to 78 people. The service is provided in one adapted building which is divided into six wings, each with their own lounge and dining area. At the time of our inspection 61 people were living at the service and was currently only using five of the six wings.

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

Risk to people's safety and well-being were not always monitored effectively. Guidance was not always available to support people with some specific conditions and behaviours and staff required support to develop skills in this area. The support people received was often task focussed and activities did not always reflect people's hobbies and interests. Individual caring interactions with people were seen. However, we found on some occasions people's dignity was not respected.

There were enough staff deployed to meet people's needs. However, we found that some staff had not always understood their responsibility in protecting people from potential abuse by not always reporting incidents and accidents.

People received their medicines safely and had access to healthcare professionals when required. A choice of foods was available, and people told us they enjoyed their meals. People spoke positively about living at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider was working within the principles of the Mental Capacity Act.

People did not always have detailed care plans in place to reflect their needs. We found that although there were some good examples of care planning in place for people this was not consistent across the home. We identified significant gaps in some people's care plans where certain specific conditions had been documented but had no further guidance or assessment.

Staff respected people's privacy when supporting them with personal care. Although we did observe one incident where this did not happen, and this was raised with the registered manager. We observed instances of staff taking time to support people to make decisions and choices regarding how they wished to spend their day.

Engagement with relatives was not always happening. Meetings had been set up however only one relative had attended a meeting in 2019. The registered manager said they were looking at other methods to advertise the meetings such as emailing relatives to try and improve awareness.

Quality assurance processes were in place however these had failed to identify the areas of concern we found on inspection. Some negative cultures had appeared with regards to staff attitudes and thinking towards how people are supported. The management team had not been robust in inflicting change to these negative cultures despite knowing there was a concern.

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 good (published 06 April 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about the care people received. A decision was made for us to inspect and examine if people were receiving safe care.

Enforcement:

We have identified breaches in relation to the management of risks to people's safety, person-centred care, the activities provided and the management oversight of the service. Please see the action we have told the provider to take at the end of this report.

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 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 effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Church View 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 was carried out by three inspectors, a specialist nurse 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:

Church View Care Home is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed the information the registered manager 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 reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service for information to aid the planning of our inspection. We used all this information to plan our inspection.

During the inspection:

We spoke with 11 people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, nurses, care staff and activity staff. We also spoke with six relatives who had visited the home on the day of inspection.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four 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 received additional information from the registered manager that we had requested on the day of the inspection. This included staff and residents meeting minutes where available, satisfaction surveys and the providers continuity plan in case of an emergency.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Risks associated with people's behaviours were not always appropriately managed. One person who displayed aggressive behaviour towards people and staff did not have appropriate risk assessments in place to identify any triggers for this behaviour. There was limited guidance in place for staff to be able to minimise the risk around this person's behaviour. As a result, a number of incidents had happened involving this person as they were not being appropriately managed by staff.
- Risks were also known by staff around a person who would walk into other people's rooms at night and had taken their belongings. No measures were in place to reduce these incidents other than this person being monitored throughout the day. This person had shown aggression towards other people and staff members, which had been recorded in their daily notes and incident log. As a result, this meant that people were at risk of avoidable harm. The registered manager told us they had checks in place. However, this was only in place hourly and did not cover the rest of the time.
- One person who had been assessed prior to moving into the home had an identified risk around pressure areas as part of the initial assessment. No Waterlow (tool used to assess the risk of a person developing a pressure ulcer) had been completed for this person despite the pre-admission assessment indicating issues with poor skin integrity. We observed this person sat in the same position throughout the morning without being re-positioned and no pressure cushion had been used for them. We spoke to the deputy manager about this who stated that this person should be re-positioned every two hours and should be on a pressure cushion. They also agreed that the Waterlow had not been completed as it should have been.
- One person who told us they had sore and painful legs which were weeping did not have any guidance in place on how this needed to be supported. We spoke with the deputy manager who told us this person had been seen by the GP and they should have their legs raised. We observed that no staff engaged with this person to try and encourage them to raise their legs. When we raised this with the registered manager they told us that this person did not like to have their legs raised and would often refuse. This was not what we observed, and no record had been made within the person's notes to reflect they did not want to raise their legs.
- Following the inspection, the registered manager sent us updated risk assessments to address these concerns and provide guidance to staff on how best to support people.
- Incidents or accidents were not always being reported and could not therefore be recorded and managed effectively. We raised a concern with the registered manager with regards to staff writing incidents in the daily notes but not then not reporting these incidents any further. As a result, people were not having their incidents reviewed which meant there were gaps in the management of risk or to identify any trends, patterns or triggers.

Risks to people had not been assessed, monitored and reviewed to minimise the risks of avoidable harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans to ensure that they would be supported to leave their building in a safe way should the need arise.
- There was a robust procedure in place for conducting group risk assessments. This meant that people leaving the home for a trip were able to do so safely. A recent example recorded that risk had been assessed around slips, trips, falls and travel sickness. The assessment also contained actions put in place to reduce the risk.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Staff did not always understand their roles and responsibilities in keeping people safe from abuse. Daily notes for one person stated they had been aggressive towards staff and other people living in the home. However, the information recorded did not give detail on what had happened, so it was not recorded if these were safeguarding incidents.
- Another incident that had been recorded in this person's daily notes stated they had been aggressive towards another person by hitting them with a pad. We checked the incident log and this matter had not been recorded in there or reported as a safeguarding concern. We spoke with the registered manager and deputy manager about this. The registered manager told us, "I would expect any incidents of aggression to be reported to me." Following the inspection, the registered manager investigated why this incident had not been reported. They found there was a need for further training with staff around reporting incidents which has now been provided to staff to ensure they are aware of their responsibilities.
- We spoke with the registered manager about our concerns. The registered manager told us they hold a handover meeting daily which is an opportunity to discuss any concerns, accidents or incidents. Following the inspection, the registered manager sent us assurances that additional staff training had been put in place to address the shortfalls in staff understanding their responsibilities.

The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "I know they are busy, but I always get seen when I need someone." A second person told us, "I think there is enough staff, they work ever so hard to help you." A relative told us, "There is ample staff on duty." Another relative told us, "They are always covered and have agency staff as well." The registered manager used a dependency tool to work out the staffing numbers required. This took into account the number of people in each wing and their needs.
- The provider operated safe recruitment procedures. The provider obtained provide proof of identity, checked employment history, sought references and completed a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The files contained all the information required for the provider to see that prospective staff were of good character and safe to employ.

Using medicines safely

- People received their medicines safely and as prescribed. We observed nursing staff administering people's medicines in a safe and caring way. Staff took time to explain what each medicine was and stayed with people to ensure they had taken them. There were procedures for the safe handling of medicines. All

staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.

- Medicines administration records (MAR) charts were clear and completed correctly with staff signatures, or, where appropriate, codes for refusals or omissions. Medicines were stored securely and managed in accordance with best practice. Administration of medicines was recorded correctly and signed by two members of staff. Staff kept a running count of the medicines to be given as required (PRN).
- Medicines were stored securely with monitoring in place to ensure storage temperatures were within the guidelines.
- Where people had medicines to help manage specific medical conditions such as seizures the MAR charts recorded these had been given when needed. Each had individual plans with protocol and specific instruction of when to use it and when to call GP or out of hours doctors.

Preventing and controlling infection

- People said they were happy with the cleanliness of where they lived, and we saw that staff followed good practice guidance with regards to minimising the spread of infection. One person said, "It is always nice and clean." Staff were seen to follow safe working practices to minimise the spread of infection, such as regular hand washing, and using gloves and aprons.
- We observed staff assisting people in their rooms and had left unused opened and placed on top of trolleys prior to staff delivering personal care. We raised this with the registered manager who agreed this should not be happening and this would be addressed with staff.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question rating has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment was not always suitable for people living with dementia. People living with dementia had been living together on one of the wings within the home. There was a lack of stimulus and points of interest for people. The corridor was bare and not decorated with dementia friendly or sensory items. There was no signage around to assist people living with dementia to navigate the wing. We observed people walking around having nothing to draw their attention or create any stimulation for them.

We have recommended that the provider consider best practice guidance for dementia care. We will check this on our next inspection

- In the other parts of the home we found it to be suitable for the people. The home was clean and tidy. Corridors were free from clutter and had good access for equipment such as wheelchairs, walking aids and hoists. One person told us, "Oh yes, I always think it is clean and tidy."

- People's rooms were kept clean and had been personalised. People had items such as pictures of family, flowers and decorations in their rooms which made rooms look like and feel homelier.

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

- Assessments prior to admission had been carried out by the registered manager and deputy manager. This included gathering information from families and other health and social care professionals.

Information gathered prior to admission had been used to create a plan detailing a person's care needs and lifestyle choices and how they wished to be supported. However, best practice guidance had not always been used when planning people's care. We found that one person who had information in their discharge summary from hospital around redness of the skin did not have the correct best practice assessment in place at the time of her admission to the home. Following the inspection, the registered manager sent us an updated risk assessment and summary of guidance in place following a review of this person's needs.

- People had received oral health assessments in line with best practice guidance. People had been referred where required for further dental treatment.

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

- People were positive about the food they had, and the support given by staff. One person said, "The food is good, I really like it. You can choose what you want, you just ask for it and you get it." Where people required support to eat, staff ensured this was done. For example, some people who were unable to eat independently, staff were patient and gave people encouragement to finish their meals at their own pace.

- People were supported to have enough to eat and drink. People were offered a choice of meal at lunchtime and we observed staff talking to people about the menu and explaining what food was available. We observed staff talking to one person who had been unable to make up their mind. The staff member was going through the food choices and giving examples of how the food could be swapped around to make up a new dish. The person was visibly pleased and smiled as they thanked the member of staff for supporting them.
- People's dietary needs were identified in their individual care records, and support was given when needed. Staff were able to tell us about people's preferences and choices, as well as specific health requirements associated with food.
- Where people were at risk of malnutrition, staff used a Malnutrition Universal Screening Tool (MUST) tool, and where necessary, people were referred to relevant healthcare professionals such as Speech and Language Therapists (SALT). One person was referred to a dietician because they had lost weight. Records indicated they had visited and provided staff with guidelines to follow to promote weight gain. People were regularly weighed to monitor any weight loss or gain.

Staff support: induction, training, skills and experience

- People were supported by staff who had the relevant knowledge and skills. Staff we spoke with told us they felt supported and were happy with the training they received. A staff member told us, "I have completed all the mandatory and statutory training. Regularly the educator / manager comes and questions my practice and knowledge. I find this very useful." A person told us, "Staff are very good, most of the time they know what they're doing."
- Staff received a thorough induction before they were able to deliver care and support to people who used the service. Induction included fire safety procedures, health and safety regulations, infection control and mental health. All staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff completed training which enabled them to have a better understanding of people's need. For example, staff records contained certificates of training they had attended. Staff received online training such as consent, ageing, depression, activities and exercise as well as classroom-based training.
- Staff confirmed they received regular supervision and felt supported. One staff member told us, "I have had meetings with the manager to discuss how things are going" and a second staff member stated, "I feel absolutely supported by the manager."

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

- People had regular access to external healthcare professionals for routine check-ups and monitoring of their health. People were supported to GP's, district nurses, tissue viability nurses, chiropodists and opticians. People's care plans were updated with advice given by these external professionals. A visiting healthcare professional told us, "The person I've come to see today [person's name], they have managed her very well. They've maintained her weight."
- People were supported when they accessed external health care organisations, such as hospitals. Each person had a care passport in place that gave information about the persons communication needs, and key aspects of their care and support so that people that may not know them well could quickly understand their needs.

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 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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law. These assessments included people's understanding of receiving care, medication or where required the use of bed rails. Outcomes from these assessments and where decisions had been made in people's best interests were clearly recorded. Support given to people was seen to match with these recorded decisions.
- Where required DoLS had been applied for and the registered manager kept an up to date DoLS tracker. This ensured applications could be monitored and reapplied for when necessary.
- Some people had limited ability to communicate their consent to care. We observed staff taking time with these individuals to give them the best chance at understanding and consenting to care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question rating has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence:

- People privacy and dignity were not always maintained. We observed one person say to staff, "I need my pad changed and other things." The staff member was heard to respond, "[Person's name], your pad was changed this morning and we change it before we take you out for your lunch."
- We also observed another person say to a second member of staff they had a pad on and they were going to use it instead of going to the toilet. After staff made an attempt to get this person up but were unable to, the person stated they would use their pad. Staff accepted this and walked off without making any effort to encourage this person not to use the pad. Staff moved this person 26 minutes later to be taken to the toilet to have their pad changed.
- We observed a third staff member walk into the lounge area with a person in a wheelchair. One person in the lounge asked to go to the toilet. The staff member responded in a loud voice, "[Person's name], I will take [person's name] to the toilet, then I will put you in the corner over there." This was said within hearing of other people in the lounge and had not ensured that this person's dignity was maintained.
- We raised our concerns with the registered manager who told us, "That shouldn't happen and thank you for telling me. This is what I say to staff, this is why we are here. If they are incontinent it is not time specific." Immediately after the inspection the registered manager spoke to staff about these concerns. We will check at the next inspection to ensure changes in attitudes have been improved and maintained.

People's privacy and dignity were not always maintained. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff maintain people's privacy by knocking on doors when delivering personal care to people in their rooms. Staff also used people's first names when speaking to them. A staff member told us, "When supporting someone with personal care, I make sure I knock on their door, close the curtains and shut the door."
- People's independence was supported by staff wherever possible. People's support needs varied greatly across the service, which impacted how much they could do for themselves. We observed people being supported to use walking aids where possible

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

- People we spoke with were happy with the care that was offered to them by staff and informed us that staff considered their preferences and respected their choices. However, we observed this was not always happening as detailed above around some people's choices to use the toilet or have their pad changed.

- People were involved in developing their care plans and were able to contribute to their ongoing care at monthly reviews which involved them and their family, where appropriate.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

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

- People told us that the staff were friendly and kind. One person said, "Some I prefer to come into see me over others, but all are very good at their jobs." Another person said, "They [staff] speak to me nicely, don't have any worries and they do their best." Relatives comments included, "Very much so" and "Yes, I think so" when asked if they felt staff were kind and caring."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences so that staff could support them. One person told us, "I used to practice my religion which I had support with, but I choose not to at the moment."
- We observed staff having caring interactions with people. One person was chatting and holding hands with another person and the staff member joined in talking to them both about their families. One staff member was attentive when supporting a person out of their chair, the staff member told the person, "I have your back, you're doing well. Well done."
- Some staff took time to sit and talk with people, engaging them in conversations about activities or current events. It was clear they had knowledge of the people as individuals not just as someone they cared for within their work environment.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question rating has deteriorated to requires improvement. This meant people's needs were not always met.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;
Supporting people to develop and maintain relationships to avoid social isolation: Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People were not provided with a range of person-centred activities. One person told us, "No one from Activities comes into see me. I have been here I think since May 2018." Another person told us, "No one to ones. Don't like the Lounge activities. Today I saw a board game and me another resident said, what's that." A relative told us, "I think that there is nothing to occupy minds. They put the TV on, then on low volume and then a CD Player so loudly and play over and over the same songs."
- We observed staff engaging people with basic activities such as ball throwing, pens and paper and cards. However, people did not appear to know what to do and were not engaging with the activities. We observed one person who had colouring pencils set out for them and two and a half hours later the pencils were still sharp and had not been used.
- We observed during the inspection that staff did not always give consideration to support people's engagement. For example, in one lounge room, the activities coordinator was playing loud music while people were sitting down. The television was also on but was on silent with subtitles on and no residents had engaged with the television. A relative told us, "In the lounge there are things I've never seen since [person] has been here. There are pens and paper, they are never there. There are fresh flowers in the room. The plan of activities and pictures on the wall only appeared today. Activities usually is very loud music with TV with subtitles". A visiting professional told us, "There is definitely a lack of stimulation. A lot of people in bed, I have seen some staff undertaking one to one interaction with people, but not much corporate stuff (activities). It all looks great on the board when you come in, but you don't actually see any activities."
- People's activity records supported the view that there was a lack of meaningful activities. One person's activity record stated that over a period of 23 days they had 14 occasions in the morning with family, three occasions watching TV and eight occasions walking around the unit. Another person's record stated they had watched TV, read a newspaper, had a chat or was asleep. People did not have any records of activities which were specific to them or any guidance on how staff could keep them occupied.
- The most recent satisfaction survey which was sent out in November 2018 to people and families raised concerns around activities. People's relatives had responded by saying they felt there could be more in terms of activities for people.
- Each person had a care plan containing information about people's care needs, such as requiring support with personal care, eating and drinking and mobility. Some of this information provided good guidance for staff while other information was less detailed. For example, information about how to support people with a risk of choking was detailed and specific, as was how to support people who could become anxious or with certain medications. For example, one person's care plan was clear in how to support them around their blindness and behaviour. Stating they require staff to adopt a gentle, calm and kind manner. We

observed staff doing this during the inspection.

- However, topics such as specific conditions were less detailed or not included. For example, one person had been admitted to the home from hospital after having a fall. Their hospital discharge notes stated they had Raynaud's phenomenon and cerebellar ataxia. There was nothing within this person's care plan about this or any guidance to assist staff on how to support this person around these conditions. We raised this with the registered manager who stated this would be reviewed and included within the updated care plan.

The provider had failed to plan care to meet people's needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives and friends were encouraged to keep in contact with people. This could be done using the telephone, and family and friends were welcome to visit people when they wished.
- People were given support and guidance to help them have more control over their lives. One person had been supported to increase their weight, and this had resulted in them being more confident and active. Feedback from the person's relatives commented on the positive change they had noticed in the person's demeanour.

End of life care and support:

- At the time of the inspection no one was being treated for end of life care. Records indicated that people and families had been spoken with around end of life. However, the detail that had been recorded in people's care plans was inconsistent. Most of the care plans we reviewed contained details around their wishes including any religious belief, family to notify and if they wanted to remain in the home or go to hospital. We did view a person's end of life plan which contained minimal information and was not of the same level of detail.

We have recommended that the provider review all end of life care plans to ensure they are consistently recording the most appropriate detail.

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 people's communication preferences, and ensured information was supplied in a manner which met those needs. For example, one person who was blind had guidance around how staff could support them with accessing information. The guidance stated, 'all procedures should be explained to [person] before starting them as [person] is blind and can be frightened and anxious'.
- People's communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the person's preferred methods of communication.

Improving care quality in response to complaints or concerns:

- Overall people and relatives told us the home's response to receiving complaints had improved and they felt listened to. Everyone we spoke with said they knew how to make a complaint and felt able to raise concerns with any of the care and nursing staff, as well as the management team. One relative said, "I am able to approach anyone if I feel I need to raise a concern or bring something to the attention of the manager."
- Complaints received by the home were recorded, reviewed and action identified to resolve the matter. The

manager analysed all complaints for themes and shared outcomes of complaint investigations with staff.

- Records indicated the registered manager had two complaints that were still in the process of being resolved. We could see from the records that the registered manager had responded to these complaints. Additional time was required to reach a satisfactory conclusion with relatives.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff were not always clear on their roles and responsibilities across the service. Staff roles included ensuring that incidents and accidents were reported to the registered manager. We have found concerns with regards to the reporting of incidents. Some incidents are being recorded in people's daily notes and not being reported to management. There had also been a failure in the management to pick up on these missed reporting opportunities. This meant that incidents were still happening and risk had not been appropriately assessed, such as incidents of aggression from people towards other people and staff.
- Areas of risk had not been identified prior to this inspection. Whilst the registered manager responded appropriately when we shared our concerns, internal monitoring and oversight had failed to identify these issues.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not always submitted notifications to us in a timely way so that we could check that appropriate action had been taken. We spoke to the registered manager about the missed incident and following the inspection they reported the incident to the local authority and to the CQC.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. However, due to staff not reporting incidents and management not picking up on any missed opportunities, duty of candour had not always been followed.

The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager had implemented audit procedures and was in the process of improving governance. Audit processes in infection control, medicines, health and safety and mental capacity had seen improvements. For example, the medicines audit which was conducted monthly had been supported by the Clinical Commissioning Groups (CCGs) own medicines audit had driven improvements in terms of seeing a reduction in medicine related errors.

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

- Staff did not always act in a way that demonstrated a positive culture within the home. Whilst we did see positive interactions between staff and people there was a negative culture around the way in which people were supported with regards to continence care. As detailed within the caring domain there was a concern around the way staff supported people who had asked to either use the toilet or have their pad changed. Immediately following the inspection, the registered manager provided feedback to staff to state that daily training and competency checks would be carried out to ensure staff have the right level of support in place to understand their responsibilities.
- Direction and guidance around providing meaningful activities to people had not been consistent. The minutes from a staff meeting in October 2019 directed staff to engage in activities with people and stated the following, 'Talking to a resident counts as an activity so record this when you have done it. Other examples of activity are brushing hair/brushing teeth/reading out loud to a resident, any of these can be recorded as an activity.' These examples reflect tasks rather than person-centred and meaningful activities.
- The registered manager was a visible presence within the home. People, staff and relatives told us they were able to speak to the registered manager when they needed to. One person told us, "I have spoken with the manager, I have found her to be caring and supportive." A staff member told us, "She [registered manager] is very good. She helps us." A relative told us, "Things have improved since [registered manager] has been here. The place is more vibrant"
- We observed the registered manager walking around the home and engaging with people. The registered manager was speaking to people in all areas of the home and listening to what people had to say. We also observed the registered manager notice a relative who was waiting, and they went out to speak to them having excused herself from our conversation to do so.

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

- Attempts had been made by the registered manager to set up relative's meetings. The registered manager told us they had set up meetings for relatives every three months. However, for the meeting in January 2019 seven people attended and then for the meetings in April and July 2019 no one attended. One person attended in October 2019.
- These meeting shad been advertised within the home. The registered manager stated that other methods such as emailing relatives had now been actioned for the next meeting in December 2019 to encourage more participation.
- Feedback had been sought from people and their relatives using questionnaires. The results from these had been positive about the care delivered at the home.
- Staff meetings also took place in accordance with the providers policy, over the course of each year to discuss people's health and welfare and reflect on changes that may be required. These meetings had resulted in several improvements, such as changes to infection control practices.

Continuous learning and improving care;

- The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.
- The registered manager had signed up to be part of the Mary Seacole programme. This is a six-month leadership development programme which had been developed by the NHS to develop knowledge and skills in leadership and management.
- The registered manager had sought support from the CCG who conducted a nine-week programme with the registered manager to develop skills. The registered manager said, "I can seek advice on the best courses to attend and the best learning available to increase my own learning and support to my staff."

Working in partnership with others:

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and worked in collaboration with the local authority, occupational therapists and GP's.
- Partnership working with charitable organisations took place to improve people's lives. This included working with local churches, charities, local community action groups and the local hospice. People were supported to access these services and alongside their families obtain any additional support they wanted.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to design care to meet people's individual needs and reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure people's privacy and dignity were maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to provide safe care and treatment for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance the provider failed to assess, monitor and improve the quality and safety of the services provided