

# Unity Homes Limited

# The Willows

## Inspection report

1 Murray Street  
Salford  
Greater Manchester  
M7 2DX

Tel: 01617924809

Date of inspection visit:  
31 January 2018  
01 February 2018

Date of publication:  
04 April 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 31 January 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day.

The Willows 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; both were looked at during this inspection.

The Willows provides nursing and residential care for up to 124 older people. The home consists of two detached properties, one building named the Willows provides nursing and residential support and the second building known as Bluebell Court, is designated to provide care and support for people who experience dementia. The premises are situated in the area of Broughton, Salford. Each building has oversight by a registered manager.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At last inspection carried out on the 13 December 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of pressure care. Following this inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question of Safe to at least good.

At this inspection we found the provider was no longer in breach of this regulation.

People were re-positioned two hourly when required and had care plans in place which contained relevant information and were reviewed monthly. People were prescribed their own pressure relieving equipment and were observed using them during the inspection; however we noted that in some cases mattress settings needed adjusting slightly to ensure they were being used in line with manufacturer's guidance. Referrals to outside agencies such as GP's and tissue viability nurses were promptly made and staff felt they were well supported from these professionals.

During this most recent inspection we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not provide any training for nurses who worked at the service on an agency or self-employed basis and in addition did not carry out any formal supervision to ensure on-going competency of its registered manager.

Permanent staff employed by the service received adequate training and supervision support and were knowledgeable about the people they supported at the service. People using the service and their visitors

felt staff were trained well and competent to carry out their caring role.

People's care files provided evidence of professional referrals such as GP/dietician and contained detailed information in relation to dietary requirements, skin integrity, falls management and further perceived risks associated with daily living tasks.

Environmental risk assessments were in place for both internal and external areas and tradesmen were called upon to service gas and electrical appliances as well as manual lifting equipment. The provider also employed a maintenance team to oversee daily internal and external maintenance issues at both units.

Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns and what abusive practice looks like. Staff received training in this area and a record of safeguarding referrals was kept securely.

Safe recruitment procedures were followed and new staff received a period of induction before being assessed as competent in their new role.

Risk assessments were in place in each person's file we looked at to manage identified risks associated with daily living and also recognise individual risk taking.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People had personal evacuation plans and fire audits were completed by both external agencies and internally by the maintenance person.

Medicines practice was managed well and people received their medicines in a safe way.

People's care files contained person centred information. Each care file was written in a way which reflected the individual and only contained documents relevant to the person. People's human rights and diverse needs were reflected within each plan and we received positive feedback during the inspection which evidenced people were being treated fairly and in line with their personal preferences.

Consent to areas of care and support were evident in people's care files; however not all had been signed by the person or a representative when required.

We received mixed comments from people in relation to attending care file reviews. Some people told us they had been present at the reviews; however others told us they had not yet received an invite.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People's opinions were routinely sought and acted upon by means of questionnaires and residents meetings and resident committee meetings. This enabled people to provide influence to the service they received.

Positive feedback was received from people who used the service and staff about the management structure. People told us they were able to ask for assistance from the management team when required. People felt able to raise complaints when required however they noted difficulty in contacting the units at the weekend when the administrator office was not open.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and were cared for by staff that would listen to any worries then may have and act upon them appropriately.

Medicines were administered in a safe way by staff who had received training appropriate to the role.

Appropriate maintenance and environmental checks were carried out to ensure the environment was fit for purpose and free from hazards.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Agency/ self-employed nurses did not receive training from the provider nor did the registered manager receive clinical supervision.

People's nutritional records were completed with relevant detail and health referrals were present in people's care files.

Permanent staff were appropriately trained to ensure they had the correct skills to support people using the service effectively and in line with their preferences.

### Is the service caring?

Good ●

The service was caring.  
The service was caring.

People told us they were cared for well and involved in their care choices.

Interactions between staff and people living at the home were kind and caring.

We observed people being treated with dignity and respect and

offered choice throughout the day.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which captured their personal preferences and people received care and support which was responsive to their needs.

Procedures were in place to deal with people's complaints and people told us they were confident that any complaint would be dealt with appropriately.

People's human rights were being respected. People's care files considered their diverse needs and requirements.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had a manager employed who was registered with CQC.

People felt the management structure was approachable and would deal with any issues raised.

Meetings and questionnaires were in place for people and staff to ensure feedback was sought.

# The Willows

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. Because of this concern the inspection was brought forward from its original scheduled date. This incident is still subject to an on-going investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of people's skin integrity. This inspection examined those risks.

The inspection was undertaken on 31 January 2018 and was unannounced. The inspection was undertaken by three adult social care inspectors, a CQC pharmacist inspector, a specialist in skin care management and two experts 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. The experts were experienced in older adult's residential and dementia care.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We reviewed statutory notifications and any safeguarding referrals previously submitted by the service. We also reviewed previous inspection reports and other information we held about the service.

We looked at records held by the service, including policies and procedures, staffing rotas, staff training records and 16 people's care files.

The skin care specialist reviewed nine people's care files in detail for people who had been assessed at risk of skin breakdown. The specialist also interviewed 10 staff members including registered managers, nurses and care staff to determine their understanding around skin integrity.

The pharmacy inspector observed medicines administration and viewed 12 medicines administration records, (MAR) and people's care files who had been assessed as requiring more complex medicines including covert administration (hidden in food or drinks).

The three inspectors undertook additional pathway tracking of care records, which involves cross referencing care records via the home's documentation. The inspection team observed care within both units throughout the day in the lounges and communal areas.

We observed the lunchtime meal experience on both units and toured the premises and looked in various rooms.

At the time of the inspection there were 61 people residing on Bluebell unit and 31 people residing on the Willows unit meaning 92 people were using the service altogether.

During the inspection we spoke with registered managers, the director, 13 staff members, 12 people who used the service, 12 relatives and one visiting healthcare professional.

# Is the service safe?

## Our findings

All people we spoke with at both Bluebell Court and the Willows told us the service was a safe place to live in respect of personal safety. One person stated, "I feel very safe here and well looked after." Similarly relatives told us, "Oh gosh, never want them go home [my relative] is really settled and safe here." A second relative stated, "I do feel [my relative] is secure here." Whilst a third stated, "Two people have to support [my relative] and I do think they are very safe here."

At the inspection on the 13 December 2016 the service was found in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of people's pressure areas. In addition CQC had also received recent information of concern about a person's skin breakdown. As a result of the previous breach and the intelligence we had received we asked a specialist in skin care management to join the inspection team on the day of inspection. The specialist reviewed people's skin care documentation and equipment on both units and spoke in depth with staff to determine their understanding in this area. As a result we were able to determine the service was no longer in breach of this regulation.

People's care files contained appropriate documents to enable staff to understand the level of support required for their skin care. People had correct pressure relieving equipment and were observed using these throughout the day; however in some cases we did determine people's airflow mattresses required minor adjustments to ensure they were compliant with manufacturer guidance.

Pressure relieving equipment was subject to regular audit by the registered manager from each unit. Staff appeared knowledgeable about the management of people's skin and the risks of breakdown. Specialist training had been arranged, however had been cancelled by the trainer and at time of inspection the service was awaiting a further date to be finalised.

Safe recruitment practices were followed. We sampled ten staff recruitment files which all contained an application form with employment and education history, references had been sought and Disclosure and Barring (DBS) verification had been done. These checks are essential to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We saw that there were processes in place to ensure the home regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required.

The service used a staff dependency tool to determine the number of staff hours required based on the needs of each individual. On the day of the inspection we found there were enough staff available to meet the needs of people living at the service.

We looked at staff rotas and staffing dependency tools for both units and spoke with staff about staffing levels. We observed the home to be well organised and staff had time to sit with people during the afternoon.



We asked staff whether they felt there was enough staff on duty. Comments we received were positive and included, "I feel the staffing levels are adequate." A second staff member stated, "The staffing levels have improved over the last two months, it's manageable now." Additional staff comments included, "To be truthful when I first started we didn't have enough, but now it has been increased so that's better," and "We have comfortable staffing levels," and "We have enough, the manager will sometimes help if we have an emergency."

However we noted the service did not have any permanently employed nurses however used the same core nurses via an agency or on a self-employed basis. Nurses we spoke with verified they were used as regular members of staff and were very knowledgeable about the people they supported.

The provider ensured clear procedures and guidance were in place in both of the units to inform staff and people using the service including their visitors about safeguarding/abuse matters. Safeguarding concerns were referred to the local authority and CQC where appropriate. Staff we spoke with gave appropriate examples pertaining to safeguarding matters.

Risk assessments personal to people's own circumstances were evident in the care files we saw in relation to areas such as mobility, behaviour, diet and social isolation. For example one person's file identified that this person was at risk falls, a care plan was in place which reflected the main issues and times/ events when the person was more susceptible to falling. The document also highlighted the need to have a falls diary in place and all falls to be documented on daily evaluation paperwork. We were able to confirm that this was being done and falls diaries were in place for this person. In addition appropriate external support had been sought from the falls team.

A second person required a soft diet and this was correctly identified in their care plan from the recommendations made by the speech and language therapy (SALT) team. To triangulate evidence we also spoke to the cook who provided us with a dietary requirement sheet which matched the person's plan.

The service had a policy in place to guide staff in supporting people to make informed decisions around risk taking. The policy highlighted the importance of supporting people's independence to take reasonable risks wherever possible by providing each person with information and choices to inform their decision making.

Business continuity plans were in place. The aim of the plan was to set out the procedure and strategies to be followed in the event of a significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The provider also had policies to support these procedures.

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We noted arrangements were in place to identify any hazards and clear assessments were evident to remove or reduce the risk. We reviewed health, safety and building maintenance records and saw documentation and certificates which demonstrated relevant checks had been carried out in respect of gas and electrical safety, substances hazardous to health (COSHH), risks associated with waterborne viruses and hot water temperature checks.

Fire audits were in date and fire safety checks were completed. Appropriate fire signage and extinguishers were seen around both of the units. Staff had been provided with training to deal with emergencies such as fire evacuation. Personal emergency evacuation plans (PEEPs) were in place in people's care files and copies of the plans were kept near the entrance on both of the units.

We looked at how medicines were managed across the Willows and Bluebell Court units. We found that medicines were managed safely.

We inspected the three treatment rooms where medicines were stored. The rooms were clean and tidy and medicines were kept securely at the right temperature. Controlled drugs were stored correctly and the stock was checked and correct.

We observed people receiving their early morning medicines on the Willows unit. The nurse gave medicines in the bedroom or dining room and respected the person's privacy at all times. Staff gave medicines in a kind and patient way and signed the records after the person had taken their medicine. Medicines that should be given at specific times to be effective were given at the right times.

We looked at the medicine administration records for 12 people. There were no gaps in the records suggesting all medicines had been given as prescribed and actual stock counts confirmed this.

Some people were prescribed paracetamol for pain relief to be taken 'when required' (PRN). We saw that staff recorded how many tablets had been given, when the dosage was variable, and the time the dose was administered. Additional information was available for most residents to guide staff when giving PRN medicines such as paracetamol; the information was person centred but the time interval was not included on the paracetamol guide.

Sufficient information was available to help staff provide safe care. Information was available to care for residents who required their drinks to be thickened to avoid choking. Stock was secure and staff recorded when regular drinks were made, however there was no system to record additional drinks that may be made outside meal times.

We looked at topical application records and storage of creams and ointments. Care staff applied these as part of personal care. We saw the home had records including a body map that described where and how often to apply these preparations. Records were complete and the creams were stored safely.

The home had sufficient numbers of staff trained to administer medicines and regular audits were done to ensure medicines were managed safely.

The environment was light, clean and nicely presented. Corridors were clear of debris and items of equipment put away. Daily and weekly cleaning duties were highlighted and the service employed a full time domestic person. The laundry area and kitchen area also appeared clean and tidy on both units with appropriate equipment and soils bags being used.

## Is the service effective?

### Our findings

People we spoke with told us they felt staff were good at their job and were approachable. We observed staff to interact in an informed and positive way with all people using the service.

On-going training was offered to the permanent staff team. We saw evidence of staff training in staff personnel files and staff we spoke with gave examples of recent training courses they had attended. We looked at the staff training matrix and noted staff had received mandatory training in subjects such as, safeguarding, moving and handling and first aid. We noted further training topics were also offered such as COSHH, fire safety, privacy and dignity, nutrition and hydration and person centred approach to dementia. One staff member stated, "The training on offer is good, I do most of it in my own time. The majority of the training is completed online." A second staff member told us, "I have completed the care certificate and training for health and safety, food hygiene, safeguarding adults and fire safety."

Although we saw a good training structure for employed staff we noted the registered manager did not have an overview of any of the training completed by the self employed nurses on both the units. No documentation was available on site to view at time of inspection. A nurse we spoke with confirmed nurses did not receive training at the service and stated, "I have not completed any training at the service. I do all my training at the hospital." This was also discussed at length with the registered manager and director provider during feedback. The director told us training would be implemented following the inspection.

In addition to this we found the registered manager who was also a nurse had not received any form of clinical supervision.

We asked to view the nursing staff competency assessments to deem whether staff were competent at delivering support to people in key areas of need. Competencies are descriptions of the skills, know-how, abilities, and personal qualities needed to perform a particular role successfully. The director informed us he would send evidence that this happened following the inspection via email. Although we did receive some information following the inspection we noted that this information did not give assurances that this area was being robustly monitored.

The provider had not ensured there was a clear training process and competencies framework to ensure nursing staff working on an agency/self-employed basis were competent to provide the support people required. In addition to this the registered manager did not receive clinical oversight or supervision to ensure they could competently carry out their role. This is a breach of Regulation 18(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did however determine the permanently employed staff received oversight and supervision to enable them to carry out their duties and in addition to this following the inspection the director provided us with evidence of nurse supervisions and assured us these would be completed on a two monthly basis. Staff we spoke with informed us they had been subject to this process and felt it useful and equipped them with the correct skills to work as part of the team in a confident and knowledgeable way.

Service induction training was offered to all permanent staff prior to working independently. Service induction allowed each new member of staff to work in addition to the normal care team so that when the time was appropriate for them to be integrated into the team. New staff member's basic learning and training had been completed and they were familiar with people using the service and their individual needs. However although the registered manager told us all nurses also received a service induction they could not provide evidence that this happened. Following the inspection the director emailed the lead inspector evidence of nurses who had received an induction prior to working at the service.

We saw guidance around special diet types and diet and fluid charts for people who required monitoring in these areas were in place. We spoke with the cook who told us they had a copy of everyone's nutritional action plan and was aware of which person required a specialist diet. The cook also verified they spoke with people about their likes and dislikes.

There was a three week menu on offer and people were able to change their mind and request something else should they wish. Although this information was provided to us we did not observe this on the day of inspection.

We were also informed menus were being created which would have pictorial choices and hydration stations were to be set up. The kitchen staff were aware of people who followed a particular diet due to faith and people who had food allergies and were able to speak with us confidently about the precautions they took to ensure the food adhered to the person's standard.

People's comments about the food they received were mixed; some people told us the food, "Could be better," whilst others commented the food was, "Very good and plentiful."

People had nutritional care plans in place, with Malnutrition Universal Screening Tool (MUST) assessments also completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required. Eating and drinking care plans were also evident. One care plan recognised the risk of malnutrition through certain behaviours such as hyperactivity and the need to offer finger foods to the person to enable an adequate food intake.

We noted health referrals were made when required. We spoke with a visiting professional who told us, "The home is very good at keeping us informed. We visit on a Friday for a walk around and I will see my patients to review their progress. Staff are always on hand to keep me updated on how people are doing. I have no concerns about the care practice in this home and happy they are making the appropriate referrals when required."

In the care files we looked at we saw people's capacity to make their own decisions and choices was considered through the services care planning process. Care files were person centred and contained information that was personal to each person's circumstances and history.

Consent forms were seen but in some cases had not been signed; a note was seen on the bottom of one consent form stating, 'unable to sign'. Other consent documents forms had been signed by family members; one document stated family member had lasting power of attorney, however, there was no evidence of this, nor did it state whether this was for health and welfare. We spoke with the director and registered manager about this who informed us they would look at this as a matter of priority and rectify the paperwork.

We will monitor this at the next inspection.

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 the mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The management team and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to have a bath and access the upper floors should they wish.

## Is the service caring?

### Our findings

We observed staff calling people by their first names or preferred names. Staff were friendly and polite to people and we saw staff treated people with dignity and respect. People's comments supported this. One person stated, "The staff are very nice and polite. They always knock before they come in my room." A second person stated, "Staff are very good I like them all." Similarly relative's comments supported our observations. One family member told us, "The carers are very good, kind and helpful and seem to do what they can for the residents." Whilst a second family member stated, "They have some really nice carers here."

We found that the atmosphere in both units was calm and organised. During the inspection we observed how well staff interacted with people. We heard that staff were kind and caring in the way they approached people. We saw staff had built relationships and had a good rapport with people. For example we overheard a carer chatting with a person; they were familiar with their needs and took an interest in them. Staff we spoke with had good knowledge about people's care needs.

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

The service ensured people were consulted about their daily living choices. We saw examples over the two days of inspection of staff offering choices. Staff gave relevant examples about how to ensure a person was enabled to make their own choices. One staff member stated, "It is only right to offer choice. I treat people how I would like to be treated and that's with respect."

Each bedroom we saw appeared individual to the person and contained their personal possessions such as small furniture items and ornaments.

People told us their privacy and dignity was respected at all times. People added staff sensitively supported them with the personal care requirements and never made them feel exposed or compromised. Staff gave relevant examples about knocking on people's doors before entering and ensuring the person's dignity whilst supporting them with intimate care needs.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

## Is the service responsive?

### Our findings

People and their relatives we spoke with indicated they felt listened to by staff. We observed people speaking freely and openly with staff about any worries, requests or questions they had. People were asked if they felt able to make choices about their daily living routine. One person told us, "I can choose to get up and go to bed myself." A second person stated "I can choose my own clothes that are right." A third stated, "They just let me do what I want."

Pre-assessments were undertaken prior to each person's admission. The assessment looked at areas of the person's specific needs such as their wishes and feelings, background, perceived historical and current risk, aims and goals. In addition the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan was used to influence the services' own care plans along with the input from the person and their relatives where required.

In the care files we looked at we saw people's capacity to make their own decisions and choices was considered through the care planning process. Care files were person centred and contained information that was personal to each person's circumstances and history. This enabled care staff to understand the person's need in each particular area which ensured the support offered was in line with their preferences. Care plans covered a varied number of areas such as, communication, mobility, mental health, cognition, behaviour, diet and daily routine.

People told us they were able to freely move around the building. We observed people returning to their rooms without restriction over the two days of inspection on Willows and on Bluebell although some peoples bedrooms were locked through the day in keeping with their risk assessment, however they were able to return to them should they wish to.

We received mixed comments about family involvement in people's care file reviews. Two relatives stated, "We had care plan review, we had it with the senior," whilst a second told us, "I've took part in a care plan and I've had a review of this." Other relatives told us they had not yet taken part in a review, however we noted in these cases each person's relative had only been living at the service for a short period of time.

We will monitor this at the next inspection. We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights. In addition staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice and personal preferences in a person centred way.

Daily reports provided evidence to indicate people had received care and support in line with their requests. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

The provider had developed a complaints procedure to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response.

We viewed the complaints on Bluebell Court and found four had been received in the last 12 months. We found these complaints had been appropriately responded to, with a clear audit trail for each complaint. In the Willows we found 15 complaints had been received in the last 12 months and these had been recorded clearly. Examination of records and discussion with the registered manager confirmed action had been taken promptly in response to the concerns raised.

During the inspection we did not observe any direct activities taking place on the Bluebell unit; however we did see people receiving one to one support and were informed the activities co-ordinator completed bingo during the inspection. We were also informed that the activities coordinator had recently left from the Willows unit; however the service was actively recruiting a new person. Until this position had been filled care staff had been tasked with this responsibility.

Comments received from staff in respect of activities were mixed. One staff member said, "We have an activities co-ordinator who does her best." A second stated, "I feel they could be improved, not always sure what is going on," whilst a third said, "I think we do a lot in respect of the activities. We will support with bingo, arts and crafts and playing cards."

People and their relatives told us they participated in activities such as parties, colouring and craft making; however some felt there could be more done with people.

We will monitor this at next inspection.

At the time of inspection there was no person receiving end of life care and support. We noted the service had a policy and procedure in place to guide staff around best practice and in addition staff had received training in end of life care. Qualified nurses were also present on each unit to support people nearing the end of life and external agencies were referred to for extra support when required. People had end of life care plans in place and although we found them to be very detailed in relation to task focussed care such as ensuring the person is kept pain free, comfortable and hydrated we found that some lacked the fine detail about the person's individual final wishes. We spoke with the registered manager and director about this who informed us these would be looked at and updated appropriately with families and people who wished to offer the information.

We will monitor this at next inspection.



## Is the service well-led?

### Our findings

There was a registered manager at Bluebell court at the time of inspection that had been registered with the Care Quality Commission since February 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In addition there was a second manager covering the Willows unit. The manager had joined the service the same week of this inspection and told us it was her priority to apply to CQC to become registered.

The services registration with CQC only requires one registered manager to oversee the service; however the provider had made the decision to have two.

Due to the lack of training, supervision and on-going competency the service offered to nurses who were not employed as part of the services permanent core staffing team we issued a Breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 under the Effective section of this report.

Due to this breach we cannot rate the well-led domain any higher than requires improvement.

The service had an infrastructure of auditing in place to monitor the quality of service delivery; we viewed audits on Bluebell Court and The Willows. Audits were carried out for aspects of care such as medicines, care plans, infection control, kitchen audits, wheelchair checks, and laundry audits. These had been completed monthly.

Staff we spoke with felt the management team were approachable, fair and kind. Both management offices were located within easy access on both units which made them easy to locate and accessible for people should they wish to speak with them. Both managers were reported to be present and visible on the units throughout the day and would provide support whenever required. Staff comments included, "The manager is very good, she is very fair." A second staff member stated, "The manager will often help out if we need her support, I can go to the manager at any time even if I have personal problems she will listen." Whilst a third staff member told us, "The manager is a good leader and does her best."

People's comments in relation to the management team were positive and they felt they could raise any issues which would be dealt with, however one person did comment that during the weekend it was hard to contact the managers due to having no contact number or email address for them when they were not present in the building. We spoke with the manager about this who told us that during the weekend the main phone automatically transferred to the nurse's station on the Willows unit and if it was not answered it transferred to the Bluebell unit. However if staff were busy then it was not always answered. Relative's comments had been noted in relation to this following the last meeting and this had now been addressed with all staff. We will monitor this at next inspection.

The provider ensured a wide range of policies and procedures were in place to provide staff with clear and relevant information about current legislation and good practice guidelines. Policies included, manual handling, meal planning, medicines, mental capacity, person centred care, safeguarding, health and safety, whistleblowing and human rights. We were able to determine they were reviewed and updated when required to ensure they reflected any necessary changes.

Staff had been given a code of conduct and practice they were expected to follow, which helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full and staff we spoke with told us these were useful.

Residents meeting were also held and people and their relatives confirmed they had been asked to attend. We had mixed responses in relation to the feedback people received following the meeting. We spoke with the manager about this who informed us this had also been highlighted and a decision had been made to ensure the meeting minutes and outcomes were sent to people who attended but also to people who were unable to attend to ensure people were kept up to date with any changes. We were informed this would start following the next meeting.

We will monitor this at the next inspection.

As identified in the report the service used a range of other systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home, such as day to day discussions, resident meetings and quality questionnaires for people using the service and their relatives.

The service had displayed the previous rating on the web site.

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 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure adequate training, supervision and competency processes were in place for nurses working at the service who were employed via an agency or on a self-employed basis.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	