

# Country Court Care Homes 4 Limited

## Heartlands

### Inspection report

50 Broadstone Road  
Birmingham  
West Midlands  
B26 2BN

Tel: 01217861212

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced, comprehensive inspection took place on the 10 and 13 July 2018. At the last inspection on the 10 and 11 November 2016, the provider had not met some of the legal requirements and the service required improvement in the key questions: is the service effective and well-led? The remaining key questions is the service safe, caring and responsive were rated as 'good'.

Heartlands is a 'care home'. People in care homes receive accommodation and nursing or personal 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.

At the time of our November 2016 inspection, Heartlands was undergoing a major modernisation project. At this inspection the work had been completed and the service was registered to accommodate 62 people in one adapted, three story building comprising of three separate units. The ground and first floor units provided support to people requiring residential and dementia care. The second floor unit provided support to people that required nursing care and lived with more complex needs. At the time of our inspection 34 people lived at the home. The home provides care and support to people from a range of ages, gender, ethnicity and physical abilities.

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 and associated Regulations about how the service is run.

At the last inspection in November 2016, the provider had not met all the legal requirements because mental capacity assessments were not specific decision based, consent was sought solely from family members who were not authorised to do so and best interests meetings were not consistently recording the decisions required to be made. This meant the principles of the Mental Capacity Act 2005 had not been followed. At this inspection, we found there had been an improvement because the provider had taken appropriate action when they had identified people who did not have capacity to consent to their care or treatment. Best interests processes had been followed, mental capacity assessments were time relative and decision based and applications had been made to authorise restrictions on people's liberty in their best interests.

Although the service employed sufficient numbers of staff, improvement was required to ensure staff levels were assessed, where appropriate to ensure people's needs were consistently met. There was also some improvement required to ensure there was a consistent approach from staff to support people that presented with behaviours that challenge. Improvement was also required to ensure medicines were stored at a constant, safe room temperature. The provider had governance systems in place to monitor the quality of the service being delivered to people. However, improvement was required to ensure audits identified areas for improvement for example, medicine wastage and expired DoLS applications to make sure people

were not being unlawfully restricted.

People felt safe living at Heartlands. The provider had processes in place to protect people from risk of abuse and staff knew what action to take to report any suspicion of abuse. Risks to people were appropriately assessed and staff knew how to keep people safe from the risk of avoidable harm. People were supported to take their medicines safely. The home environment was clean and people were protected from risk of infection. The provider had processes in place to share information with staff when things had gone wrong so learning could take place to reduce risk of reoccurrence.

People were supported by staff that received training. People's needs were assessed and staff knew people well. The provider ensured people's nutritional needs were met with good quality food, regular drinks and snacks and where appropriate referrals were made to healthcare professionals for people at risk of losing weight. Staff followed advice given by healthcare professionals to support people's wellbeing. The provider had designed the home environment to consider people living with dementia with large spacious areas, dementia friendly signage and colour schemes.

People were supported by staff that were kind and caring and they treated people with respect. People and their relatives were involved in the planning and review of their care and support. Staff encouraged people to, where possible, maintain their independence.

When people's needs changed, they were referred quickly and appropriately to healthcare professionals. There were a range of individual and group activities available for people to enjoy although some felt there could be more done with individual based interests to maintain people's hobbies. People and their relatives had no complaints but knew how and who to complain to if they needed to. The provider had appropriate processes in place to ensure people at the end of their life were treated with respect and had their final wishes followed.

People and relatives told us they thought the service was well managed and staff felt supported by the management team.

## 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 consistently safe

People were supported by sufficient numbers of staff that were safely recruited. However, there was some improvement required to ensure there was the correct skill mix and knowledge in staff to consistently meet people's needs.

People received their medications safely but improvement was needed to ensure the room temperatures where medicine was stored were consistently below 25 degrees.

People told us they felt safe and were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take. People were supported by staff that knew how to manage risks to ensure their safety.

The provider had effective infection prevention systems in place and we found the provider learnt from incidents, events and feedback from others to improve the service.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

Peoples' rights were not always protected because processes had not identified when people were being unlawfully restricted.

Staff did not always ensure people at risk of choking received appropriate drinks and meals.

People enjoyed their meals and had access to snacks and drinks at regular intervals, or when requested. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

Staff sought people's consent before they provided care and support. People were supported by suitably trained staff.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

**Requires Improvement** 

People's needs were met by the adaptation design and decoration of the premises.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People were supported to maintain relationships with their friends and relatives.

People's privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised to their needs, because staff were aware of people's individual needs.

People were engaged in group or individual social activities to prevent isolation.

People knew how to raise concerns and were confident the provider would address the concerns in a timely way.

There were processes in place to ensure people would receive appropriate care at the end of their lives.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were systems and processes in place to assess and monitor the quality and safety of the service. Although there was some improvement required to ensure tools were effectively used when deploying staff and assessing their skills and knowledge.

People, relatives and staff felt the registered manager was approachable.

People were happy with the care and support they received.

# Heartlands

## 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.

This inspection took place on the 10 and 13 July 2018 and was unannounced. On day one of the inspection, the team consisted of two inspectors, a specialist advisor and two experts by experience. The specialist advisor was a nursing practitioner with experience of working within a dementia setting. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service. On day two of the inspection, the team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also reviewed the Provider Information Return (PIR) the provider had submitted to us. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the Clinical Commissioning Group for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home. We spoke with 11 people, ten relatives, eight staff members that included nursing, care and domestic staff. We also spoke with the registered manager and deputy manager and spent time observing the daily life in the home including the care and support being delivered to people. As there were a number of people living at the home who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand

the experience of people who could not talk with us.

We sampled six people's care records to see how their care and treatment was planned and delivered and five medication records to see how their medicine was managed. Other records looked at included three staff files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

# Is the service safe?

## Our findings

At the last inspection in November 2016 the rating for the key question, is the service safe was 'Good'. At this inspection, we found there was improvement required in a consistent approach to the effective deployment of staff to ensure the skill mix was balanced. There was some inconsistency in staff practices when managing risks around behaviours that challenge; and maintaining a safe temperature for medicines.

Everyone we spoke with told us there were sufficient numbers of staff to support people. One person said, "There seems to be [enough staff], there is usually three or four on [duty]." However, on the first day of the inspection we saw there was some room for improvement to ensure staffing levels were assessed in line with people's needs. For example, on the first floor, we saw up to three staff members time was taken up with supervising one person. This meant, during the course of the morning we found the remaining people on the unit had not always received timely support. We shared our observations with the registered manager and were told this was unusual but they accepted on this day, there had been some impact on the service to people because staff were supervising the one person. They reassured us this would be reviewed moving forward. We saw that on the second day of our inspection people received timely support from staff.

There was also some room for improvement to monitor how staff consistently supported people that presented with behaviours that challenge. For example, the person staff were supporting was extremely upset and required constant and close supervision. They became physically challenging and pushed staff members away. We asked staff what de-escalation techniques were used to reduce the person's anxiety. They told us they would offer a cup of tea, talk about matters that were of interest to them or walk with them, all of which were in the person's care plan. However, at one point we saw there were three staff members closely standing around the person all talking to the person at the same time whilst trying to calm them down. This only added to the person's anxiety because their path had been blocked to walk around. We explained what we had seen to the registered manager. We were told this was 'unusual' behaviour for this person and action was taken to check the person's health. On the second day of the inspection, it was noted there were staff members on duty that were more familiar with the person and knew them well. We saw they walked with the person, talked with them about their life and we saw the person was more relaxed. This meant there was not a constant approach with all staff to ensure the management of the person's behaviour was consistent.

We looked at how medicines were managed, which included checking the medicine administration record (MAR) charts and associated records for five people. We spoke with staff and reviewed how medicines were stored. We found the medicines refrigerator temperatures were being measured correctly. Although there was some improvement to be made with the temperatures in the medication rooms. We checked the daily recordings and found the recommended temperature of less than 25 degrees had been recorded higher through the month of July on ten consecutive days on the second floor and eight days on the first floor with temperatures as high as 29 degrees being recorded on 09 July. Although the provider had introduced cooling systems into the rooms, these had not been consistently effective at maintaining a constant temperature of below 25 degrees. We also noted that some complaints had been raised about the temperature in people's rooms. We discussed our concerns with the registered manager who told us they



would bring these issues to the provider's attention so they could be addressed.

People we spoke with had no concerns about receiving their medicines. We observed a morning medicine round on the second floor that took until 12.20pm to complete. Although the nurse was wearing a red 'Do not disturb' tabard, we saw they were interrupted with telephone calls which meant the administration of medicines would stop. This could present a risk for people requiring medicines again at lunchtime where time intervals were necessary. We shared our concerns with the registered manager about the length of time the morning round took. On the second day of our inspection, the registered manager had introduced some changes to ensure the nurse was not disturbed with telephone phone calls and the morning medicine round was completed in a more timely manner.

We found medicines that had been prescribed on a 'as required' basis had written information to support staff on when and how these medicines should be administered. We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely and regularly audited. The provider's processes ensured medication was disposed of safely.

People were protected from risk of harm because staff were aware of the potential risks to people. For example, we saw staff encouraged people to use their walking frames to reduce the risk of falling and pressure relieving mattresses were in place to support those people at risk of developing sore skin. One person admitted to the home with sore skin was regularly monitored with a robust risk assessment and care plan in place and within six months, the sore skin had healed. The person spoke positively about the care they had received.

We saw there was a robust recruitment process in place to ensure potential staff were suitable to work within a caring environment. One staff member told us, "I completed an application form and at the interview I was asked what work I'd done and I had to fill in the gaps. I had to wait for my three references to come back and my police check. I also had to give them proof of my ID". We looked at three recruitment files and saw that pre-employment checks had been completed prior to staff working in the home.

Everyone we spoke with said the home was a safe environment for people to live in. One person said, "I have no worries and feel safe in my room." A relative said, "You have to be let in and they [staff] ask you to sign in. It's good to have security because [person] is safe and for our own peace of mind." We saw that people looked relaxed and comfortable in the presence of staff. Staff explained to us what could constitute abuse and how they would recognise the signs of distress in people. The Provider Information Return (PIR) stated there were processes in place to safeguard people from the risk of abuse and staff we spoke with knew how to report any suspicion of abuse.

People and relatives told us and we saw, the provider took steps to protect people from the risk of infection. One person told us, " Oh yes [the home is clean], if there's anything on the floor they [staff] always pick it up. A relative said, "[Person's room] is clean enough, it's a beautiful room, it's always cleaned and the sheets are changed every day." Staff received infection control training and used personal protective equipment appropriately. Hand sanitiser was available for use by staff and visitors.

## Is the service effective?

### Our findings

At the last inspection we rated the provider under the key question, is the service effective as 'Requires Improvement.' The provider had not met the legal requirements of the law because their processes had not consistently followed the principles of the Mental Capacity Act (MCA) and was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found there had been an improvement. 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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. Staff spoken with gave examples how they obtained people's consent. The care records we looked at showed the MCA principles had been considered and mental capacity assessments were time based and decision specific. Staff had received additional training around the MCA and were seen to seek consent from people and involve them as much as possible in decisions about their care. Relatives were involved in decisions, however, where people lacked the mental capacity to consent, we found appropriate best interests processes had been followed to reach decisions that were in the best interest of the person. This meant the provider had met the conditions of the breach of Regulation 11.

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection 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 were being met. The PIR stated the provider liaised with the local authority and we saw that some people were closely supervised and had been subjected to a restricted practice, in their best interests, to prevent injury to themselves or others. Where appropriate, applications had been completed and submitted to the Supervisory Body to consider. However, we noted one application had expired and a condition of the authorisation had not been actioned. We discussed this with management team, they agreed that the condition had not been actioned and the system for reviewing DoLS applications had not identified this. An urgent application was submitted to the local authority to apply for the DoLS and enquiries were made with healthcare professionals in respect of the condition.

Two people who had been identified at high risk of choking were put at risk of choking. On the first day one person had access to a drink with no thickener added to it. The drink was left on the table and within reach of the person. Although they had not attempted to take the drink, there was that potential risk. On the second day of our inspection another person was given a large piece of battered fish when they were on a fork mashable diet. The deputy manager had noticed this error and removed the dinner from the person. When asked what would have happened had they not intervened, they replied "I don't know". We were told the kitchen staff had said the batter was suitable for a fork mashable diet. This demonstrated the kitchen staff knowledge of people's dietary needs required improvement. We discussed with the deputy manager the need for care staff to be more vigilant. For example, when staff gave meals to people they ensured they

were not provided with food or drinks that put them at risk of choking.

We noted there was a limited menu to meet the specific cultural needs of people from different ethnic backgrounds. We spoke with the registered manager and they explained some residents had only been at the home for a number of days and discussions had not been completed with the person, their family or the kitchen staff. However, by the second day of our visit, a complete range of culturally appropriate choices of food had been introduced to ensure all people's dietary needs could be met. We saw that people's dietary needs and preferences were recorded in their care records and records showed people's weight was recorded to identify those at risk of losing weight. Where appropriate, we saw referrals had been made to dieticians and Speech and Language Therapist for support (SALT). A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People and relatives we spoke with told us people's needs and choices were assessed and the necessary equipment was in place to ensure staff delivered effective care and, where possible, promoted independence. For example, the use of bed rails had been reduced with the introduction of low/high beds and only those assessed to be at high risk of falling out of bed had bed rails. People assessed to be at high risk of falls were monitored by staff to ensure they always had their walking frames close by and encouraged people to use them. People told us they were happy with the support from staff and felt staff had the skills and knowledge to support them. One person said, "All the staff are lovely, they are very helpful and they look after you." A relative told us, "Everyone without exception is brilliant with [person's name] I can't fault them, this is an amazing home, I'd love to move in myself." The staff we spoke with told us they were supported by the management team and received the necessary training to help them carry out their roles. One staff member told us, "I completed my induction training that was about four days which included shadowing other staff. We do get a lot of training." Records we looked at showed staff received training that was regularly reviewed. All the staff we spoke with and records we looked at showed they also received regular supervision from the management team.

People we spoke with told us and our observations confirmed, they were offered choices at meal times and had access to drinks and snacks throughout the day. One person said, "I have plenty to drink and a choice of meal, the food is very good." We saw the day's menu was displayed on a board but it was not pictorial or in a large print format. The registered manager showed us the pictorial menu currently being put together and shared their ideas to ensure information was presented in a more accessible and dementia friendly format. We observed the lunchtime experience on the first and second floors. Tables were well presented and people offered serviettes. Some people would have benefitted from adapted cutlery to promote their independence. The meals looked appetising and people that refused their meal were offered an alternative choice. The staff were organised while lunch was served to people and provided one to one support where people required it. We saw that people who chose to eat in their own rooms received their meals without delay and that meals were plated and covered to keep the food hot.

We saw visiting professionals attended to people to assess and review their care and support needs. For example, a GP, opticians, podiatrist and social workers. People told us they were regularly seen by the GP and health care professionals. One person said, "If you need to see the doctor, they [staff] will arrange it." Staff spoken with were knowledgeable about people's care needs and how people preferred to be supported. We saw from the care records we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals.

Heartlands had undergone a rebuild and people and relatives spoke very highly of the quality of the new home and were complimentary of the quality of the decoration, equipment and facilities. One person told

us, "I absolutely love it here, it's fantastic." The provider was keen to ensure that people were able to live in roomy, comfortable surroundings where their needs would be met. People's bedrooms were spacious and promoted and encouraged independence. Although there was a team of kitchen staff to prepare meals for people, each communal lounge had a small kitchen area with equipment for people to make their own drinks if they chose to. The needs of people with dementia had also been considered in relation to the decoration at the home. For example, the provider had ensured there was colour contrast between the walls and the floor to support people with dementia moving around freely whilst still maintaining décor of a high quality standard.

## Is the service caring?

### Our findings

At the last inspection in November 2016 the rating for the question is the service caring was 'Good'. At this inspection we found the service remained 'Good'. People and their relatives told us the staff were caring. One person said, "They [staff] are very kind" A relative told us, "A member of staff stayed with [person] all night in their own time when [person] was unwell." People spoken with all told us they were attended to in a timely way by staff and our observations showed staff were caring in their approach to people, they would crouch down to the person's level to speak with them and there was lots of reassuring touching and stroking of hands and people's backs when they became distressed or upset.

People we spoke with and records looked at confirmed they were involved in planning their care and support. The PIR stated the provider took a person centred approach to planning care and people told us they felt listened to and the staff gave examples of the likes and dislikes of people that demonstrated how well they knew people. Advocacy services were available to people that did not have family members to help them and required independent support with decisions about their care. The role of an advocate is to offer independent support to ensure people's views are heard and their rights are upheld. We saw people exercised choices with regard to their daily routines; such as the time they got up, went to bed and what leisure activities they enjoyed. One staff member told us, "We do try to encourage some independence like washing their face." Another staff member said, "I show [person's name] different clothes and they point or just look at the ones they want."

We saw that staff protected people's dignity when transferring them from a lounge chair to their wheelchair. People's personal appearance had been supported with everyone in clean and appropriate clothing. A relative told us, "You never see people in dirty or stained clothing, everyone always looks lovely and clean." Staff ensured confidentiality was maintained and were discrete when talking to professionals on the telephone.

People and their relatives told us that they were made to feel welcome and free to visit at any time. We saw there was a constant arrival of visitors. There were opportunities for relatives to meet in the person's bedroom, garden or other areas of the home giving people the opportunity to meet with their relatives in private. We were invited into some people's bedrooms and found them to be well maintained by the provider and individualised with pictures and belongings that were important to the person.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. Staff spoken with respected people's individuality and diversity. We found that people were given choices, if they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations. The registered manager told us the service created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.

## Is the service responsive?

### Our findings

At the last inspection in November 2016, the rating for this service under the question, is the service responsive was 'Good'. At this inspection, the service has remained 'Good'. People told us that they had been involved in the initial planning of their care which included important information about their history and personal preferences. People also told us they were regularly asked if the support they received was still suitable to them. We saw care plans had contained information about people's individual needs and guidance for staff on how to respond to these. We saw the care plans were personalised and demonstrated people had been involved in and agreed to their care. One staff member told us, "I always check the care plan in case there has been any changes [in people's needs] that I'm unaware of." One relative we spoke with told us staff had used the information they had gained to respond to their family member's needs. Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how they supported people. For example, one person's skin care was effectively maintained so they no longer had problems with sore skin.

People and their relatives told us that staff knew them well. We found any changes to people's needs were followed up promptly. One relative told us, "They [staff] are very quick to let me know when something has changed." People were happy with the service they received and felt their needs were being met. We saw staff kept daily records of the care they provided and recorded how people responded so they could monitor if their needs changed. For example, one staff member explained, if a person's behaviour changed from their usual pattern of behaviour, it could be a sign that the person had developed an infection and may require a visit from the GP. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between each other, at team meetings, handover meetings and daily 'flash' meetings with senior staff. Staff understood the importance of promoting equality and diversity. This included making arrangements to meet people's spiritual needs. The service provided opportunities for local religious groups to visit so people who needed this support could access it. This approach helped to ensure that people received personalised care that was responsive to their needs.

There were mixed responses about the range of hobbies and interests available to people. The service employed two activity co-ordinators and a timetable of activities was planned a month in advance based on people's choices and involvement. One activity co-ordinator told us, "We record and ensure all residents have a social care plan." During the first day of inspection, in the morning, the two co-ordinators had taken two people for a walk. Some people shared with us their hobbies and interests. One person said, "I used to do gardening but there's not a lot you can do here, they [the provider] looks after the garden." Other people we spoke with were happy with the activities offered and told us they went out on local trips, played bingo, enjoyed visits from the local school children and how people would dance and sing to music. On the second day of our visit we saw the co-ordinators and staff encouraging people to participate in a range of different activities. The home had an on-site cinema which we saw people enjoying an afternoon film and a new shop had opened, that provided a small range of goods and toiletries that people or relatives could purchase.

People we spoke with told us they had no complaints. One person said, "If I wanted to complain I'd speak to

the manager but I've nothing to complain about." Relatives we spoke with had nothing but praise for the service. The PIR stated that there had been 13 complaints made about the service at the time the PIR was completed. They related to complaints about basic standards of care and staff attitude. All the complaints had been resolved to the complainant's satisfaction and the provider's processes ensured any appropriate action had been taken and measures put in place to reduce risk of reoccurrence.

We were told the provider would be introducing the Gold Standards Framework (GSF) for the provision of end of life care (EOL). This was not in place at the time of our inspection. The PIR stated that there was no one on EOL care and this was still the case at the time of the inspection. However, the provider had processes in place to ensure EOL care was supported within the home environment. People and their relatives were involved in any decisions regarding how the person would like their care delivered in the event of their health deteriorating ensuring the person's preferences were followed.

## Is the service well-led?

### Our findings

At the last inspection in November 2016 we rated the provider as 'requires improvement' under the question of is the service well-led? This was because areas of the building had the potential to cause injury, fire risk assessments were out of date and some care records had not contained accurate information regarding risks to people. At this inspection, we found there had been an improvement to the provider's governance processes but further improvement was required therefore the rating remained 'requires improvement.'

The registered manager explained a 'staffing tool' and their professional judgement determined the staffing numbers for the service. The PIR stated the 'staffing tool' was based on people's needs to ensure 'appropriate staffing and skill levels were in place'. However, on the first day of our inspection this 'staffing tool' had not been used effectively. Three staff members time had been taken up with constantly supervising one person. This meant that other people on the unit had not received support in a timely manner. The senior on duty or the management team had not identified there was a requirement for this one person to be constantly supported during their time of anxiety. There was no re-assessment of the unit's staffing requirements to ensure all peoples' needs were consistently met in a timely way. There had also been a lack of oversight by the management team to ensure there was an appropriate skill mix of staff. This would have ensured new members of staff were supported by more experienced staff with the needs of people living on that unit.

Although audits had recorded the room temperatures in both medicine rooms, the nurse and senior were unaware of the provider's processes on what action they should have taken when the temperatures had exceeded 25 degrees over the 10 days. For example, contacting the pharmacist to seek guidance on the integrity of the medicines following exposure to prolonged high temperatures. The inspector requested this action be taken at the time of the inspection.

We saw there were regular checks on the management of medicines within the home. However, the audits had not identified unnecessary wastage. For example, one person's medicine prescribed 'as and when' was packaged within weekly medicine packs. We saw the person did not require this medicine on a regular basis, this meant the unused medicine was returned to be destroyed. The deputy manager agreed it would be cost effective if the medicine was packaged separately to reduce waste. On the second day of our inspection on the first floor, we found one tablet lying on the lounge floor. It could not be determined who the tablet was for, what the tablet was and how long it had been there. We spoke with the registered and deputy managers about this incident. They told us on checking people's MAR sheets with remaining stock, everything had balanced. Therefore, it was unclear who had dropped the tablet and it was suggested it may have been a visitor. The senior at the time was not aware of the action they should have taken in line with the provider's processes and this required improvement.

There was an audit programme in place to monitor the quality of the service and drive improvements where required. Some of the audits were set by the provider for their own oversight of the service. The registered manager had also implemented additional audits to monitor aspects of care which they wanted to keep under review. There were further audits that effectively monitored the infection control arrangements



within the home and maintenance to protect people's safety and wellbeing. On checking the provider's audits to ensure care plans and risk assessments were reviewed, we found that five people's records were overdue but the management team were aware of this and in the process of taking action to ensure all care plans were reviewed and up to date.

The home officially re-opened in March 2018 and the registered manager explained their vision how the home should develop and was supported by the provider to achieve this. For example, the home was not running at full capacity and the registered manager told us that they wanted to admit people gradually to ensure they were cared for appropriately. The provider had agreed to this. We saw that people and their relatives had been invited to a meeting on 26 April 2018 where they had been provided with information on the new building, an understanding of the changes to the General Data Protection Regulations (GDPR) and the effect this may have for people and their relatives. Relatives were also informed that dates for care reviews had been sent out. A satisfaction survey was due to be distributed shortly and would be the first survey since the move into the newly finished home. This would go to people, relatives and staff. The registered manager said feedback would be shared in a 'You said, we did' format.

Staff were provided with opportunities to meet with the management team and receive updates. One staff member told us, "We have team meetings, I love them because if we find something we can sort it out. I'm free to say what I want, we are a happy team." Staff told us they would have no concerns about whistleblowing and felt confident to approach the management team, and if it became necessary to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.

The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. Records we looked at showed the provider had notified us of incidents and events they are required to do so by law. We saw that the registered manager had contact with other agencies on a regular basis. This included health professionals such as G.P's, hospital staff, consultants and stakeholders and had reviewed incidences in order to identify how the service could be improved.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. Where issues had been found, the management team was receptive to feedback, had been open and transparent with their views and plans for developing and improving the service.

Everyone we spoke with was complimentary about the service. One person told us, "This is a well organised home, they [staff] work as a team, if not it would let the whole place down, it's good, they [staff] are really helpful." We were told the management team was approachable. Another person said, "Yes I know the manager, they are very approachable. A staff member told us, "I love my job here, we are kept informed about what's going on, all the hard work we've put in has paid off, the home is beautiful and what people deserve. We all work well as a team and if I did have any concerns I'd go straight to [registered manager's name]." People and relatives told us that they could speak with members of the management team and confirmed there was an 'open door' culture to the office. We saw that people and relatives approached members of the management team and other staff freely during our visit.