

Mrs Maureen Thompson

Engleburn Care Home

Inspection report

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Date of inspection visit:

28 May 2019

29 May 2019

Date of publication:

14 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Engleburn Care Home is a residential care home that provides personal care to 73 people aged 65 and over at the time of the inspection. The service can support up to 76 people some who may be living with dementia.

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

People and their relatives told us they felt safe living at Engleburn Care Home. However, people told there were insufficient staff deployed to meet their needs and wishes in a timely manner.

Risk management needed to be improved including falls, mobility, pressure care and infection control.

People and their relatives did not always feel involved in their care plan reviews. Some care documentation needed to be more detailed and more clearly reflect people's needs and risks

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. There were appropriate management arrangements in place.

People were treated with kindness and compassion. Whilst staff were able to identify and discuss the importance of maintaining people's dignity, respect and privacy at all times, we found this did not always happen in practice.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, we have recommended the provider review some of their systems.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Staff received frequent support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes. A nutritional manager monitored people's weight and ensured people had an enjoyable meal time experience.

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.

Engleburn Care Home met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

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 good (published 16 May 2017).

Why we inspected

This was a scheduled inspection that was prompted in part due to concerns received about risks to the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, responsive and well led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service 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?

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

Inspection team:

The inspection was undertaken by two inspectors, a specialist nurse advisor in the care of older people 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:

Engleburn Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Engleburn Care Home accommodates up to 76 people who require support with personal care. There were 73 people living at the service at the time of the inspection.

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:

This inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with eight people, eight relatives and one friend. We spoke with the registered manager, deputy manager, three heads of care, nutritional manager, receptionist, administrator, two activities co-ordinators and four care staff. We also spoke with an external training assessor who was visiting. We looked at care records for nine people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from three healthcare professionals.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Staffing and recruitment

- The majority of feedback from people about staffing levels was negative.
- Some people told us they had to wait a long time for call bells to be answered. For example, if they wanted to use the bathroom. One person told us, "Staffing levels could be better here, sometimes if I need a member of staff it can take some time for them to respond if I press the bell". During our inspection we did observe most call bells being answered in a timely way. Another person told us, "There are not enough staff here so not much gets done". A relative told us, "Staffing have enough most of the time. Occasionally it's a bit light". Another relative said, "Staffing levels are not sufficient for the number of residents living in the home. The lack of staff has actually affected my mother's mobility and continence. Even though the staff here are all amazing and do as best a job as they can".
- There was a consensus in the feedback from staff that staffing levels were sufficient. However, some staff felt they needed more staff. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection. The registered manager told us they met with senior staff each week to review staffing levels.
- Two people told us they were not able to always have a bath when they wished due to lack of staff. One person told us, they had not been able to have a bath the previous week due to lack of staff and they were concerned that they were now going to be waiting for a further week for a bath. Another person told us they had had a similar experience.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- We found mixed evidence regarding how risks to people were assessed and planned for. Some risk management was good and demonstrated how staff were considering how to reduce restrictions on people. For example, one person's records showed that the use of bed rails had been considered, but following a risk assessment, a decision was made not to use rails as this was not deemed to be the least restrictive practice available to keep the person safe.
- However, more robust risk assessments were needed regarding the management of skin integrity and continence.
- We observed some care staff enabling people to transfer safely from a seated position to a standing position or the reverse. They used appropriate moving and assisting methods, placing walking aids in safe

positions for people to use, avoiding risks and providing sensitive guidance. However, we observed on one occasion that a staff member pulled a person's Zimmer frame, while they were walking. The person was wearing their dressing gown and ill-fitting slippers and appeared to be having problems in keeping their balance while being pulled along. We informed the registered manager of our concerns, who told us they would speak to staff.

- One person who was in a wheel chair and could not weight bear, stated that they had no air cushion to be seated on for their wheelchair. They said there were in pain having to be sat all day on the very basic plastic seat. This meant that this put the person at risk of pressure areas. We were informed that a pressure cushion was on order. We looked at skin integrity as part of our inspection and spoke with health professionals who did not have any concern's regarding skin integrity. There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment.
- A fire risk assessment was in place and weekly checks of the fire alarm; fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- People had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Using medicines safely

- The provider had an electronic medicines administration system (eMAR). Staff thought that the system was good and that it made it difficult to make mistakes.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (eMARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct. There were also effective processes for checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- On the first day of our inspection on one of the medicines round we observed that due to staff sharing keys the meds trolley was not always left secure during the meds round. We commented further on this in the well led domain.

Preventing and controlling infection

- Staff followed a daily cleaning schedule and most areas of the home were visibly clean. There were no malodours around the home except in a corridor in the dementia unit. However, we found dried faeces on a bath chair in one of the communal bathrooms. We informed staff, and this was cleaned immediately.
- We also found an area of flooring, that had been repaired with chipboard. In another communal bathroom we found a cracked bath seat. We were concerned that these areas could not be cleaned effectively and therefore presented an infection control risk. Bins in the bathrooms did not have closed lids in line with best practice for infection control.
- We brought our concerns to management who bought bins with self-closing lids. They told us they would replace the cracked bathroom seat and replace the area of flooring in the bathroom.

- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons which we saw worn throughout the inspection

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One relative said, "My grandmother who is 93, feels very well looked after and safe living in the home and has vastly improved since moving here".
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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.

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

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

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

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

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

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- A health professional told us, "The home is aware of mental capacity and have challenged a GP with regards to how best interest assessments were recorded".
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

Staff support: induction, training, skills and experience

- People and their relatives thought the staff were well trained to meet people's health needs. A relative told us, "Her health has improved since she had been living in the home, she is very happy here and settled in well". They said they felt it was due to the support she had received from skilled staff.
- Arrangements were in place for staff, who were new to care, to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and

knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.

- Staff were offered the opportunity to complete national vocational qualifications in health and social care. We spoke with the external training assessor who told us, "I've always been impressed with this home... I do feel staff have the opportunity to progress and are supported".
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People received varied and nutritious meals including a choice of fresh food and drinks.
- Care plans detailed the support people required at mealtimes and we observed staff assisting people to eat appropriately.
- The dining experience was positive. Tables were set with cutlery, glasses and jugs of squash. There was a relaxed atmosphere, the meal was unhurried, and people chatted with each other and with staff.
- People had a choice of meals and could change their mind and be offered an alternative if they wanted to. For example, one person was offered their meal of fish pie, who refused it and asked what else was on offer. The staff member asked if they would like the vegetable curry, which they accepted. When the staff member brought them the vegetable curry, they refused this and asked for eggs on toast. The staff member then returned to the kitchen and requested the eggs on toast. The person was then happy with their meal.
- The staff seemed attentive and were aware of the people who needed additional support which was provided.
- The provider employed a full-time nutritional manager who was passionate about their role. When people first came to live at the home, they met with people to assess and plan for their nutritional needs.
- People and their relatives were very complimentary about the nutritional manager. One relative told us, "[Person's name] watches mum like a hawk. Mum was losing weight and she built her up on the drinks, always being weighed and said to her what do you really like for breakfast and said egg on toast and she gets it".
- We spoke with the nutritional manager who told us how they had completed training for their role. They said, "I've learnt more about the fortifying: milkshakes, omelettes, mashed potato and it has done me a favour as it has shown me how you can increase the calorie intake even in the gravy. One of my favourite residents when they first came here was 6St 6lbs and with my work and input she is now 10St 10lbs. I take it really seriously and one of the main things for me is that the food meets their needs and it is what they want".
- The provider had a café that people and their relatives could visit with a selection of snacks and drinks and have a chat in a relaxing environment.

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

- Care plans provided information about how people wished to receive care and support. The care plans viewed were quite generic in nature and would have benefitted from containing more detail. Some were not fully reflective of people's needs. We have described this in more detail in the 'Safe' and 'Well Led' key questions.
- There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people.
- Training had been undertaken on RESTORE2 and the tool was about to be implemented within the home. This is a national initiative designed to support homes to recognise, using clinical observations, that a resident may be deteriorating. It supports staff escalating any concerns quickly to health care professionals.

- A health professional told us, "NEWS2 box is completed by the home capturing what is normal for the resident, what observations would be safe, and the residents wants and wishes for active or conservative treatment. The home used NEWS to identify residents who had developed flu and wanted to go to hospital for treatment, the residents were conveyed to hospital and returned to the home following treatment".

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

- People were supported to access healthcare services when needed. A relative told us that her father was well looked after, and all the staff were very supportive to his health care needs.
- Records showed people were seen regularly by doctors, district nurses and chiropodists. A health professional told us, "I've no concerns they are always very keen to follow instructions and very responsive to patient's wellbeing".
- A health care professional told us how staff were successfully using a joint approach to the assessment and management of skin tears. This included a skin tear huddle, which helped to identify if the skin damage was preventable and any risk factors that might prevent healing.

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

- The environment had been decorated and accessorised to provide a positive and suitable environment for the people who lived there.
- The home was suitable to meet the physical care needs of people, with wide corridors and doorways, and bedrooms large enough for the use of any specialist equipment required.
- One area of the home had recently been decorated and most doors within this area had been painted different pastel colours to aid people in recognising their room.

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.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We received a mixed response about people being treated with respect. One person told us, "The other day I was asking for help, by calling out to staff to get help to get out of bed and I was told off for calling out. In the end I was left quite some time before I was taken for my breakfast in my dressing gown. I was so humiliated. A relative told us, "There are not enough carers and its often as late as 11.30 or later before mum gets dressed, which is not her choice. Often, I have found mum in the lounge in her dressing gown and she is saying she has just been 'dumped here'". However, one person told us, "The attitudes of staff are very kind and caring and it's not too much trouble to help me whenever its needed". We received many more positive comments about the caring nature of staff which we have reported on in the next section of this report
- Staff we spoke with understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One staff member told us, "I don't look at them as if they are a patient, client or resident I see them as no different to my mum and dad and they want to be treated with nothing but dignity and respect and that is my job to do that".
- Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves. One staff member told us, "I get them to do as much as they can themselves. I keep trying to encourage them to wash their face and use their hands a bit more, try and get them to hold their cups themselves, sometimes they are just a bit sleepy and just need some encouragement and prompts how to hold their coffee themselves. [Person's name] had a family member a couple of weeks ago who couldn't believe he held his cup himself. It was lovely he was sat there with his legs crossed relaxed drinking it normally. I find it helps his fine motor and helping his finger movement".

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

- People and their relatives did not always feel involved in reviewing their care needs and care plans. One person told us, "I cannot remember ever having a review of my care plan". Senior staff reviewed, and updated peoples care plans monthly. However, many of the reviews had very little information, often recording 'no changes. There was no clear analysis of whether any interventions were effective. There were also care plans that were not currently relevant due to changes and there was little evidence of changes to care plans outside of the planned monthly review.
- All the people we spoke with and their relatives stated that there were no restrictions to visiting times for visitors.

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

- People and their relatives told us staff were caring. One person told us, "I feel the staff here are not appreciated enough for what they all do for us...they are wonderful". A relative told us, "I cannot praise the staff enough for their kindness when they support my father". Another relative told us, "On the whole staff are kind and patient with him." A friend stated that whenever she visited she had observed very friendly, caring and courteous members of staff who were always available if people needed any support.
- We spoke with an external training assessor. They told us staff were, "Very, very caring, as part of the apprenticeships, we have to do an end assessment where we have to speak to two people receiving care and ask how they feel about the care they receive. One of the feedbacks I had recently was very positive, very person centred. [The person had said] If they wanted a drink at 3 O'clock in the morning, they can have one so yes very caring whatever they want they can have".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I feel happier going to work in the morning and genuinely look forward to seeing the residents".
- At the time of inspection, we observed Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. Staff communication with people was warm and friendly, showing a caring attitude.

Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

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

- Overall care plans contained some good person-centred information. For example, there was a clear description of how to communicate with a person with a hearing impairment. The persons records contained information to help staff understand and engage them in conversation. However, for people who had stated their religious belief there was no reference to how this need was going to be supported in their care plans.
- Staff clearly knew the residents well and they had good relationships with relatives. Staff were able to answer any queries we asked them regarding people's care.
- People and their relatives were happy with the activities. One person told us, "The activities are quite good, and we do quite a few things in the lounge. I like the exercises, especially the balloons. I also like the singing, music and bingo". A relative told us, Mum had a birthday on Sunday and they arranged the singer that mums love to come on Sunday, for mum's birthday. We were all up dancing".
- On the first day of our inspection we observed the activity coordinator encouraging people to get involved in a craft session with a theme of Australia. People were observed to be enjoying painting boomerangs to be later displayed on the large display board in the lounge.
- Records showed an activities satisfaction questionnaire had been sent to people in March 2019 asking people, 'where would you like to go on the around the world with Engleburn?' We saw a reply from one person stating Australia.
- Other activities included, a gardening club with table top gardening, doughnut making, knit and natter club, fruity Friday where people are provided with a selection of exotic fruits to try, reminiscence, exercises, quizzes and singalong sessions. Outside entertainers also visited the service.
- We spoke with one of the activities coordinators who were very positive about their role. They told us the best thing about the role was that they got to know each person's likes and dislikes.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was partly meeting this standard.
- We saw for one person who had English as a second language carried a flash card booklet with pictures of actions, phrases, food and drinks to support them with their communication needs.

End of life care and support

- Care plans were in place to provide staff with guidance on people's preferences and wishes in relation to end of life care.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Staff worked closely with a range of healthcare professionals to ensure that people received a pain free and dignified death.

- The provider had achieved the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.
- Staff reported a 'good bond' with relatives who they continued to support relatives after a loved one passed away. Some relatives who had people who passed away in the home still dropped in for coffee mornings or to attend events. One staff member told us, "when end of life they let relatives stay and set them up a nice area in their room and let you be with them. I think the EOL care is really good, not just when they are passing but after they have passed away I have witnessed the aftercare".

Improving care quality in response to complaints or concerns

- Most people were unaware of how to make a complaint but stated that if they were unhappy they would speak to someone, either a carer or senior carer. One relative told us, "If I have any concerns they do something about it. Its sorted".
- The provider had a complaints procedure in place which was available to take away in a leaflet form in reception. This detailed the timeframes within which the complaints would be responded to.
- Records showed complaints had been responded to in writing or management had met with people or their relatives in person.
- At the time of our inspection there was an ongoing complaint in progress.

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.

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

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

- One relative told us, "Management are approachable. We are all told don't ever go out of the door with a worry on your mind always ask if worried. There are five of us in our family, we are all pleased with the care mum has got". A health professional told us, "The manager is supportive of quality improvements as she can see that it will have an impact on the quality of care for the resident". However, one relative told us, "There are more chiefs than people on the floor, and initially the office door to the manager was open...now it always seems closed".
- The governance arrangements needed to be strengthened and developed.
- Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection such as the concerns about the care plans and risk assessments.
- For example, one person was admitted for a three-week respite stay. There was a care plan in place for the initial admission. The risk assessment recorded that the person was fully continent, however the care plan suggested that the person was not continent. There was no clear care plan in place to support the person to manage their continence needs with a view to returning home. Staff informed us they didn't believe the person was continent on admission. Therefore, either the risk assessment or the care plan was inaccurate. This meant the oversight of the assessment, monitoring and mitigation of risks was not robust.
- On the first day of our inspection the medicine round was held up due to the key being taken by another senior carer to access the medication fridge downstairs. They did not return the key therefore the senior carer administering the medication had to continue the round, leaving the drugs trolley unlocked for the remainder of the round. We observed for the remaining three people, the screen was left on with people's information accessible for visitors to see as the trolley was in front of the lift. We recommend the provider review their medicine procedure in line with best practice to prevent reoccurrence.
- Management completed a daily walk around of the home. This was a visual check of the home and to identify any problems such as: offensive odours and any health and safety concerns. Records showed that a room was identified as having an offensive smell. However, there was no evidence that action had been taken in response. We spoke with the registered manager who told us they met daily with the heads of departments to discuss which areas needed focus but that this was not always recorded on the daily walk around form.
- Staff felt very supported by the registered manager and management. One staff member told us, "I can go to anyone really, they are all helpful and friendly and I never feel I can't ask anything or feel embarrassed. I actually enjoy coming to work". Another staff member said, "[registered managers name] is very friendly,

very professional". A third staff member said, "She always has the door open I feel. She never has the chance to do work as we are always in and out I feel".

- The external training assessor told us, "I feel the managers are supportive of the staff. I have experienced a few personal situations where staff have had times where they needed time off and they were very supportive, they enjoy the training they receive. I do feel that here they are very good with the staff structure and are very supportive".

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

- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. For example, a suggestion had been made to put lamps in the sitting area as the main lights were too bright and this had been actioned.

- A coffee morning was held weekly for people and their relatives. Senior staff made themselves available to have a chat and answer any queries people may have.

- The provider sought feedback on the quality of the service using a quality assurance survey sent to people and their families. The feedback from the latest survey in November 2018 and February 2019 showed people were very satisfied with the service and the care provided. We saw lots of positive comments including, 'staff at Engleburn always prepared to listen to any concerns very kind and caring'.

- Staff were supported by regular team meetings. One staff member told us, "Team meetings are once a month, but if we have any concerns before that we can go to [staff member name]. We also get sent a newsletter every month with our wage slip which tells us about the home and what is coming up. Also, at handover we can express any concerns, things can be brought up that other carers might not know and makes it easier for everyone to know what is going on".

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

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Working in partnership with others

- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team. One health professional told us, "I have a good working relationship with the home, the manager and deputy regularly attend my managers forum and are supportive of quality improvement projects, they will also contact me for advice".

- The service also worked closely with the local college to improve learning for staff. The external training assessor told us, "They are a good home and I recommend them to friends who have relatives needing the care environment ..., I think there is nothing they need to improve".