

Shaw Healthcare (Group) Limited

Maitland Park Care Home

Inspection report

Maitland Park Road
Maitland Villas
London
NW3 2DU

Tel: 02074246700

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maitland Park Care Home is a care home providing personal and nursing care to 60 older people some of whom live with dementia. At the time of the inspection there were 57 people using the service. Accommodation was provided across three floors, with communal areas located on each floor.

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

We found there was not always effective management oversight of the nursing needs of people living in the residential unit.

Some people's care plans lacked sufficient detail including guidance to show that their specific medical needs were being met by the service. Therefore, staff might not have the information they needed to provide people with effective and responsive personalised care and support.

There was a lack of consistency and quality regarding the completion and management of documentation associated with wound care. This information was not easily accessible. Records did not always show that staff had a good understanding of how to use a tool for assessing people's risk of malnutrition.

The provider's quality monitoring systems had not identified and addressed the shortfalls we found. However, following our feedback management staff were responsive and changes to improve the service for people were implemented.

People were offered a choice of meals.

Staff knew how to recognise and report any concerns to do with people's welfare. The home was clean and safely maintained.

People were supported to have the relationships that they wanted with family and friends.

People had access to a range of healthcare services. Regular health and safety checks were carried out.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers and skill mix were flexible to ensure that people's needs were met by 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.

More information is in the full report

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2018). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider had addressed the deficiencies we found during that inspection. However, at this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective and safe key sections of this full report.

We have identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to shortfalls in the identification and provision of some aspects of personalised care and the need to strengthen auditing processes.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last focused and comprehensive inspections, by selecting the 'all reports' link for Maitland Park Care Home on our website at www.cqc.org.uk.

Follow up

We will monitor the service moving forwards by ongoing monitoring, seeking an action plan and working with partner agencies until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Good ●

The service was 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.

Maitland Park Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Maitland Park Care Home 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. Maitland Park Care Home provides nursing and residential care.

The service had a new manager who was registered with the CQC as registered manager for another of the provider's locations. The manager had submitted an application on 13 June 2019 to register with us to be registered manager of Maitland Park Care Home. Once registered with us they would then be legally responsible with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection, which was undertaken during two days on the 25 and 28 June 2019. The first day of the inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included the last inspection report and statutory notifications that the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us by law. The provider had been

asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, due to us changing the date of this inspection, the timescale for the provider to return the PIR was after this inspection. We viewed the PIR when it was returned to us following the inspection.

During the inspection, we spoke with the manager, a registered manager of another of the provider's services, an operations manager, three nurses, three team leaders, a cook, laundry assistant, maintenance person, two housekeeping staff, one activities coordinator, a visiting hairdresser, four care workers, eighteen people using the service and three people's relatives. We also spoke with a local authority advocate, two healthcare professionals and one social care professional.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of twelve people using the service, five staff employment records and a range of quality monitoring records.

After the inspection

We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

At our focused inspection 12 July 2018, we found the provider had not taken steps to ensure people using the service were always protected. The shortfalls we found related to the sharing of important information with relevant agencies, such as, the local authority and the CQC about the care provided to people. Some staff were unclear about procedures to do with the prevention of pressure ulcers, so people were at risk of being harmed. There were, also a lack of established procedures to ensure people's safety and well-being when people moved between residential and nursing units within the home. Safeguarding referrals to monitoring bodies had not always promptly been made. These shortfalls were a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that focused inspection, the provider addressed those issues. At this inspection we found the provider was no longer in breach of regulation 13 as sufficient improvement had been made.

Systems and processes to safeguard people from the risk of abuse

- Management staff knew they needed to inform the host local authority team, CQC and other external agencies of all safeguarding issues. Since the last inspection the service had informed us of safeguarding matters and other events they needed to notify us of.
- The provider had effective systems to safeguard people from abuse. Staff knew what action they needed to take if they witnessed or suspected abuse.
- The service had a whistleblowing policy. Staff knew that they needed to report poor practice from staff or any other concerns to do with the service.
- People appeared comfortable around staff who supported them.

Assessing risk, safety monitoring and management

- People told us they felt safe. A person told us they felt safe because, "There are always people around me." People's relatives told us, "[Person] is safe" and "I'm not worried about [person's] safety. [Person] is safe and happy."
- Risks to people's safety were assessed. Risk assessments included risks of people falling and pressure ulcers. They included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed and were reviewed regularly.
- Staff were knowledgeable about guidance they needed to follow to minimise the risk of people acquiring a pressure ulcer.
- The service managed health and safety and fire risks appropriately. Service checks of gas, electrical and fire safety systems and other safety checks were carried out to keep people safe. Each person had personal emergency evacuation plan which included details of the support they needed from staff to leave the premises in an emergency.

- Equipment such as sensor mats helped to ensure staff were able to keep people safe by responding promptly when they got out of bed.

Staffing and recruitment

- Staff employment records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people.
- The service was actively recruiting staff. However, there remained a need to employ agency nurses to cover nurse vacancies. The operations manager spoke of the difficulties the service had encountered in recruiting nurses. They informed us they made sure that where possible regular agency nurses who were familiar with the service were employed. This was confirmed during the inspection. Following the inspection, the manager told us one nurse had been recruited.
- Staff told us there were enough numbers of staff to safely meet people's needs but said there were times when they were busy and could do with more staff. They informed us they would always inform the manager when people's needs significantly changed and were confident they would be listened to and more staff provided if needed. During the inspection people's call bells were answered promptly which indicated there were enough staff on duty. One person told us that call bells were usually answered promptly. Another person told us they received the support they needed from staff to attend hospital appointments.

Using medicines safely

- The service had a policy in place which covered the recording and safe management of medicines.
- Nurses and team leaders administered medicines. They received medicines training and had their competency assessed to ensure they had the skills to safely administer medicines. Staff administered medicines in a sensitive and personalised way. Staff knelt so they were on the same level as people to ensure they could hear them explain about the medicines being administered.
- Where people had medicines "as needed (PRN)" there were protocols in place to ensure these medicines were administered as prescribed and safely. We heard a member of staff ask if a person was in pain and if they wanted a pain-relieving medicine. Another person told us they received pain relieving medicine when they needed it.
- Medicines were stored safely and were regularly audited to ensure they were administered correctly and accounted for.

Preventing and controlling infection

- Systems were in place to minimise the risk of infection. The home was clean. Regular checks of the cleanliness of the environment were carried out.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves and aprons, were available to staff. Staff used these when assisting people with personal care, and some other tasks.

Learning lessons when things go wrong

- The service had systems to make improvements when things went wrong. Staff told us they would report all incidents and accidents and were confident these would be addressed by nurses and management staff. Incident records indicated they had been responded to appropriately.
- Reviews of incidents patterns and trends were carried out and action had been taken to reduce the likelihood of similar incidents happening again. The manager told us that they had reviewed a person's falls and found most had taken place in the person's bedroom when unsupervised by staff. In response to this the manager applied to the funding local authority for extra staffing hours to provide the person with the support they needed to reduce the likelihood of them falling. This had been granted and the falls had ceased.

- Staff meetings and supervision sessions were used to ensure lessons learned from incidents, accidents and safeguarding alerts were shared across the team.
- Business meetings where incidents, accidents and other issues were reviewed took place regularly. Learning was shared with staff and other services to minimise the risk of these happening again and to keep people and staff safe.
- The service and provider was taking part in a wider lesson learning exercise in relation to a safeguarding incident from 2018. This was ongoing at the time of this inspection.

Is the service effective?

Our findings

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

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

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

- Some people's care plans lacked sufficient assessment detail and guidance to show their specific needs were understood and their care and treatment were being delivered effectively. These included people living with the medical conditions such as Parkinson's or diabetes, and those who had a urinary catheter. For example, the care plan of one person who lived with Parkinson's included, "order and administer [person's] medication as prescribed, encourage mobility, monitor side effects". The care plan lacked the detail and personalised guidance for staff to provide the person with effective personalised care. Details about the side effects of the condition, importance of the person receiving their prescribed medicines at the right time, and of any specific risks such as falls, associated with the condition were not included in the person's care plan. One person told us they did not feel staff understood their medical condition. They said, "Some staff understand what I am going through with Parkinson's, but others do not. Not all carers understand how the symptoms can vary." The manager told us staff would receive Parkinson's awareness training.
- Another person lived with diabetes, a condition that causes high and sometimes low levels of glucose (a type of sugar) in the person's blood. Their care plan lacked detail. For example, it included the statement, "monitor regularly, monitor for signs of hypoglycaemia and hyperglycaemia", but did not describe what these were. Therefore, staff might not know the personalised symptoms of the condition and how to provide effective safe care. Two other people did not have a personalised diabetes care plan and risk assessment. Following our feedback on the first day of the inspection, staff took action to address these issues.
- Some people's monitoring records were not easily accessible and lacked consistent information. For example, we asked to look at the records of one person's wound care. A nurse took some time to locate them as they were in a separate file to the person's care plan. The quality of some of the wound monitoring photographs was not good. The dates of the photographs were not embedded to show the precise date they were taken and to ensure there was an accurate record of the wound's progress or deterioration. Body maps of people's wounds were not always completed and information showing the measurement of wounds were not always available. On the second day of the inspection we found the person's wound management records had been reviewed. Following the inspection, the operations manager told us people's wound management information had been reviewed and easily accessible to those involved in the person's care and treatment. The manager informed us a new camera had been purchased which automatically dated all photographs.
- We raised concerns about the way people's risk of malnutrition was calculated by using MUST (Malnutrition Universal Screening Tool), a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. For example, one person had a MUST Score of 2, which was incorrectly recorded as 1, indicating low risk. Staff were knowledgeable of the person's needs but there was a risk that appropriate

action might not have been taken where risk was understated. The manager addressed the issue with staff and told us that he would ensure staff received the training they needed, to calculate the MUST scores correctly.

- Records showed that three people needed monitoring of their food and fluid intake. When checking these at about 15.00 hours we found one person's fluid monitoring record showed they were last offered fluids at 06.30 hours. The person had a urinary catheter in situ and no fluid output had been recorded. One of the care workers told us the person had received drinks since 06.30 and would update the monitoring record. Not updating fluid monitoring records as soon as the person has had a drink could increase the likelihood of inaccurate records and risk of dehydration.
- A person on a safe swallowing plan did not have swallowing guidelines in the care plan file used by care staff. We asked a care worker to tell us the consistency of fluid the person needed, and they told us, "two scoops to 200mls". Recommendations from a healthcare professional were 'One scoop of [food supplement] powder to 200mls.' This conflicting information meant that there was a risk that the person was not being given the right consistency of food and fluids to meet their needs. The nurse on duty immediately ensured the healthcare professionals guidance was documented in the person's care support plan and told us they would ensure that staff followed that guidance.

Although management staff took action to address deficiencies, they had not identified the shortfalls we found. The lack of detailed personalised care plans and guidance about some people's medical and care needs, wound monitoring deficiencies, and inaccurate malnutrition risk records, were a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff support: induction, training, skills and experience

- All new staff and agency completed an induction, which included learning about the service and their roles. This prepared them for carrying out their duties effectively and safely. Newly recruited staff spent time working with experienced staff until they felt confident to work alone.
- Staff received a range of training, so they had the knowledge and skills they needed to carry out their roles and responsibilities well. A member of staff told us that they had received "lots of training".
- Staff were provided with one to one supervision and appraisals. These provided staff with opportunities to discuss the needs of people, share best practice and review their development and performance. Staff told us that they felt that they were receiving more support since the new manager had started work.
- Nurses including agency nurses spoke about the learning and training they completed to ensure they maintained their nurse registration. The manager told us that since the last inspection detailed checks of agency staff's training and competencies were always carried out to ensure they were suitable to provide care and treatment to people.

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

- The cook was knowledgeable about people's dietary needs. They told us they visited each unit to obtain feedback about the meals. We received mixed views about the food. Some people told us they enjoyed the meals. Comments included, "The food is good." "We get enough to eat" and "I'm quite happy with what they dish up each day." However, two people spoke in a negative way about the food. The manager told us that they would consider carrying out a responsive focused survey to gain feedback from people specifically about the meals.
- People were offered a choice of food and drink. Vegetarian meals and snacks were available.
- People received the support they needed with their meals.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. A person told us, "The chiropodist calls, and I saw an optician two weeks ago. It's very easy to see the doctor. [They] visit every week and you just tell the nurse. Emergency visits are available too if required." A GP visited the service during the inspection and reviewed the needs of several people using the service.
- There had been an issue where the transition of a person from a residential unit to a nursing unit in the home had not been effective or a positive experience for the person and their relatives. The manager spoke about the improvements that had been made to the process of moving between the two services, which lessened the risk of this happening again.

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

- The service had been purpose built to support people's needs. The home was spacious and airy, there were several areas for people to have quiet time away from others or to spend time in communal lounges.
- The premises were clean, and the lighting was appropriate for people including those who had sensory needs. There were some adaptations including coloured toilet seats that supported people's dementia needs. Handrails were located throughout the home, which we saw being used by people. However, some handrails were made of dark wood and attached to a darkly painted wall, which could be difficult for some people with visual impairments to identify. The manager told us they would look at ways to make further improvements to the environment to ensure people's dementia care needs, sensory needs and orientation needs were fully met by the service.
- Secure outside space was available to people. People were encouraged to spend time in the garden. People participated in some outdoor activities during the inspection.
- Some people had memory boxes which included pictures and objects meaningful to people's lives.

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

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

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

- We found the service was working in line with the principles of the Mental Capacity Act in that any deprivations were authorised. DoLS applications had been submitted to the local authority and authorisations made when people were unable to consent to their care and treatment in the home. The manager monitored DoLS authorisations, their review and ensured any conditions within the DoLS were being met by the service.
- Care support plans included information about people's capacity to make decisions, and communication needs. Where necessary, best interest meetings had been held which included professionals and significant others. For example, one person was given their medicines disguised in food or drink without their knowledge (covert administration). This was carried out in their best interest under the MCA with agreement from their next of kin and GP.
- People's support plans identified the least restrictive ways in which people could be supported safely

where they lacked capacity to consent or capacity to understand personal safety. A person told us, "It's very, very good here. I'm not trapped here."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff engaged with people in a friendly, caring and respectful way. People told us they were treated well by staff who were kind to them. Comments from people included, "The care is excellent. No problems at all. 24 hours a day they look after you." "I'm very happy. The nurses are nice. They help me" and "Anything I want they [staff] do for me."
- Information about people's lives was recorded in their care files. This helped staff understand people's needs and their interests.
- Staff were knowledgeable about the relationships that were important to people and had a good understanding of the importance of respecting people's differences. The manager told us he was planning to complete training about transgender awareness and would share learning from that with staff. Management told us they would look at updating people's initial assessment forms to include detail about people's sexual orientation needs. Representatives of religious faiths regularly visited the service. A religious service took place during the inspection. Festive occasions and people's birthdays were celebrated.

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

- People had the opportunity to take part in resident/relatives' meetings. These meetings helped keep people informed of forthcoming events and gave them the opportunity to be consulted and make suggestions. The manager told us he had an open-door policy and completed a 'walk around' every day to ensure everyone had the opportunity to speak with him.
- Staff understood the importance of respecting people's individual rights and choices. They told us they always involved people and when applicable relatives in making decisions about their care. People's relatives told us they were involved in people's care and kept informed about any changes in people's needs.
- People told us they got up when they wanted and chose when to go to bed. Early risers were provided an early breakfast if they wanted it.
- People had the opportunity to complete feedback surveys about the service. Action was taken to address issues. The manager told us that in one survey staff communication was highlighted as a problem. Staff communication books had been introduced to address the issue.

Respecting and promoting people's privacy, dignity and independence

- During the inspection, staff supported people in a manner that maintained their dignity. Staff knocked on people's bedroom doors and waited until the person acknowledged them and agreed that they enter the room. However, we saw one care worker did not knock on people's doors before entering people's rooms.

When we mentioned this to them they apologised and immediately changed their conduct. Doors were kept closed when people were being supported with their personal care.

- People's care records and other personal information were stored securely.
- Staff told us they encouraged people to do as much as possible for themselves but provided assistance when needed. Two people told us their decisions to carry out most of their own personal care independently had been respected by staff.
- People were provided with the equipment and aids they needed to mobilise independently. We saw people walking freely within the units using walking aids. Staff encouraged people to walk about, and when needed walked with them to keep them safe.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were regularly reviewed and updated with support and involvement from their relatives when needed. A relative told us a person had received an assessment of their needs before moving into the home. A person's relative told us they had seen the person's care plan and were kept well informed about the person's needs and of changes.
- A person told us staff were responsive. They told us, "If I ask them to do something they do it. If I were unhappy I would mention it." A person's relative told us, "[Staff] have gone out of their way to meet [person's] needs. They are so good."
- Staff had a good understanding of people's behaviour needs and how to respond to them. For example, a member of staff told us that one person had refused to have a shower or bath in the morning and this decision had been respected. However, when the person later in the day stated, "I think it is time to have a shower." The member of staff was immediately responsive in assisting the person with a shower before they changed their mind.
- There was good communication about people's needs. Staff received detailed 'handovers' about people's needs. Staff also completed daily records about people's progress. These reflected the care and support people had received.

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.

- A person's relative told us, "[Person] can't hear. They write messages for [person] so [person] can see what they are saying." During lunchtime a nurse used a writing board to ask the person if they were ready to have her hair done. A person who had poor sight told us, "When they come with the menu to ask me what I want they read the menu to me."
- Picture cards were available to help people choose what they wanted to eat and drink.
- Some staff spoke more than one language. We heard a care worker speaking with a person in the person's birth language. The person indicated by smiling they were very happy with this engagement.

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

- The service supported and encouraged people to develop and maintain relationships with people that matter to them. There were no restrictions on when people could receive visitors. People spoke

enthusiastically about the contact they had with friends and family.

- There were planned activities. These included, chair-based exercises, ball throwing, quizzes, pampering sessions and arts and craft activities. One-to-one and group activity sessions took place during the inspection. A harpist played to an audience of people. People spoke very positively about the session and told us they had thoroughly enjoyed it. A person spoke of their enjoyment of colouring, "I do drawing and painting. I do also my own colouring." Another person commented, "They bring in singers sometimes and there's definitely music sometimes too." Management told us that activities provision was an area that continued to be improved and developed.

Improving care quality in response to complaints or concerns

- The service held a complaints policy and procedure. The manager acknowledged, tracked and resolved complaints in line with this policy. Records showed that complaints had been taken seriously and addressed.
- People and their relatives knew who to contact if they had a complaint. A person's relative told us they had brought a few issues to the attention of staff, which had been addressed. A person told us, "I've certainly no complaints."

End of life care and support

- The service provided people with end of life care and support. Staff received end of life training.
- People's advance care plans included their wishes around medical input and care preferences.
- End of life care plans were in place. These provided information about people's end of life wishes and arrangements. Records showed that a person's end of life plan had been discussed with the person's relatives. However, one person told us they not been asked about their end of life wishes. The manager told us they would ensure this was addressed.
- People's wishes regarding whether they wanted to be resuscitated were documented appropriately. During the inspection management staff reviewed and improved the procedure to ensure all staff could quickly access this information when needed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same rating. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider did not ensure they had effective governance systems and processes to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services. In addition, the provider did not always ensure that accurate records in respect of each person using the service were maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in the areas where we had found shortfalls. However, we found quality assurance systems had not identified the deficiencies we found during this inspection. This means the provider remains in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's quality assurance systems had not identified issues we found at this inspection. This included lack of personalised care plans and guidance about some people's medical and care needs, wound monitoring deficiencies, inaccurate malnutrition risk record, and communication issues to do with people's nursing care in the residential units.
- The home had gone through a period without a registered manager since the departure of the previous registered manager in November 2018. However, a manager had been recently appointed and we received positive feedback about him from staff health care professionals, people and their relatives. Comments included, "The home is starting to become well-led. The lack of continuity, with frequent changes of managers had made it difficult for staff but now with the new manager things are starting to change." A person told us, "The manager is good. He listens; that's very important in a manager's job."
- Management oversight and information sharing about people's nursing needs in the residential units were not always effective. The provider's systems did not always support good communication with the manager and other professionals involved in people care about significant changes in the nursing needs of people living on the residential units. People living in the residential units who had nursing needs received nursing care including wound care and administration of some medicines via injection from community nurses, not from nurses employed by the service. Community nurses completed records of the treatment they provided. These were located separately from people's care plans and not easily accessible to staff. Non-nursing staff wrote summaries of the treatment carried out by the community nurses. However, there could be a risk that not all the information they needed to provide people with safe and effective care was always captured. We were informed that on one occasion a person had developed a pressure ulcer, which had been treated by the community nurses, however, senior staff at the home had not been aware of the wound and therefore

were not responsive when there was a delay in the community nurse returning to treat the person's pressure ulcer. The incident highlighted gaps regarding information sharing.

- We were told by the operations manager in a "clinical emergency" that the nurses from the nursing units would attend and provide "support as necessary." However, at the time of this inspection nursing staff were not being told about the nursing needs of people living on the residential unit. The lack of this information could affect their response to a "clinical emergency."
- There was also not a protocol in place that ensured that the manager was informed about pressure ulcers. During the inspection the manager was not aware of the number of pressure ulcers in the home.
- Following the inspection, the manager told us they had started daily meetings where staff from each unit and representatives from other areas of the service met with him and provided an update about their services including people's nursing needs. The operations manager told us they had purchased diaries for each floor for team leaders to record all community nurse appointments. This showed that management staff have been responsive to our findings and made improvements but does not revoke the shortfalls we found during the inspection.

At the time of the inspection. The provider's quality assurance systems were not robust. They had not identified and addressed the deficiencies we found. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us they had ensured that staff involved people and when applicable their relatives as much as possible in people's care. Relatives were positive about staff engagement with them and of their involvement in people's care.
- Staff told us about the support they provided to people and at times people's relatives, including times when they experienced bereavement.
- Staff attended regular team meetings where they were encouraged to share their views and develop best practice skills and knowledge. Staff had the opportunity to receive awards in recognition of outstanding performance.
- Systems were in place to gather feedback from people, their relatives and staff. Two people's relatives told us they had attended relatives' meetings. One relative commented, "They write down residents' suggestions." A person said, 'I know my team leaders. They're here all the time. If you want to ask something you ask them, or you ask the carers to speak with them.' A relative said I can go to them [staff] to talk about anything.

Working in partnership with others

- Changes in people's needs are reported to local authority commissioners and extra staffing hours requested when needed.
- An advocate told us that improvements to the service had been made and staff were responsive in following up and addressing issues to do with people's care that they had brought to their attention.

Continuous learning and improving care

- The manager told us the service had recently introduced 'themed months' where topics such as pressure ulcer prevention and safeguarding adults were discussed with staff and training about the subject provided to staff. He informed us that this had led to improvements. For example, a ten-step checklist about how to identify and report safeguarding issues had been introduced.
- A new fall tracking process had commenced to help identify patterns and trends of falls. Monthly adverse

incident summary reports showed action had been taken in response to incidents. For example, a person had fallen four times in a month, the manager had taken action to obtain extra funding to provide the person with the additional care and support they needed to lessen the risk of falling. Another person had three falls. They had been referred to a falls clinic and staff had increased their observation of the person.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who use services did not always receive appropriate personalised care that met their individual needs and supported their well-being. Regulation 9 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance systems were not robust in ensuring all deficiencies in the service were identified and improvements made when needed. Regulation 17 (2)