Wayside Care Limited

# Wayside Care Home

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 September 2017 and was unannounced.

The provider of Wayside Care Home is registered to provide accommodation for up to 31 people with personal and nursing care needs who may have physical disabilities or people with dementia. At the time of this inspection 24 people lived at the home.

At our previous inspection on 9 November 2015 the registered provider's overall rating was 'good.'

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

The registered manager had experienced challenges in recruiting staff and managing individual unplanned staff absences from work. This had impacted upon the registered manager's available time as they had worked on staff rotas to ensure there were sufficient staff on duty and they recruited to vacant posts. The registered manager was aware of where staffing numbers may decrease due to unplanned staff absences so these could be covered to maintain people's safety.

People's care and risk management plans had not been updated to reflect people's specific needs including any changes to these so people received consistent support to keep them safe. This was important as people relied upon staff to support them with their needs and new staff and agency staff would not have all the information required to provide safe care.

People's safety from avoidable harm was not consistently upheld. People received their medication as prescribed but staff practices did not ensure that medicines were stored safely. Staff did not always ensure sluice and fire doors were closed to reduce potential hazards which could impact on people's safety.

People felt safe living at the home and staff treated them well. Staff knew how to recognise abuse and were clear about their responsibilities to report safety concerns to the registered manager. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible; they were safe to work with the people who lived there.

People's individual needs were assessed alongside the arrangements to ensure there were sufficient staff in order to maintain people's safety and reduce identified risks. Staff were timely in how they responded to people's needs to support their safety but did not always have sufficient time to consistently plan recreational activities.

People were supported by staff who had received training however staff had not consistently received opportunities to refresh their previous training. People were not always effectively supported by staff who used their skills and knowledge in practice to improve people's sense of wellbeing.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. However, we found there were inconsistencies in how staff supported people to consent to their everyday care before staff provided this.

People were provided with meal choices and received assistance to eat and drink with aids to support their levels of independence. Where people required their drinks to be monitored due to risks of dehydration the records were not always totalled so any actions of people not drinking sufficient amounts action could be taken in a timely way. People's health care needs were met and monitored by staff who had access to various health care professionals.

Staff relationships with people were caring and supportive. However, staffing arrangements had impacted upon the time staff invested into providing care which was not always led by tasks staff needed to do. Staff practices were inconsistent in applying their knowledge when communicating with people to reflect people were always kept at the heart of the care provided. People were supported to maintain their dignity, privacy and relationships which were important to them.

People's particular needs were not consistently responded to so people's care experiences were enhanced by staff practices. Staff did not consistently have all the information they required within people's care plans to support them in providing and delivering responsive care.

People believed the registered manager was approachable and were comfortable in raising any concerns they had. The registered provider's procedures showed the registered manager had acted upon any raised and used these as an opportunity to drive through improvements.

The registered provider had failed to display their current inspection rating which is a legal requirement to show people had access to the ratings to inform their judgments about services.

The registered provider had not taken steps to ensure the systems used to monitor and check the quality and safety of services provided were consistently effective and supported improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

The risks associated with people's care and to keep people safe were not managed sufficiently in order to effectively reduce risks to people from avoidable harm.

Staff were available to support people so their safety was maintained. However, staffing levels on some weekends needed additional oversight.

People were safe from the risks of abuse, because staff understood their responsibilities to keep people safe from harm.

People's medicines were made available to them as prescribed to meet their health and welfare needs. Medicines were not always stored in a secure way.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff completed induction and training when they started to work at the home. There were inconsistencies in on-going training to provide assurances of staff's continued competencies in effectively supporting people. Staff did not apply their learning to assist in improving people's wellbeing. Staff did not always obtain people's consent before care and support was provided.

People had a choice of food and drink which met their preferences and supported them to maintain their health. The monitoring records to reflect what people had drunk were not consistently implemented to show the amounts they had consumed.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People were not consistently supported in a caring and compassionate way. Permanent staff had built positive relationships with people but people would like staff to spend

more time to sit and chat with them.

Staff showed they knew how to support and maintain people's privacy and dignity and promote their independence. Support was provided to people so they could maintain relationships which were important to them.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People did not always receive care which was responsive to their needs. They were not provided with constantly planned opportunities to pursue hobbies and interests as staff needed to prioritise meeting people's personal care needs.

Plans to guide staff in supporting people were not always up to date.

Complaints were managed within the provider's procedure and used to drive through improvements.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

The provider had not ensured their previous inspection rating was conspicuously displayed. Additionally, the provider had not made sure there were effective quality arrangements and checks were in place to assess and monitor the quality and safety of the service people received.

Staff felt supported by the management team. The registered manager was approachable, and people who lived at the home, relatives and staff felt able to speak to the registered manager at any time.

# Wayside Care Home

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 28 and 29 September 2017 and was unannounced. The inspection was undertaken by two inspectors 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 service.

We brought the inspection visit forward as we had received a numbers of concerns about how people's needs, particularly how their health was effectively monitored and met so people remained safe and well cared for. During the planning and conducting of this inspection we took into consideration the concerns we had received, together with the information we received from the provider and service. This included events which we had been notified about, such as any serious injuries to people. We asked various organisations who funded and monitored the care people received, such as the local authority and clinical commissioning group. We also sought information from Healthwatch who are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with ten people and six relatives about what it was like to live at the home. We spent time in the communal areas of the home with people who lived there and saw the care and support provided by staff. In addition we saw how people were supported at lunchtime.

We spoke with three staff members about what it was like to work at the home. The registered manager and deputy manager spoke with us about their management of the service. In addition we spoke with a visiting professional during our inspection.

We sampled six people's care plans and daily records to see how their care and treatment was planned and provided. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We looked at the results of the provider's quality checking and monitoring arrangements to see what actions were taken and planned to improve the quality of the services

provided. This included the recording and analysis of accidents and incidents and meetings with people who lived at the home, relatives and staff.

Requires Improvement

# Is the service safe?

## Our findings

We found there were inconsistencies in how people's care and risk management plans had been developed and updated following the care they received. For one person who relied on staff to meet all their needs there were shortfalls in the documentation to make sure their specific needs were met with risks reduced. We spoke with two staff members who knew the person's needs and the omissions in their records had not resulted in the person developing a wound. However, there was a lack of guidance for staff in the person's risk assessment on how best to meet some of the person's specific skin care needs and aids used. The deputy manager assured us they were going to take steps to contact the specialist skin nurse [tissue viability nurse] about the person's wound. This had not been clearly recorded within the person's care plan to show when this action would be taken to gain further advice in assisting to enhance the wound care the person received and further reduce risks.

In two other people's care and wound plans including body maps for their skin care we found there was no written evidence to show staff had reviewed the plans to help keep people safe. Because there was not always a clear timescale for routinely reviewing risk management plans we were concerned staff, particularly new staff and agency staff, did not have the information needed to mitigate and manage risk. We shared our concerns with the registered manager. The registered manager acknowledged care and risk assessments needed to be accurately detailed and updated with new information. A nurse was undertaking this work on the second day of our inspection.

We found precautions were not consistently taken to assist in the reduction of risks to people in how medicines were securely stored. We saw instances where a staff member left the medicine keys where they were accessible to people who lived at the home, visitors and staff. For example, a staff member left the medicine keys on top of the trolley whilst washing their hands. We also saw a staff member left medicine on top of the trolley whilst they went to fetch another item. On another occasion the staff member left the medicine trolley unlocked whilst they went into a person's room.

In addition insulin and influenza vaccinations were accessible to people. This was because they were stored in a refrigerator in a room where the door was left open. These practices increased the risk of people accessing medicines which could cause them harm. Furthermore the refrigerator temperature's had not been recorded since November 2016 to ensure medicines were stored in line with manufacturer's instructions. The registered manager acknowledged the risks we had identified and took action to reduce these.

Other risks to people's safety were not always managed well. We found examples where sluice doors were unlocked with one propped open by a box and the laundry door, which was a fire door was open.

The provider had not consistently reduced risks to people from avoidable harm by making sure staff followed guidance and put their training into practice to support people's safety. We found this was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

People gave us different responses about there being sufficient staff to support their care needs. One person told us, "They [staff] are very busy but I don't have to wait too long." Another person said, "Don't feel safe all the time, staff don't come to buzzer." A further person commented, "Occasionally staff don't come if I use buzzer when in bedroom, it's frustrating if no one comes and you keep pressing buzzer."

However during our inspection people's call bells were answered and staff supported people with their needs so their safety was not compromised. For example, when people required staff to assist them this was done without any unreasonable delays. However, people were not consistently provided with fun and interesting things to do so people's well-being was supported. Staff did not always have time in the mornings to support people to follow their interests as staff's main focus was on assisting people with their personal care needs. When staff had time to be with people and chat their well-being was seen to be improved.

Staff confirmed what the registered manager had told us about the changes in staffing due to some staff leaving which had resulted in agency staff being employed. The changes in staff had impacted upon staff morale. We heard similar themes from staff about how agency staff were not always familiar with people's individual needs which had the potential to create more work. One staff member told us, "If we have a full complement the staffing is okay, but if short through sickness it can be difficult to get agency especially at weekends." Another staff member said, "When we were fully staffed it was great."

During discussions with the registered manager we established staffing levels were based on assessing people's individual needs. This was to make sure there were sufficient staff to safely meet people's needs. The registered manager was aware of the inconsistencies in staffing numbers and how unplanned staff sickness particularly at some weekends required improving. The registered manager had made a decision to raise staffing numbers over the weekend period following our inspection. This was because the registered manager felt this was one measure to reduce the risk to people's safety of their individual needs not being met in a timely way. In addition the registered manager was recruiting staff including nurses as this had been particularly difficult due to shortages. The registered manager had also recruited a person to support people with following their social interests and hobbies.

Staff were recruited safely because the registered manager checked they were of good character before they started working at the home. Staff told us that before they started work at the home a Disclosure and Barring Service (DBS) check had been carried out and references and identification had been requested. The DBS is a national agency that keeps records of criminal convictions.

People gave us their reasons for feeling safe. One person told us, "I feel safe here, it feels like home." Another person said, "They're always around so I know I can get help if needed." Two relatives commented they felt their family member was safe as staff met their needs which provided them with reassurance.

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They knew how to recognise the different types of abuse and had received the relevant training in how to keep people safe from abuse. They understood the responsibility they had for reporting incidents of potential abuse to people and were confident the registered manager would take action on any concerns they raised. We saw from records where concerns had been raised with the registered manager they had taken action to make sure people were safe and their needs had been met. For example, concerns had been raised about how some people's health needs were being responded to and met so risks to their welfare were reduced. The local authority were investigating these concerns. In response to the concerns the registered manager had developed an action plan to make sure people's health needs continued to be met safely and effectively with clear records in place to reflect this.

We discussed with the registered manager their oversight and analysis of incidents and accidents. We saw incidents and accidents had been reported by staff and to the provider's head office. However some of the records shown to us did not have the level of detail to clearly explain each element of a person's incident. For example, one person had sustained a minor injury but we could not tell from reading the description of the incident where this injury was on the person's body. The registered manager acknowledged they should have reviewed this and made sure the record was clear about the person's injury. The registered manager told us they did speak with staff about incidents and accidents but this was not recorded to support a strong account of how similar incidents were reduced. The registered manager gave assurances they would ensure recordings of their conversations were completed and the quality checks of incidents and accidents was strengthened.

The provider had taken measures to minimise the impact of unexpected events. For example, there was a fire procedure and fire risk assessment. Personal evacuation plans were available to staff so it was clear what support people would need to evacuate the building if this was necessary.

People told us they received their prescribed medicines when they needed them. One person said, "Happy with nurse giving medication, they explain what they are giving" and another person told us, "Staff explain what medication is for." We saw the deputy manager who was a nurse supported people to take their prescribed medicine. Only nurse's administered people's medicines and their competencies' were checked by the registered manager to ensure they continued to maintain their knowledge and skills. We found the medicine records showed people were supported to take their medicines at the times they required them and were regularly reviewed with the doctor to make sure they continued to meet people's health needs.

Requires Improvement

# Is the service effective?

## Our findings

We received different responses from people in the way staff supported their individual needs. One person said, "Most of the staff quite nice and helpful, not bad, most staff obliging, get the odd one." Another person told us, "They [staff] seem very capable." One relative said, "They [seem] to know what they are doing and act as well trained." Another relative said, "Care here good, no complaints."

We looked at how new staff were supported in their first few days and weeks working at the home. Staff told us they worked alongside more experienced members of staff for their first few shifts before they worked on their own. They undertook some of the expected training and they found out about the provider's policies and procedures. New staff had completed an induction in line with the care certificate. The care certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Although staff believed they had received training to meet the individual care needs of people their knowledge gained from previous training had not always been refreshed on a regular basis. The registered manager was already aware the opportunities to provide staff training required improving. They had plans to make sure staff received all the training they required including opportunities to refresh previous training but their time had been taken up with staffing arrangements and investigations in relation to concerns. Likewise the registered manager was open and honest with us as they explained how the meetings held with staff on a one to one basis to provide support had reduced. However, we received similar responses from staff in how they felt supported by the registered manager and were confident to approach them to discuss their work. One staff member commented, "I can go to [registered manager] and speak to her, been really supportive."

We saw differences in how staff reflected their learning and where regular opportunities to refresh previous training and one to one meetings could have potentially benefitted staff. For example, one staff member was seen to support a person with how they were feeling. We saw the person's facial expressions and body language positively showed how they appreciated the time the staff member took to make them feel better. However, when a staff member was assisting a person with their meal. The staff member did not communicate with the person to ensure they had words of encouragement to eat their meal and to assist in making it a pleasant experience.

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.

The registered manager told us where people who lived at the home did not have capacity to make their own decisions and required support with these the principles of best interests were followed. We saw examples whereby records showed people such as family members and professionals who knew the person,

had taken decisions in the person's best interests to reflect the wishes of the individual person if they had capacity to make the decision.

We checked whether the service was working within the principles of the MCA. In doing so we found staff understood they could not make a person do anything against their will. They told us if a person declined care, they would respect this and try to provide care at a different time or with a different member of staff if the person was more open to this. One relative told us how staff would gently coax their family to have personal care to good effect. However, during our inspection we saw instances where staff did not get the person's consent before they assisted people with their care. For example, we saw staff put clothes protectors on three people without asking each person's consent. This showed whilst staff had the knowledge to ask for consent this was not always put into practice. We fed this back to the registered manager who would follow this up with staff.

In addition, the provider had installed CCTV in the corridor areas. Although this had been discussed during a meeting held with people and their relative's people told us they were unaware CCTV had now been installed. We discussed this with the registered manager who was unable to produce any evidence people had consented to the CCTV and been informed it had now been installed. The registered manager gave assurances they would check this with the provider.

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

The registered manager had submitted applications to legally deprive some people of their liberty and these were kept under review. These applications were deemed necessary because some people could not consent to the arrangements to keep them safe within the home. People's care records contained the reason for the DoL. Staff showed they understood the principles of authorisations to deprive people of their liberty so their care needs were safely met. We saw staff practices showed people's care was provided in the least restrictive way.

People commented on their different thoughts about the food provided and the choices of meals. One person said, "Meals very good and I get a choice." Another person told us, "Food alright but no real choice at lunch time, at tea time offered range of sandwiches." Two relatives said they had meals at the home and the food was very good.

We saw people were served and where required assisted with their meal by staff members. People were asked whether they wanted more to eat. Staff confirmed they always had a choice of meal available to offer to people. Staff told us they were aware of people who needed a diet to meet their needs such as to meet people's health needs.

People told us they were able to usually access drinks. However, we did hear from one person that at times the access to drinks depended on what staff were on duty and whether there was a shortage of staff. We saw drinks were made available on people's side tables with jugs to replenish these. In addition there were regular times when staff brought drinks to people throughout the day. There were some people whose drinks needed to be monitored to make sure their needs were met. We looked at the charts which were used for this purpose. We noticed at times the amount of drinks people had were not totalled so staff could see if a person was at risk from dehydration. The registered manager told us they would take action to ensure staff consistently totalled the amounts of drinks people have in line with effectively monitoring people's needs.

People's day to day health needs were met by the nursing staff on duty. Where people required further health care support, staff referred them to this support. The registered manager and staff told us they had a good relationship with a local doctor who visited people on a regular basis to review their health needs and provide medical guidance to staff when required. One person told us the doctor had prescribed some medicine to meet their specific needs and another person said they had seen an optician and chiropodist. One relative commented, "Staff call out doctor when needed."

Requires Improvement

# Is the service caring?

## Our findings

People, on the whole, spoke positively about staff and felt they were caring and treated them or their family member with kindness. One person said, "Staff are great to me, I've got a sense of humour." Another person told us, "Overall care here is marvellous, do everything well [staff]." A further person said, "Staff do their best, just the odd ones." Relatives we spoke with were similarly positive about how caring staff were. One relative commented, "Staff very friendly and helpful, [family member] gets on well with staff." Another relative said, "Care here good, no complaint."

However, as already detailed within the safe section of the report, we heard similar themes from people about waiting for staff to respond to their call bells on occasions. In addition people expressed how staff did not always have time to sit and chat to them but when staff did people said they really enjoyed it.

We saw staff did not consistently reflect caring approaches were maintained when meeting people's individual needs. For example, a person repeatedly asked staff for a drink but staff did not respond to the person to assist them in feeling reassured with their emotional needs met. Another example was a person did not have their aid all morning to assist them in communicating with others. When staff did bring the persons aid to them they did not consider whether it was the most appropriate place to fit the aid. There were other people in the area at the time and the person may not have wanted their particular sensory impairment to be known by others. Another person required some assistance with their meal but staff did not provide this to suit the person and they struggled to eat their meal.

Some people commented on the use of agency staff and said, "I feel staff do care but the agency staff are not here long enough to get to know them or for them to know us." The registered manager explained that they tried to cover shifts with the regular staff team or use regular agency staff.

However, permanent staff were able to build caring relationships with people who lived at the home. One person said their blanket made them feel comfortable and kept their knees warm. The blankets people had were made by a staff member. In addition we heard how a staff member had assisted a person to buy their personal items when they did not have anyone close to them who were able to do this.

People's independence was promoted and encouraged where appropriate and according to their abilities. Several people confirmed they were able to manage some aspects of their personal care with staff support.

We saw staff knew about significant key events which were important to people in their lives, such as birthdays and took the lead from people as to how they wished to celebrate their day. People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff supported people to continue to enjoy the things they liked. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths.

Staff knew how to support people to maintain their dignity. For example, when staff supported people to

move with the assistance of specialised equipment they made sure people's legs were covered with blankets where required so their dignity was respected. Staff responded promptly so a person's dignity was maintained. One person told us, "Staff treat me with dignity and respect." Another person said, "They [staff] ask me what I would like to wear and don't assume." Relatives were also positive about how staff made sure their approaches respected people's privacy and dignity. One relative commented, "Care staff caring, respect [family member's] dignity, they shut the door when doing personal care, they take time, don't rush [family member]."

People told us they were encouraged to maintain relationships important to them. One person told us, "Visitors made welcome and no restrictions, Son brings dog in. Another person said, "Relatives made welcome and given a drink." We saw visitors were welcomed on the day of our inspection by staff and relatives told us they were able to visit when they wished and felt welcomed into the home. One relative commented, "No restrictions on visiting, made welcome, usually offered a drink." Another relative said, "Feel welcome and make myself a drink, no restrictions on visiting, the great grandchildren visit."

Requires Improvement

# Is the service responsive?

## Our findings

People told us staff provided them with the support and assistance they required. One person told us, "They're [staff] helpful even though they are busy. I just ask them and they always help me." Another person said, "Care is very good as far as I can see, they look after me, no problems." A further person told us, "I can choose my bedtime and when I have a shower. Very content, can't find anything indiscriminate to say at all." Relatives were positive about the amount of assistance their family members were provided with. One relative commented, "Think care is good to be honest, washed, clean pyjamas every day and enjoys food."

We saw staff responded to people's individual needs throughout our inspection which showed they had knowledge of people's particular routines. For example, one person required assistance to walk and staff made sure they had the appropriate aids.

We heard from people about how their experiences of being supported with things to do for fun and interest. One person told us, "I read a lot and chat a lot with visitors" and "bingo very good and some crafts." Another person said, "Pass my time just sitting, like to wonder about outside but don't get to do that much." Relatives we spoke with thought improvements needed to be made to support people in following their interests, one relative commented, "Never seen any activities taking place." Another relative told us how appreciative they were of how staff had supported them to arrange a taxi so their family member was able to join them for a meal.

Staff told us they did try to support people with interesting things to do but they confirmed when people required support with their care needs this took priority. We heard similar themes from staff which confirmed daily recreational activities was an area which required improving. One staff member told us, "It feels good to see residents [people who lived at the home] having fun but there has been less of this since the activities co-ordinator left, we do try though when we have time." During our inspection we saw staff had individual conversations with people. However, there were no planned opportunities for people to choose to participate in things they enjoyed doing.

The registered manager told us they had recruited a new activities co-ordinator. This was because they had already identified the shortfalls in the inconsistencies to support people with things to do for fun and interest. The registered manager also told us in the interim, care staff when they had the time, were supporting people to enjoy taking part in social pursuits. However, we noted this provision was not planned in any way and on the afternoon of our inspection staff were busy supporting people with their care needs. In addition we saw the recording of recreational events had stopped following the departure of the former activities co-ordinator. The registered manager said the existing programme of outside entertainers calling to the home would be maintained. We were unable to assess how effective the provisions of a new activities co-ordinator would be in supporting people to have fun and interesting things to do at this inspection. We will however gain people's views at the time of our next inspection.

We found inconsistencies in the accuracy of the information provided for staff in people's care plans. In particular for one person there were no care plans for two of their specific needs. Although staff were able to

tell us about this person's needs they did not have the relevant information to make sure the person's needs were responded to in a consistent way. In addition where there was a risk relevant, information was not captured for use by new staff and professionals or provided sufficient evidence to show appropriate care was being provided and delivered. The registered manager told us the deputy manager was working through people's care and risk plans to quality check these. Following our inspection the registered manager sent us care plan quality checks which had been completed.

Despite some care records not being up to date, staff told us they had an opportunity to catch up with any changes to people's health or care needs. This was because they had a verbal exchange of information about people's needs known as a handover at the start of each shift. The handover provided staff with information about any changes since they were last on shift. One staff member told us, "There is a handover at the start of each shift. We get told about any changes and things we need to do."

Information on how to raise a concern or complaint was accessible and provided to people. We saw people were comfortable in approaching staff during our inspection with any issues and/or queries they had and staff were supportive in their approaches when responding to these. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. We looked at how the provider and registered manager managed complaints made about the service. We saw improvements had been made in how people's complaints were responded to which showed how people's concerns were important and valued. Complaints which had been raised were investigated and responded to in a timely way. The registered manager showed they learnt from complaints to improve the quality of care provided.

Requires Improvement

# Is the service well-led?

## Our findings

We found the provider had not displayed at the home the most current inspection ratings. The registered manager acknowledged the ratings were not displayed. It is a legal requirement that a provider's latest CQC inspection report is conspicuously displayed where a rating has been given, no later than 21 days after the report has been published on the CQC website. This is so people, visitors and those seeking information about the service can be informed of our judgments.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered manager had been through a period of time whereby certain pressures, such as trying to recruit staff and responding to concerns had impacted upon the timeliness of the quality checks and oversight of the home. We saw examples throughout our inspection where this had impacted upon the potential risks to people's safety and the inconsistencies in the quality of people's care experiences. For example, care and risk management plans did not consistently reflect accurate and updated information about the care people required and received. Although there was a system in place to review care plans this had not identified the shortfalls in people's records which we had during our inspection. The registered manager and deputy manager gave assurances care records would be checked to ensure they provided accurate information. We saw a nurse was starting to undertake this for some people's skin care needs on the second day of our inspection.

Throughout our inspection we saw instances where staff practices were inconsistent in ensuring people's care was both effective and responsive. The registered manager told us how they made sure staff practices were meeting the high quality she expected. For example, nurse's competencies to undertake their role and responsibilities was checked by the registered manager. However, the registered manager had not documented these checks so they had a record to assist in monitoring where nurses may benefit from additional training and/or where their practices were effective. In addition, staff had not been consistently provided with opportunities of refreshing their previous training. The registered manager acknowledged staff training needed to take place and gave assurances this would be prioritised.

Furthermore we saw examples of how quality checks around the environment had not been effective in identifying where action was required. For example, there were missing items in a first aid box and the remaining contents had expired. Another example was a box in one bathroom had toiletries including dentures and teddy bears which posed a risk of cross infections.

The registered manager also told us the provider regularly visited to support the management team. However, the registered manager was unable to show us evidence of the quality checks undertaken by the provider to assure themselves the quality of care people were provided was of a good standard.

All of the above evidence was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered manager spent time with people during the day of our inspection and we heard how people valued this approach. One person said, "I know who the manager is but can't remember her name." Another person told us, "I know who manager is and see them about." One relative commented, "Manager visible see them every time I come." Another relative told us, "Aware who manager is and very approachable." The registered manage knew people by name and had conversations with people about their day and how they were feeling. In addition the registered manager was able to inform us of people's individual circumstances together with the staffing arrangements for the day to assist them in their management role.

We saw and heard from people how their views were sought through the meetings held at the home. One person told us they had been to a recent meeting and would feel comfortable in expressing their views. In addition a relative told us they had been to a recent meeting and had heard about the proposals for CCTV however they had not realised this was now in operation.

Staff told us they felt supported in their role by the registered manager and they worked as a team in order to meet people's needs. Staff told us they were confident about raising concerns about any poor practices witnessed and felt able to raise concerns and issues with the registered manager. Meetings with staff had been held. We looked at the minutes from the meetings and saw issues such as care plans had been discussed. In addition the registered manager had identified some of the hand held controls which operated the movement of people's beds required replacing. We saw a delivery made of bed controls during our inspection.

The registered manager was supported in their role by the deputy manager. The registered manager and deputy manager were visible and worked alongside staff which gave them insight into their role and the challenges they faced.

The registered manager showed they wanted to make sure staff felt valued and wanted to raise staff morale. Talking about their staff team the registered manager said they really valued their staff and they wanted a, "Happy group of staff."

The registered manager had a vision which included making sure the timeliness of actions taken to drive through improvements was now prioritised. For example, to implement mini training modules on a monthly basis with staff. The registered manager wanted to include documentation and customer service into this training. The registered manager also told us they wanted nurses to be more motivated in their work and had ideas to being in 'open forums' whereby staff could bring topics for discussion such as incidents.

In addition the registered manager told us a new maintenance person had been recruited. The registered manager shared with us this appointment would assist in the maintenance and redecoration of the home where required. This would support people to continue to live in a pleasant environment which enhanced their wellbeing.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People were not always protected against potential risks and actions were not always taken to mitigate such risks. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider's systems and processes to monitor the quality of the service provided were not consistently effective. |