

Aspire Life Care Limited

Westdene House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westdene House is registered to provide accommodation for up to 14 older people that may require personal care. Some people at the home were living with dementia, mental health needs or physical health conditions related to old age and frailty. On the inspection there were 12 people residing at the home. The care home was one adapted building.

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

People told us they felt safe and were happy the care they received. Our observation confirmed this, we observed friendly interactions between people and staff and we saw people were relaxed in the presence of staff. A person told us, "It's a lovely place, staff are kind, I'd give it top marks."

People were supported to eat and drink well and people were complimentary about the homemade meals served, a person told us, "The food is really lovely." Despite this, we identified that ensuring that dietary needs were reflected across all documentation was an area of improvement.

Although we saw improvements in the provision of activities and in recording what was important for people, people continued to not be supported to participate in activities of their choice and people continued to be at risk of social isolation. We identified this as an area of improvement.

People told us they felt safe. Staff knew how to keep people safe in an emergency. Evacuation plans were up to date for each person. People's medicines were managed safely. Staff knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately.

The provider had a range of audits and checklists to monitor the quality of care and to identify improvements, however ensuring the efficacy of these audits was an area of improvement. Checks on the safety of equipment used by people such as wheelchairs, hoists and slings were out of date. We told the provider and they took immediate action. We recommended that the provider increases their oversight of servicing all equipment to ensure there are no gaps in servicing.

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. People had access to a range of healthcare professionals and services. Care plans guided staff about people's needs and how to meet them.

No-one living at the home required end of life care at the time of the inspection, but if a person wanted to discuss advanced planning their preferences were recorded.

People and relatives knew how to make a complaint and felt confident that their feedback was listened to and acted upon.

People were supported by staff whose suitability was checked through a robust recruitment process. Staff completed relevant training to provide effective care to people. Staff told us they felt well supported, received regular supervisions and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 January 2019) and there were breaches of regulation. We met with the provider and they completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and four regulations were met however one breach of regulation continued. The service remains rated requires improvement. This service has been rated requires improvement for the two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Westdene House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector and an expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westdene House 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. Some people at the home were living with dementia or physical health conditions related to old age and frailty. On the inspection there were 12 people living at the home.

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

Notice of inspection

The first day of the inspection was unannounced, which meant the provider and staff were not aware that we were coming.

What we did before the inspection

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

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including carers, senior carers, the registered manager who is also an owner, the owner, a housekeeper and the cook. We spoke with a visiting social worker.

We reviewed a range of records, this included people's care records, risk assessments and medication records. We looked at two staff files including training records. A variety of records relating to the management of the service. We observed the mealtime experience and interactions between people and staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection, there was a failure to assess and mitigate risks to people's health and safety. People were not always protected from the risks of harm or infection. Staff did not always use safe practices.

Systems were not in place to evacuate people safely in an emergency. People were not always given timely access to healthcare if they had a fall or accident to assess what care they needed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection, the provider submitted an action plan and made improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Since the last inspection the provider had secured hazardous chemicals in locked storage. The provider had improved incident recording, records showed that people had access to healthcare in a timely way following an incident, such as a fall. At this inspection we found improvements in fire safety, staff knew how to keep people safe in an emergency, all people had personal emergency evacuation plans (PEEP). PEEPs had been revised using a new template and were now stored in two separate places for ease of access in an emergency. The provider had added a break glass key box following feedback at last inspection for ease of access to the front door key.

- Checks on the safety of equipment used by people such as wheelchairs, hoists and slings were out of date, we have explained this further in the section Well-led.
- People told us they felt safe living at Westdene. A relative said, "Yes, I would say [Person] is safe here. She had been having a lot of falls and I couldn't manage anymore because I'm not always at home, at least here there's always someone around to look out for her."
- Risks to people such as environmental hazards, smoking and mobilising were assessed. Safety of premises were checked and maintained, a senior carer said, "We do fire drills every month, they are timed, and fire alarm tests every week. We also do full evacuations; some people take part in that with staff." Records confirmed this.

Preventing and controlling infection

- At the last inspection we recommended that there was a review of the frequency and effectiveness of the carpet shampooing regime at the home. Since the last inspection, the provider had recruited a housekeeper who was trained in housekeeping and infection control. On the day of the inspection the provider had invested in a carpet cleaning machine.
- People were protected from the risks of infection. Bins had been replaced around the home and we observed staff using PPE, such as aprons, when appropriate. On our visit, two bathrooms did not have the

appropriate equipment for people, staff and visitors to wash their hands properly. We told the provider about this and they took immediate action to address this. The provider also agreed to make sure communal bathrooms were checked as part of monthly and daily room inspections and checks. The provider told us they planned to have wall mounted soap dispensers throughout the home.

- We reviewed cleaning records for day and night staff, these were complete. The provider carried out annual infection control audits, monthly room inspections and daily room checks.
- The home was clean and well-presented. People and relatives told us the home was kept clean. A person said, "They keep my room very clean and tidy." And another person told us, "It's always clean, the staff keep it spotless."
- Staff received suitable training about infection control and relevant staff had completed food hygiene training. A carer was an infection control champion, they accessed additional training which they shared with other staff. A housekeeper said, "We have training in infection control and get regular updates. We do daily cleaning and weekly deep cleaning, we pay attention to particular areas like door handles to reduce the spread of infection."
- The provider had achieved a level five (highest) rating at their last Food Standards Agency check.

Learning lessons when things go wrong

- Staff comprehensively completed incident forms to record actions following incidents such as a fall. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.

Staffing and recruitment

- There were enough staff to meet people's needs. Rotas and observations confirmed this.
- A person told us, "They do look after us and there's always someone around if you need anything." At the last inspection we reported that there was a culture which was task-led. At this inspection we observed that staff were present and visible around the home and in communal areas. We observed that staff were responsive when people requested support.
- A senior carer said, "I do think there's enough time to cover everything, we do afternoon activities when we've completed all the personal care and lunch tasks." A carer told us, "I do think there's enough staff, on weekends we manage, it's not too bad, full time staff have a good routine."
- Since the last inspection the provider had recruited a part time maintenance person and a part time housekeeper. The provider had previously put in place an activities coordinator role however on the day of the inspection this post was vacant. Due to this, the provider required care staff to provide activities as part of their role and to complete housekeeping tasks on weekends if the need arose.
- The provider used internal bank staff to cover absences such as holidays or sickness, bank staff received the same training as all care staff. The provider told us this helped to have consistent staff that know people well and were trained to the same standard as their permanent staff.
- Westdene benefitted from having a well-established staff group. A social worker said, "It's a lovely home. The staff are consistent. The [Person] I visit here can be up at night and staff are there to reassure them."

Using medicines safely

- People told us they were supported with their medicines by staff. A person told us, "I get my medicines on time always." A person was supported to maintain their independence by administering their own diabetes medicine, staff gave them support with storage and timing. We spoke to this person and they said, "They always check to make sure I've done my insulin."
- Staff were trained in the administration of medicines. We reviewed medicine administration records (MAR) and saw these were accurate. Staff also had guidance on as and when needed (PRN) medicines and when as and when needed medicines were given this was clearly recorded.

- We observed a member of staff giving medicines. We saw they administered medicines to people and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- Since the last inspection, the provider had changed the pharmacy used in the service. A senior carer told us, "Since we changed pharmacy the MARs are much better, and they provide training."

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise the signs of abuse. Staff understood how to report concerns and showed confidence to report externally to local authority or to care quality commission.
- Information relating to safeguarding and raising concerns and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good.

Good: This meant 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; Ensuring consent to care and treatment in line with law and guidance

At the last inspection, there was a failure to always seek consent for care and treatment. People's capacity to consent to care and treatment was not assessed robustly and procedures to make best interest decisions were not in place. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection, the provider submitted an action plan and made improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. Since the last inspection, the provider had implemented a capacity assessment and best interest decision recording process and template.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- External professionals confirmed that staff met the conditions in people's DoLS and that staff continue to learn about this. A social worker said, "[Person] is being supported to go through Court of Protection procedure, due to this we've arranged for extra staff time to go out once a week, this has been happening every week, and if [Person] does not want to go out staff will spend one to one time with them. Staff are keen

to understand what the court of protection processes mean for [Person], they have been learning about it."

- People's capacity had been assessed to make particular decisions. Where people were assessed to not have capacity to make particular decisions best interest meetings were held involving staff that knew the person well, the appropriate relative and relevant professionals. Best interest meetings recorded the options discussed to find the least restrictive and safest option for the person.
- A carer told us, "We give people choices about all parts of their daily life, if someone's not sure we know them well and give them options for example two foods we know they like or two items of clothing we know they feel comfortable in."

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

- People's dietary needs were reflected in their care plan and in additional plans held in the kitchen at the home.
- The provider met people's nutrition and hydration needs. There was a varied menu of homemade meals and people were complimentary about the meals served. A person said, "They take good care of us, they always make sure we get our meals. We sit here and they bring us drinks and make sure we get food." Another person told us, "The food is really lovely."
- The lunchtime experience was sociable, people sat together and chatted. Since the last inspection, staff had allocated protected time to spend time with people at mealtimes either to socialise or support. We observed that staff were present and met people's needs. We observed that people received their meal where they wished, for example one person often had their lunch in their room but chose to go to the dining room and another person preferred to eat their meal in the lounge.
- Snacks were available throughout the day. Since the last inspection the provider set up a hydration station in the dining room and lounge with fresh cold drinks and healthy snacks.
- Specialist diets and preferences were catered for such as allergies. One person had diabetes which was controlled through their diet. Another person did not like many cooked foods so staff gave them food they wanted and encouraged them to have a varied diet. People were referred to the speech and language therapist and dietitian as and when needed and people's weight were recorded monthly.
- The chef was trained in food safety and catering.

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

- The home was adapted to meet the needs of people. Rooms were personalised with people's photographs and items.
- Since the last inspection, the provider had landscaped the front garden and made adaptation to make the garden wheelchair accessible.
- Adaptations had been made to the premises to ensure people's safety such as window restrictors, a stairlift, handrails in bathrooms and a ramp in to the shower.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained. A person said, "Oh yes, staff are well trained." A relative told us, "Overall I think it is good and the staff seem well trained to me."
- Staff told us they had access to training to feel confident at their work. A senior carer told us, "We do the mandatory training like safeguarding, mental capacity and fire safety etc annually so that the training is always up to date. All new staff do their care certificate. We have enough training externally and here from the registered manager. I recently did a level 2 diploma in dementia and I'm doing my level three diploma right now." A carer said, "I started recently, I'm doing the care certificate and I completed the induction and mandatory training. I love working here."
- Staff had received training in looking after people, including safeguarding, food hygiene, fire safety, health and safety and equality and diversity. The provider carried out competency assessments for medicines and

for diabetes checks such as checking blood sugars.

- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. The staff noticeboard was a central place for staff to share guidance and best practice and minutes from recent staff meetings.
- Staff told us they had one to one supervision meetings and annual appraisals. A housekeeper said, "I have regular supervision, sometimes with the registered manager, the provider or the deputy. Staff work well as a team and it's not stressful because we work like that."

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

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists, living well with dementia team and the falls team. We saw examples of how staff had recognised that people were ill and had contacted the relevant professionals. Records we saw supported this.
- A person told us, "They get the district nurse to come in to keep a check on my leg ulcers, they sort all that out for me." Another person told us, "The staff are very good. They sort out all my doctors' appointments for me. Someone comes with me too, I wouldn't want to go by myself."
- The registered manager had reviewed people's oral health needs, they had taken action to refer all people to a dentist and one person had been supported to visit the dentist after their review had identified the need to. People were referred to a domiciliary care dentist and had access to an out of hours dentist.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, people were not always treated with respect and dignity, we reported that people's privacy, dignity and independence were not respected throughout the service or promoted. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider submitted an action plan and made improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. Since the last inspection, the provider had made changes to the premises to support people's privacy. The shower room window had been covered with a curtain and in people's rooms shower curtains had been replaced with bi-folding doors for en-suite toilet and sink. The provider had decided to discontinue using a shower rota so that people could choose as and when they wanted to shower.

- Staff interacted with people with kindness and respect. Staff encouraged people in communal areas to be part of conversations or activities.
- We observed staff knocking on doors before entering and talking with people in a friendly kind manner. Everyone we spoke with thought they were well cared for and treated with respect and dignity.

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

- Records showed that people, appropriate relatives and relevant professionals were involved in making decisions about a person's care.
- Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. A relative told us, "I was involved in setting up [Person's] care plan, the deputy manager came out and did the preassessment and [Person] liked her - I think that helped a lot. The manager has been very good at keeping me informed."

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

- People told us staff were kind and treated them well. We observed people being relaxed in the presence of staff and a friendly atmosphere. One person told us, "Yes I like living here, it's friendly, like family. We have a laugh." Another person said, "The staff are good girls, very kind."
- Relatives and external professionals confirmed this. A relative told us, "[Person] seems to like the staff and hasn't raised any complaints about anyone or anything." And a social worker said, "[Person] has settled much better here, staff adapt how they are with them."
- People were supported to maintain relationships that were important to them. People and relatives said

that visitors were made welcome. Staff told us that for some people where family could not visit they supported them to have contact by phone. One person's son spoke to her on the phone and staff helped another person to position their mobile phone due to their physical needs.

- Where people had religious needs, these were documented from information shared by relatives in their care plan as a religious preference. A staff member told us that a person was visited by representatives of their religious community which is organised by the person's family. Each person's care plan reflected any beliefs and cultural needs and how staff meet people's needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question remained the same.

Requires improvement: This meant people's needs were not always met.

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

At the last inspection, people did not receive the care and treatment to meet their assessed needs or which reflected their preferences or wishes. People were not supported to participate in activities of their choice or pursue hobbies or spend time how they wished. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection, the provider submitted an action plan and made improvements. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Since the last inspection, the provider had put in place an activities coordinator post, however during our visit this post was vacant. The provider had implemented a structured activity programme and staff told us they had enough time to deliver activities every afternoon. The provider had improved how activities were recorded for each person, each person had a daily activity record reflecting what they had done each day. The provider had made a display board for photos of activities people had participated in, staff told us this had become a talking point for people. The provider had set up a 'Who am I' document in each person's care plan, showing who is important to them, their family, social and working history, significant life events, past and present hobbies and preferred daily routines. We observed that staff knew people's backgrounds well. Care documentation, such as care plans and medicines records, consistently used people's preferred names.

Although we saw improvements in the provision of activities and in recording what was important for people, people continued to not be supported to participate in activities of their choice and people continued to be at risk of social isolation. This was an area of improvement.

- We received mixed feedback from people about the range of activities. A person said, "We don't do much, just sit here and chat or watch TV. Sometimes someone will give us a piece of paper and we paint something but not often. We just sit." Another person told us, "I'm sociable but don't always like doing some of the activities. I like the bingo, we play for chocolates and sometimes we have parties. They're quite good. I like going out." A third person said, "The staff are kind...they do chat to you but there's not much to do and it gets boring."
- People continued to be at risk of social isolation where they chose to spend time in their rooms. Staff did not have dedicated provision for one to one time for staff to visit people in their rooms. The provider showed us records of when one to one activities had taken place such as going out with relatives and to visit the hairdressers. A person said, "It would be nice to go out but someone would have to take me" The same

person said that staff accompanied them to health appointments in their wheelchair.

- People had access to a structured activity programme that was led by carers. A carer said, "We ask people what they want to do and we have an activities programme of activities we offer every day, the managers change that programme around sometimes but we always ask people."
- Since the last inspection, the walls were decorated by arts and crafts made by people and photographs of people taking part in activities and events such as care home open day and a summer party.
- One person was in receipt of funding from the local authority for staff to accompany the person to go out every week. Activity records showed that the person was consistently supported to go out to café's or walks on the seafront every week.
- We observed staff spending one to one time with people in communal areas, chatting and reading through memory cards and reminiscence books. We observed staff and people playing board games, listening to music and singing. Staff told us that some people go out with family on a weekly basis, this was recorded. People had participated in a gardening club during the summer where they had grown sunflowers, runner beans and tomatoes. A relative told us, "I think having people around to chat to has helped her, a bit more social life than she's had."
- Records of daily notes and activity records showed that staff reflected on people's mood states, how they had eaten and activities they had taken part in. Activity records showed people went out walking or to a cafe, played bingo, singing or listened to music, done arm chair exercises, group memory chat, quizzes and board games.
- Staff supported people living with dementia and who had mental health needs. People had dementia care plans and plans on emotional support to guide staff. We observed staff looking through memory cards with a person that staff had made for them. We observed staff reassuring people and supporting them in a way that worked for the person, for example we observed one person who became distressed, staff supported them to go to their room to listen to music.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication plan detailing their communication needs such as glasses or hearing aids. Communication plans guided staff on how to support the person, records showed that staff liaised with professionals such as Action for hearing and Opticians. The provider had an AIS policy and records showed that guidance on this was shared with staff in a team meeting.

Improving care quality in response to complaints or concerns

- We reviewed complaints received since the last inspection, these were recorded and responded to in a timely way.
- People and relatives told us they knew how to raise a concern or complaint however they told us they have not complained. A relative told us, "I haven't got anything I can think of that I'm unhappy about. I'd speak to the manager if there was a problem." And a person told us, "I've never complained."

End of life care and support

- Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. People were supported to receive care and treatment up to the end of their lives in the home where staff could continue to support them. Five members of staff had completed end of life care training. Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) or an advanced care plan, this was recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, there was an inadequate process for assessing and monitoring the quality and safety of the care provided and records in respect of each person's needs were not kept accurate or up to date. The registered manager had not made arrangements for the governance of the home in their absence. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider submitted an action plan and made improvements. Despite this, not enough improvement had been made in the management of the service and the provider is still in breach of the regulation.

Since the last inspection, documentation related to people's care and needed for the everyday running of the home were now available to all staff in the registered manager's absence. The provider had made improvements so that documentation reflected the current needs of the people, for example risk assessments, the provider acknowledged they were still working toward this, but we saw improvements since the last inspection.

- On the day of our inspection, checks to ensure the safety of equipment used by people such as wheelchairs, a stairlift, hoists and slings were out of date. This had not caused any people harm. We told the provider and they took immediate action to arrange servicing of all equipment. Since the inspection the provider confirmed this had been arranged. We recommend that the provider increases their oversight of servicing all equipment to ensure there are no gaps in servicing.
- The provider had a range of audits and checklists to monitor the quality of care and to identify improvements, however ensuring the efficacy of these audits was an area of improvement. For example, the provider had an annual infection control audit, monthly and daily room checks, however, the lack of hand washing materials had not been picked up by these audits. Analysing trends in incidents such as falls were done annually and were not done more regularly.
- The provider used an audit support tool for medicines based on meeting the regulatory standards and the provider used their pharmacy to carry out a medicines audit. Findings from this audit were acted on, actions were recorded and when completed these were recorded with a date. The pharmacy audit highlighted an issue with signatures, the provider acted on this by setting up a daily medicines administration record (MAR) audit, however there were gaps in this daily audit. We told the provider about this and they said that this has newly implemented and needed further work to embed. They agreed to discuss this at their next team

meeting to address the gaps we saw.

- A deputy manager was in post; the provider was upskilling them and they were completing their level 3 diploma with a view to starting their managerial qualification.
 - Notifications which the provider was required to send CQC by law, had been completed as required. The provider had displayed their last inspection rating clearly in the home
- There was an inadequate process for assessing and monitoring the quality and safety of the care provided and checks to ensure the safety of equipment used by people were out of date. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us they were proud of achieving good outcomes for people, for example reducing self-neglect and distress.
- We observed that the home had a cheerful, friendly atmosphere. We saw compliment cards sent by people and relatives, one of them read, "We would like to thank your lovely staff for always looking after [Person] and making him happy." Another card read, "Your team do a lovely job of looking after my mother."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We observed the management staff engaging with relatives, professionals and people. Relatives told us were open about any changes in their relative.
- The management staff understood the regulatory requirements that needed to be met to achieve compliance.
- People and relatives knew who the managers and senior carers were.

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

- Records showed that people and relatives were given opportunities to give their views on the service. A satisfaction survey was sent out annually to relatives, people and visitors. The provider analysed the feedback from the 2018 and took actions from the feedback, for example renovating the front garden. A seasonal newsletter was sent out to people and relatives. A relative told us they had not been asked for any feedback but told us that may have been because their relative had only been living in the home for a few months. The same relative told us, "In my view it is a good home and (if I was asked for feedback) I would rate it 9/10."
- Relatives and visitors told us they were able to visit when they wanted without restrictions. A relative told us, "I come in and out pretty much when I want to. Staff are always welcoming."
- Team meetings and resident meetings were held every other month, records confirmed this.

Working in partnership with others

- Records showed that staff worked in partnership with each other and with external professionals to ensure that people's needs were considered so that they could access the support they needed.
- External professionals told us that the staff work in partnership with other agencies and welcomed them visiting people. A social worker told us, "I visit [Person] often at the moment, staff treat people like family, it's nice."
- The service had participated in the National Care Home Open Day. The registered manager attended a local managers forum and stayed up to date with national initiatives and best practice.

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 17 HSCA RA Regulations 2014 Good governance There was an inadequate process for assessing and monitoring the quality and safety of the care provided and checks to ensure the safety of equipment used by people were out of date.