

Sanctuary Care Limited

Fernihurst Nursing Home

Inspection report

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30 April 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Fernihurst Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fernihurst Nursing Home provide care and accommodation for up to 50 people. The majority of people at this service live with dementia or have mental health needs. The service is a purpose-built care home providing accommodation over three floors, with two lifts between floors and with communal facilities on each floor. There were 37 people using the service on the first day of our inspection.

Rating at last inspection: At the last inspection the service was rated as 'Requires improvement' The report for this inspection was published in November 2018.

Enforcement During the last inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk from harm because the provider 's quality assurance system had not identified issues at the service which put the health, safety and welfare of people using the service at risk. This included unsafe management of medicines, poor staff response times to call bells with monitoring checks not always taking place and protecting people from abuse.

Why we inspected: This was a scheduled comprehensive inspection based on the previous rating of 'Requires improvement'.

People's experience of using this service:

People and relatives said they felt safe at the home. Comments included, "I do feel very secure here. I have never felt less than safe." People and relatives were positive about the caring nature of the staff. Comments included, "They're beautiful people...they are marvellous to me." Staff were very respectful to people, they showed genuine compassion and treated them with kindness.

Some people were observed on the first day of the inspection, unshaven, with poor oral care and looking a little unkempt. Care plans did not give staff clear guidance regarding people's personal care needs and there was not any clear oversight by the management team to ensure people received their required personal care. During the inspection action was taken to add oral care needs to people's care plans with plans to review all care plans. We were reassured by the management team that they would monitor and ensure people were receiving appropriate personal care to meet their needs.

People were supported by staff who continued to be aware of the signs of abuse and reported concerns internally. There had been significant improvements in the timeliness of the management team reporting concerns to the local authority safeguarding team and putting in place measures to protect people. Medicines were administered safely, and people received their medicines in the way prescribed for them.

People' individual risks were assessed and managed. Staff knew their responsibilities for reporting accidents, incidents or concerns and these were reviewed. The service had a recruitment and selection

process that helped reduce the risk of unsuitable staff supporting people. Reassurances were given at the inspection that all agency staff would have their identity checked and received an induction.

The provider had quality assurance processes in place. Regular audits were undertaken, these included, information about people's weights, risk management, pressure damage, medicine errors, accidents and incidents, premises audit, care plan audit and staff feedback. Improvements were needed to ensure staff identified health and safety risks at the home and would take appropriate action.

The management team had produced a service improvement action plan (SIAP) setting out what actions they needed to undertake. They had been working with the local authority quality assurance and improvement team. This had been effective in ensuring the standard of care provided to people had improved.

Staff were trained and were supervised, supported and clear about what was expected of them. They were very happy about the level of training and support they received and showed competence when supporting people.

There were sufficient staff on duty to meet people's needs and keep them safe. The manager monitored call bell response times to ensure people received support in a timely way.

The provider recognised the importance of social activities. Staff encouraged people to engage in meaningful activity to aid both their physical and emotional well-being.

People's nutritional needs were met. Staff had a good relationship with local health professionals and people had a weekly GP visit. People's, relatives' and staff views were sought, and opportunities taken to improve the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and relatives knew how to make a complaint if necessary.

The provider was in the process of a redecoration and refurbishment program at the home. They had an infection control policy that was in line with best practice guidance. Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use.

Follow up: We will continue to monitor the service to ensure that people continue to receive safe, compassionate, high quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

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

Inspection team:

The first day of this inspection was carried out by two adult social care inspectors, a medicines inspector and two experts by experience who were knowledgeable about care of older people. 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 second day of our visit was carried out by one adult social care inspector.

Service and service type:

Fernihurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In the absence of a registered manager the provider had put in place a management team to ensure the safe running of the service. The provider was actively looking to recruit a new manager at the service.

In the absence of a registered manager the provider had put in place a management team to ensure the safe running of the service. This included the deputy manager acting up as the manager with a senior nurse temporarily undertaking the role of deputy. There was also a peripatetic manager and area manager working alongside the manager and deputy manager. The provider was actively looking to recruit a new manager at the service.

Notice of inspection:

The inspection was unannounced on the first day. Inspection site visit activity started on 25 April 2019 and

ended on 30 April 2019.

What we did:

Prior to the inspection we reviewed the information we hold about the service. This included information shared with us by the local authority and health and social care professionals. We reviewed notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

The majority of the people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI) in two of the lounges. SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

During the inspection we spoke with:

Ten people

Seven relatives

The acting manager who previously worked at the service as the deputy manager, the acting deputy manager, an agency nurse, two senior care workers, two care workers, a cook, activities person, housekeeper, the maintenance person, the administrator and an agency worker working at the service. We also spoke with the provider's regional director, regional manager, peripatetic manager and maintenance manager.

Following the inspection, we sought feedback from:

Five health and social care professionals to ask them for their views about the service and received a response from one of them.

The local authority Quality Assurance Improvement Team (QAIT) to obtain their views as they had been working with the provider.

The local Healthwatch team to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

We also reviewed:

Seven people's care records

Two personnel records

Training records for all staff

Twenty-one medicine administration records. We observed administration of medicines and checked medicines storage arrangements, policies and procedures, medicines audits and incident records.

Staff rota's

Audits and quality assurance reports including the manager's aide memoire

Minutes of meetings

Policies and procedures.

Records of accidents and incidents

Complaints records

Is the service safe?

Our findings

At the last inspection in September 2018 this key question was rated as 'Inadequate' because we found the provider in breach of Regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were placed at risk because of poor staff response times to call bells and monitoring checks not always taking place. Improvements were needed to the way people's medicines were managed and recorded. We also found people were not always protected from abuse as the management team had not reported some concerns promptly to the local authority safeguarding team and put in place measures to protect people. Following the inspection, the provider sent an action plan which set out the actions they were going to take. At this inspection we found the provider had made the improvements and were no longer in breach of these regulations although improvements were still needed.

At this inspection action had been taken and the rating had improved to 'good'.

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

Rating - People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- ☐ Improvements were needed to ensure staff identified health and safety risks at the home and would take appropriate action. We identified a person's bed had been moved next to an electric socket which could place them at risk of an electric current passing through their body. We discussed this with the management team and asked for a risk assessment. They took immediate action and socket protectors were sourced during the inspection and placed in all sockets accessible to people in the building. A risk assessment was also completed to assess the risk to people. On the second day staff were using a daily room checklist to look at environmental health and safety concerns. They were required to place any concerns identified in the maintenance book. Following the inspection, the provider wrote to us to make us aware that all of the sockets at Fernihurst were compliant with wiring regulations. This meant that socket protectors were not required as they had an interlocking shutter mechanism to stop foreign materials coming into contact with live parts. These have therefore been removed.
- ☐ The provider had checks and audits in place to assess the safety of the service. For example, water temperature and window restrictor checks. Health and safety risk assessments had been completed in April 2019, these included a laundry risk assessment, work related stress and kitchen safety.
- ☐ People were protected because individual risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, moving and handling, falls and pressure damage. Where people had been identified at risk action had been taken to prevent possible harm. For example, pressure mats and sensors were in use. These would alert staff if people were getting out of bed and at risk of falling or if people had entered their rooms. When we activated these sensors during the inspection staff responded quickly. However, a relative said, "I am not confident about the answering of my mother's alarm bell." Staff said there had been a significant improvement to

responding to these call bells. This was confirmed by the manager who completed regular call bell audits and recorded them on the provider's aide memoire to ensure call bell response times were acceptable. These response times were also monitored by the regional manager and quality team.

- Staff were aware of potential risks and possible conflicts between people. Staff ensured communal areas always had a staff presence. This meant they could intervene and diffuse situations when people became irritated with each other.
- Fire safety was well managed. People confirmed there were regular fire drills, one said, "Occasionally the alarms go off and all the doors shut." Staff had received fire training. There were plans and procedures in place to safely deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service

Using medicines safely

- New staff 'medicines champions' had been introduced, helping to improve the way medicines were managed in the home.
- Medicines were administered safely, and people received their medicines in the way prescribed for them.
- Improvements had been made to people's medicines records which were well maintained. There was a system of recording and identifying medicines issues, and action was taken to improve where appropriate.
- Medicines were stored, ordered and disposed of safely.
- Staff had received updated medicines training and had checks to make sure they gave medicines safely.
- People said they were happy with how their medicines were managed. comments included, "The ladies (staff) are always round with the medicines ... they are very good" and "The medication always comes regularly and on time."

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe at the service. Comments included, "I do feel very secure here. I have never felt less than safe" and "I do feel safe here."
- People were protected from abuse. Staff continued to be aware of the signs of abuse and reported concerns internally. There had been significant improvements in the timeliness of the management team reporting concerns to the local authority safeguarding team and putting in place measures to protect people. For example, one to one support or monitoring checks.
- Safeguarding posters were on display to guide staff how to make referrals and access support.
- There were plans for the manager and deputy manager to undertake the local authority safeguarding training to get a further understanding of the local procedures.

Staffing and recruitment

- Our observations showed there were sufficient staff on duty to meet people's needs and keep them safe and call bells were answered promptly. At a relatives meeting a relative had raised the question about having an additional staff member at night. They said, "I feel that they need a floater on the floor, because sometimes two carers involved with one person, so there is no one to check." The management team had reviewed this and had assessed this was not needed. The provider used a dependency tool to assess that the staff levels at the home met people's needs.
- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff had completed application forms and interviews had been undertaken. Pre-

employment checks were done, which included references from previous employers, following up any unexplained employment gaps and Disclosure and Barring Service (DBS) checks were completed.

- The provider used agency staff to undertake shifts where there were gaps which other staff could not undertake. There was not a robust system to ensure agency staff had an induction when they came to the home to ensure they were aware of emergency procedures and identity checks to ensure they were the correct agency staff member. The provider had an induction checklist which staff were required to complete for new agency staff and had agency profiles of some staff. However, these had not been completed for all agency staff working at the home. The management team gave us assurances these would be completed for all agency staff.

Preventing and controlling infection

- People were protected by appropriate infection control processes in place. Housekeeping staff used a cleaning schedule and were knowledgeable about infection control. They used different coloured mops and buckets to minimise the risk of cross infection. There were a couple of odours present on the first day of the inspection. On the second day staff were seen undertaking extensive cleaning of communal areas and furniture and no odours were present. Care staff had access to cleaning equipment to clean up spillages and incontinence issues.
- The laundry rooms were well organised with a system in place to ensure soiled items were kept separate from clean laundered items. Staff had a good understanding about using red bags for soiled laundry, not mixing laundry items and the washing machines settings for soiled items.
- Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use.
- The provider had an infection control policy that was in line with best practice guidance.

Learning lessons when things go wrong

- Staff knew their responsibilities for reporting accidents, incidents or concerns. Staff had recorded all incidents and accidents at the time of the incident. The manager and provider's quality team reviewed these to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks.

Is the service effective?

Our findings

Our findings

At the last inspection in September 2018 this key question was rated as 'Good'. At this inspection we found the provider continued to provide effective care and remained 'Good'.

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

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

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

- ☐ At the time of the last inspection, the provider had stopped admissions to the home. This had changed and were now restricting admissions to one a week and liaising with the local authority manager regarding these admissions. The management team carefully assessed new people's needs before they came to the home to ensure they could meet them.
- ☐ Staff ensured people were able to make meaningful choice when selecting their main course. For example, staff showed people two sample meals, so they could choose.

Staff support: induction, training, skills and experience

- ☐ Staff had completed training to ensure they had the right competencies, knowledge and skills to support people at the home. Staff had undertaken the provider's mandatory training and said they had access to training, both e-learning and face to face.
 - ☐ The manager had a good oversight of the staffs training needs and where there were any gaps. They had identified where a few staff required a manual handling update and this had been actioned. A staff member involved in induction for new staff confirmed moving and handling training took place for new staff.
 - ☐ Staff had undergone an induction when they started work at the service. New staff worked alongside a more experienced member until the management team were satisfied they had the skills to work alone. New staff undertook the care certificate which is recommended for new care workers to ensure they have the skills required.
 - ☐ Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
 - ☐ The nurses at the service were supported to complete the revalidation process. Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.
 - ☐ Staff were regularly supervised and said they felt supported. There was a program of supervisions for staff with designated line managers. Planned appraisals were scheduled for May 2019.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- ☐ There was a good relationship with the local health professionals. A GP routinely visited on a weekly basis. A new working arrangement was in place that the psychiatric team had regular visits alongside the GP.

Records showed the community nurse team visited regularly and mental health professionals also provided oversight and guidance to help the service support people with complex needs.

- Staff said they were well supported by health professionals and benefited from a consistent relationship with the local GP. Staff praised the GP, who was flexible in their visiting times, so they could support, for example when people were at the end of their life.

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

- People gave mixed feedback about the food at the service although the meals we observed looked appetising. Comments included "Food very good. beef casserole very nice indeed...steak and kidney pudding, one of my favourites" and "Not like home cooking...eatable... would like more." A relative said, "Quality pretty good, though too much...daunting when it arrives." Another relative said how staff ensured their mother had extra gravy because she likes it and when she wanted some ice-cream "they dashed out and got some for her."
- Staff ensured people were able to make meaningful choice when selecting their main course. For example, staff showed people two sample meals, so they could choose.
- There was a four-week menu with a minimum of two choices at each meal. The catering staff had information about service users' dietary needs and preferences.
- There were systems in place to monitor how much people ate and drank each day. Daily individualised fluid goals were set up for people; staff were reminded to monitor and encourage people to drink.
- People were weighed at timescales relating to the level of risk to people's health. For example, some people were weighed on a weekly basis. Where necessary action was taken, for example, health professionals were involved to give advice and prescribe fortified drinks. Where required main meals were fortified to increase the calorie intake for people at risk of weight loss, for example with double cream.
- On the first day of our inspection, snacks and finger foods were not seen. This type of food helps encourage people living with dementia to eat throughout the day. The management team said it was normal practice for these to be provided and said they would investigate. On the second day snacks were available for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff gained consent from people before they intervened. For example, checking they were ready to be supported to move. One person said, "They always ask if I'm ready."
- Staff demonstrated an understanding of people's right to make their own decisions.
- Capacity assessments had been completed and considered people's capacity to make decisions.

- Staff had recorded on the provider's computerised care system where people had representatives who had power of attorney (POA). However, these did not always accurately reflect which type of POA they held and therefore their responsibilities. The deputy manager reviewed everybody's during the inspection to ensure they clearly reflected which POA representatives had.

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

- The provider was in the process of a redecoration and refurbishment program at the home and new flooring was being laid. People had access to the lift to travel between the floors but there was no signage in the lift, or when they arrived, to help people recognise the different floors.
- People's rooms were personalised with items of furniture or ornaments. Their bedroom doors were painted different colours to help aid recognition. Room numbers were clearly displayed, and people had personalised photo frames by their door entrance to help them recognise their room.
- The manager said a bedroom was being adapted to provide a calming space for people when they became overwhelmed by communal living or anxiety. The room was at the centre of the home so would be accessible and would contain items to aid relaxation, for example louver lamps, black out blinds with glitter like the sky, lavender spray and sequined cushions
- Armchairs were of a standard height in communal areas, which were not suited to the needs of taller people. We discussed this with the management team who said they had sought advice from the local occupational therapy team to identify equipment, which could change the height of chairs to meet people's individual needs. We identified a person who slept in an upright chair whilst sitting on a pressure cushion; they slid forward on several occasions and needed staff to intervene to keep him safe. We highlighted this to the management team to consider if an alternative chair could be identified.

Is the service caring?

Our findings

At the last inspection in September 2018 this key question was rated as 'Good'. At this inspection we found the provider remained 'Good'.

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

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

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

- ☐ There were strong role models within the staff and management team; their practice showed less experienced staff how to interact with people in a meaningful way. For example, a staff member came into a communal area and ensured they greeted each person.
- ☐ People and relatives were positive about the caring nature of the staff. Comments included, "They're beautiful people...they are marvellous to me", "the girls treat me well" and "there's sometimes a bit of overkill when it comes to kindness!" A relative said, "no complaints at all ... very well looked after. (staff member) has told me that I can ring anytime, even in the night, that they are there for Mum but also for me ... staff get down to the same level when communicating with Mum."
- ☐ Staff were very respectful to people, they showed genuine compassion and treated them with kindness. Staff spoke about people with affection and when meeting them used their preferred names and greeted them with bright smiles.
- ☐ Staff recognised when people needed a different approach depending on their level of communication. For example, one person was very chatty and enjoyed joking, so staff enjoyed banter with them. Where another person whose verbal communication was restricted, a staff member chatted gently to them and brushed their hair, with their consent.
- ☐ Staff recognised the importance of touch to help people feel connected and safe; they changed their tone of voice appropriately and gave eye contact to ensure people felt valued.
- ☐ Staff were responsive to people's needs. For example, one person became very distressed at particular times of the day; staff held them, stroked their hair and comforted the person whose body language relaxed.
- ☐ Staff engaged with people when they were in communal areas rather than just sitting and observing

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

- ☐ Some staff recognised how a task could be changed into a social interaction to make people feel valued. They went the extra mile, considering people's comfort and personal preference. For example, a staff member suggested to a person they might like some warm fluffy socks. They brought a choice of three colours and different designs. The person took delight in feeling the texture and admiring the colours. They said, "They are nice, and they are comfortable – thank you."
- ☐ People had their care needs reviewed on a regular basis using 'Resident of the day' model. Staff involved family members appropriately to help ensure the care received was appropriate. Families said they were

kept informed about their relatives and involved in decision making. One relative said, "I felt comfortable with Mum being here and they always kept me informed."

Respecting and promoting people's privacy, dignity and independence

- ☐ All staff knocked on people's doors before entering; we saw staff greeting people as they entered.
- ☐ Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy.
- ☐ Housekeeping staff said they checked with people before they undertook tasks in their rooms, for example putting laundry away or cleaning.
- ☐ Staff ensured a person's privacy by placing a screen around them in the lounge when the community nurse visited them as it was not appropriate to move them to their room.
- ☐ Visitors were welcomed and there were no time restrictions on visits. They said they were always made welcome when they visited the home. One person commented, "My wife is made to feel very welcome."

Is the service responsive?

Our findings

At the last inspection in September 2018 this key question was rated as Requires improvement. At this inspection we found the rating had remained 'requires improvement'. This is because care records were not always accurate and did not give staff clear guidance regarding people's personal care needs.

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

Rating -People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Some people were observed on the first day of the inspection, unshaven, with poor oral care and looking a little unkempt. Two relatives told us they had concerns about their relative's personal care. One said, "I think care is determined by what's convenient for the staff." The second said, that not enough attention was being paid to aspects like finger nail cleaning, hair brushing and cleaning teeth. The management team said they would monitor to ensure people were receiving appropriate personal care to meet their needs.
- ☐ Care records did not give clear guidance to staff about people's oral care, hair care and nail care. The deputy manager had added further detail about oral care to care records by the second day of the inspection and said they were reviewing everybody's care records to ensure they clearly guided staff. The provider wrote to us after the inspection to make us aware that 'All residents care plans contain oral and nail care assessments. These are reflected in the personal care plan and triangulate with other relevant care plans and risk assessments, such as physical dependency, eating and drinking, night time and resting.'
- ☐ Information on the provider's electronic care records were not always accurate. This included information about people's power of attorneys (POA) and information which had been added by staff was not showing in relevant areas. The deputy manager took action to ensure the information about POA's were accurate and were in discussions with the provider's information technology team regarding the computer glitch. We discussed with the management team the need to ensure the personal information which had been transferred to the provider's computer system in 2018 was accurate.
- ☐ The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- ☐ Staff had good practice and awareness of how to deliver anticipatory care and monitor people who could not verbally tell staff about their pain. For example, a staff member said how they gave a person time, monitored their facial expression and body language. They placed their hands gently on the person to see if through touch they could show them where their pain was.
- ☐ People were enabled to live as full a life as possible. The provider employed an activity person who worked with people to ascertain their preferred activities and hobbies. There was a varied program of activities which people said they enjoyed but one said they would like more.
- ☐ Care records contained information about people's life stories, preferred activities, hobbies and interests. overall these were meaningful. For example, a person liked pets and a staff member ensured they had the chance to interact with a robotic therapy cat.
- ☐ Staff recognised that social stimulation was part of their role to help maintain people's well-being. For

example, a staff member sat with a person looking at photographs. The person was happily engaged for 30 minutes and interacted happily with another person during the session.

- People cared for in bed had a range of music playing in accordance with their personal preferences, for example songs from musicals, classical music and a local radio station.
- Staff adapted their approach depending on people's interests, for example one person was knowledgeable about new technology so chatted with a member of staff about the latest mobile phones on the market.
- Specialist books for people living with dementia were available, which were colourful and provided different topics to help staff start a conversation. For example, a staff member engaged in conversation with a person about televisions promoted by the pictures in a book.

Improving care quality in response to complaints or concerns

- People and relatives said they would be happy to raise a concern and were confident the manager and staff would take action as required. We saw that the manager had been dealing with a complaint in line with the provider's policy and was working with the complainant to find a resolution.
- One relative said, "If I had got a complaint I go to them straight away, because they know so they can put it right." However, another relative said they had raised a concern about the carpet in their relatives' room. They said they had been told verbally it had been sanctioned but that was "six weeks ago." This concern had not been recorded in the provider's complaints folder. It was clear speaking with the management team this was being addressed. We discussed with the management team what constituted as a complaint or a grumble. We were advised by the regional director of a solution they were going to put into place to ensure any future concerns or grumbles were recorded and responded to.

End of life care and support

- There was good end of life care at the service. Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- Staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- The service had received positive feedback from people's relatives about the end of life care they had provided.

Is the service well-led?

Our findings

At the last inspection in September 2018 this key question was rated as 'Requires improvement' because we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had quality monitoring arrangements at the service. However, people were at risk because these did not always identify areas of concern and therefore action was not taken. Following the inspection, the provider sent an action plan which set out the actions they were going to take. At this inspection we found the provider had made the improvements and were no longer in breach of this regulations although improvements were still needed.

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

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

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

- ☐ The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In the absence of a registered manager the provider had put in place a management team to ensure the safe running of the service. This included the deputy manager acting up as the manager with a senior nurse temporarily undertaking the role of deputy. There was also a peripatetic manager and area manager who continued in their roles working alongside the manager and deputy manager to provide a continuity and stable management team. The provider was actively looking to recruit a new manager at the service. On the first day of the inspection the responsible individual was in contact with the home and the regional director attended the inspection, which demonstrated that the provider had a clear oversight of the service.
- ☐ People and staff were positive about the acting manager. Staff said they were better supported and listened to. Which they said had resulted in better team work and communication. Staff were clear morale was much better at the home. However, relatives said they wanted to have a permanent manager in post, one saying "I want to see a proper, professional manager appointed here."
- ☐ The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.

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

- ☐ The provider had quality assurance processes in place. Regular audits were undertaken by the

management team and sent to the provider's higher management team to be reviewed. These included, information about people's weights, risk management pressure damage, medicine errors, accidents and incidents, premises audit, care plan audit and staff feedback. However, the provider's quality assurance process had not identified improvements were needed to the monitoring and recording of people's personal care needs, that agency staff were not consistently having their identity checked and receiving the provider's induction and that staff were identifying health and safety issues and taking the necessary action. This placed people at risk of receiving poor unsafe care.

- Following a local authority safeguarding strategy meeting held on the 7 September 2018. It was agreed that the local authority 'Provider Quality Support Process' (PQSP) would be commenced. As part of this process the local authority quality assurance and improvement team had been working with the provider. The management team had produced a service improvement action plan (SIAP) setting out what actions they needed to undertake.
- The provider was limiting one admission per week to the home. There was a clear overview of new people being admitted by the provider and local authority manager to ensure appropriate people were admitted.
- The provider's quality assurance team visited the home to support the management team. At their last visit in January 2019 they had reviewed training compliance and DoLS and worked with the manager regarding making DoLS applications.
- The regional manager completed regular visits and supported the manager and completed a quality audit.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm.

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

- The manager had held a resident and relative meeting on the day previous to our visit. One family member said had been able to voice their opinion at this meeting about the need for a floating member of staff at night.
- The provider had sent out satisfaction surveys to people and families. The outcome of the 2018/19 with 30 completed, scored 96%. The provider had collated the results and made them available to people.
- The provider had asked staff to complete a survey after the last inspection because they felt staff morale was low. The outcome had been collated with 93.7% giving positive feedback.
- People were supported to access local facilities and remain part of their local community.
- On the first day of our visit the manager was holding a meeting with staff, which was well attended. Minutes of the meeting showed staff were well informed about what was happening at the service and thanked for their teamwork.
- Each day the manager, heads of departments, nurses and care representatives attended a '10 at 10' meeting to discuss what is happening in the service and to put in place a plan of action if required.
- The manager used the provider's 'aide memoire' tool where they recorded their daily walk around, checked call bell response times, and met newly admitted people and other checks.
- At the beginning of each shift staff attended a handover session so they are informed about people's changing presentation and needs. Information was also placed on the provider's computerised system to advise staff of changes.

Continuous learning and improving care; Working in partnership with others

- In October 2018 the service was inspected by an environmental health officer to assess food hygiene and

safety. The service scored the rating of four with the highest being five. Action had been taken which included a kitchen refurbishment and adjustments to the cleaning schedule. This confirmed good standards and record keeping in relation to food hygiene had been maintained.

- ☐ Policies were regularly reviewed by the provider and were up to date, were relevant to the service, and contained current guidance.
- ☐ Accidents and incidents were recorded by staff and analysed by the manager and provider's management team.