

Bupa Care Homes (GL) Limited

# Westcombe Park Care Home

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Westcombe Park Care Home is a nursing home that provides nursing and personal care for adults. It accommodates up to 49 people in one adapted building. At the time of the inspection 44 people were using the service.

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

At the last inspection we had found concerns in respect of medicines management, an absence of person-centred care records and care planning, consent to care and the quality assurance system. At this inspection we found improvements had been made in all these areas and the provider was no longer in breach of these regulations. However, some improvements were still needed in relation to people's care records and the quality assurance system to ensure the improvements were consistently maintained and that the issues we identified at this inspection were acted on consistently.

We also found that people were not always protected from restrictive treatment. As they were not always supported in accordance with conditions included in Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS are the authorisations to restrict people's liberty where they may lack capacity to make a decision for their own safety.

Some improvements were needed to staff training and supervision, to ensure staff had support across all areas of their roles.

We have made a recommendation that the provider source suitable end of life training for staff.

People's protected characteristics were identified but not always consistently assessed or planned for. Improvements were needed to be assured that people who were nursed in bed or in their rooms received enough stimulation and social interaction, in line with their needs.

People told us they felt safe and well looked after. Risks to people were assessed and staff had guidance to reduce risk. The home was clean throughout and staff understood how to reduce infection risks. People and their relatives told us they thought there were enough staff. Safe recruitment practices were in place and medicines were safely managed. Health professionals spoke positively about the way the staff worked with them.

People were complementary about the catering at the home and told us they enjoyed their meals. They told us their health care needs were met, that staff were warm, kind and caring, and that they were treated with respect and dignity. People's communication needs were assessed and there were a range of activities for people to take part in. People were supported to have maximum choice and control of their lives; and in their best interests; the policies and systems in the service supported this practice

There was a new manager in place who was successfully registered after the inspection. People, their

relatives and staff were positive about the manager's impact and said they were approachable and motivated to provide good care. People told us they felt their views about the service were listened to and acted on. Staff told us, and we observed that they worked well together. Some aspects of the provider's quality assurance system worked well to identify issues and improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published October 2018). We found four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of the previous regulations. However, some further improvements were required, and they were in breach of a new regulation. The rating for this service remains requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always 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.

# Westcombe 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

On the first day of the inspection the team was made up of two inspectors, a specialist 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. A single inspector returned on the second day to finish the inspection.

#### Service type

Westcombe Park is a care home that provides accommodation, nursing and personal care for older adults. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registering with the Care Quality Commission at the time of the inspection and who successfully registered following the inspection. 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

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioners to ask for their views. We used this information to plan our inspection.

#### During the inspection

We spoke with 16 people and five relatives. We observed the care provided in the communal areas and tracked people's care, to better understand their experiences and to check that it matched with their care records. We spoke with four nurses, two senior care workers, four care workers and the senior sister. We also spoke with the chef, the maintenance person, a member of housekeeping staff, the manager, the regional manager, one of the provider's dementia leads and two visiting health professionals.

We reviewed a range of records. This included eight care plans and seven staff records. We also reviewed records used to manage the service, for example, monitoring records, audits and meeting minutes.

#### After the inspection

We requested some further information to be sent to us for example, in relation to staff training that was held centrally by the provider

# 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.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks in relation to the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We found medicines were safely managed. Medicines administration records were completed accurately. The temperatures of storage areas were monitored to ensure medicines were stored effectively. Patient safety alerts in relation to medicines and any medicines errors were acted on appropriately. Staff understood about the safe disposal of medicines. Controlled Drugs were stored and administered safely.
- People and their relatives told us they received their medicines when they should. One person said, "They are very good. They always tell me it is time for my medication and show me what they are doing." A relative told us, "The staff are very careful and clear about medication."
- Staff who administered medicines received regular training and had their competencies assessed regularly to ensure their practice was up to date.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect or discrimination. People and their relatives told us they felt safe at the service. One person said, "Yes, the staff really care and look after us." A relative commented, "We all have a feeling of relief that my [family member] is safe and so well looked after; the staff here really do care."
- Staff received safeguarding training. They were aware of their responsibilities to safeguard people including the actions to take if they had any concerns. They were also aware of how to raise any concerns in line with the provider's whistleblowing policy but expressed confidence that any concerns raised would be addressed by the manager.
- The manager was aware of their responsibilities to safeguard people. They had raised alerts appropriately and cooperated with the local authority where investigations were carried out.

### Assessing risk, safety monitoring and management

- Risks to people were identified and assessed, and there was guidance in place to reduce risks. For example, where people smoked there was a safe smoking risk assessment in place which identified a management plan for the possible risks. Where people had health needs such as specialist feeding regimes,

wounds or other health care needs, or where they were at risk of falls, these risks had been assessed and reviewed regularly.

- Where people had been assessed as being at risk of choking and needed modified diets, we found there was some discrepancy in the records in people's care plans and the records in the kitchen. However, we tracked staff practice and found people received the correct diet as assessed by health professionals. We discussed this with the manager and the records were amended during the inspection. Where people were nursed in bed and required support to eat we saw they were safely positioned to reduce choking risks.
- Risk in relation to emergencies were identified and planned for. Fire risk assessments were carried out regularly and any actions identified were addressed. Staff received fire safety training and took part in regular fire drills. People had an emergency evacuation plans in place. We observed that where people were nursed in bed or spent time in their rooms, their call bells were placed near them to ensure they were accessible.
- Risks in relation to premises and equipment were managed through a robust system of internal and external checks, including checks on hot water temperatures, bed rails, fire, gas and electrical safety and lifting equipment. Regular legionella risk assessments and monitoring checks were completed to help identify and reduce possible risks.

#### Learning lessons when things go wrong

- The provider had a process to ensure learning in relation to people's care and treatment was identified and shared with staff. Staff completed accident and incident forms which were reviewed by the manager to ensure appropriate action was taken and to identify any potential learning.
- The provider monitored accidents incidents, safeguarding and complaints to ensure a timely response and that any learning was identified. For example, learning from a safeguarding investigation in relation to the need for a personal inventory of people's belongings when they came to stay at Westcombe Park had been acted on. Relevant training had been arranged in response to concerns about staff knowledge in relation to sepsis.

#### Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives told us they thought there were enough staff; although they could be very busy at times. One person remarked, "There are always people around to chat to. The staff have lots to do, but when they can they will sit and have a chat." A relative said, "No problems at all; the staff are always around, always willing to help. So much better here than other homes."
- We observed the care throughout the day and did not see anyone waiting for support. The manager told us they did not use agency staff as they had enough bank staff they could call on in an emergency.
- We had some mixed feedback from staff who said there were times when it was difficult to arrange cover for sickness absence at short notice. We discussed this with the manager who told us they could usually get someone to cover unless it was very short notice, when they may not arrive straight away. Staff rotas matched with the assessed staffing needs of the home. The manager told us these were reviewed regularly to ensure there were enough staff.
- Call bell response times were monitored and any delays in response investigated. People told us that call bells were usually answered promptly, day or night. One person said, "Generally they come quite quickly when I press the bell and they chat to me and ask how I am doing."
- Full employment checks were completed before staff started working with people, in line with regulatory requirements. Nurses registrations were checked and monitored to ensure they remained in date and valid with the Nursing and Midwifery Council.

#### Preventing and controlling infection



- The service was clean, free from odours and people were protected from the spread of infection. People and their relatives told us they thought the home was kept clean.
- Staff had received training in infection control and food hygiene. They confirmed they had access to a range of personal protective equipment such as gloves and aprons, and we saw these being used throughout the inspection. Where people needed to mobilise using equipment we saw they had individual slings, in line with infection control guidance.
- The kitchen had been awarded a five-star rating for food hygiene since the last inspection, the highest possible rating.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection the provider had failed to ensure their arrangements to obtain consent followed law and guidance. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- However, we found that the provider was unable to demonstrate that they were meeting the requirements of conditions placed on five people's DoLS authorisations. This meant the authorisations had not been complied with lawfully.

This was 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.

The regional manager told us that a condition on one person's DoLS authorisation had been previously met and was no longer relevant, and that another was, in their view, the responsibility of a health professional. However, there were no records to demonstrate that these conditions had been queried with the authorising authority. Action was taken during the inspection to start to resolve these issues.

- There were improvements to staff understanding of MCA since the last inspection. Where people lacked capacity for a decision; there were capacity assessments for separate decisions and best interests' decision records. However, further improvement was required because this process was not consistently followed.

We found two best interests decisions recorded without an associated mental capacity assessment. MCA records and best interests' decision records were not always accurately completed.

- Staff told us they received training on MCA and had access to reference information to remind them of the principles of the MCA.
- People told us staff sought their consent before they provided care. One person remarked, "Yes, they do ask before they do anything and are kind and treat me with dignity." Throughout our inspection we observed staff seeking consent from people before they supported them in a warm and caring way.

Staff support: induction, training, skills and experience

- People told us they thought staff were competent. One person said, "Yes they all seem to know what they are doing." However, some areas of staff training, and support required improvement. Staff told us they needed more training on supporting people living with dementia. They were also not always precise in the way they described different modified diets and were not aware of recent guidance. We discussed this with the management team who showed us details of new training programmes for staff due to start, which would address these issues. We will check on the progress with this at the next inspection.
- Staff also commented that they needed training to support people at the end of their lives. End of life training was not listed on the provider's mandatory training programme we were shown. While there was nobody at this stage of their lives at the inspection people could be admitted to Westcombe Park for end of life care.

We recommend the provider source suitable end of life training for staff.

- Staff told us they received training, competency assessments and supervision, and felt supported in their roles. However, 22 out of 35 care staff had only had one supervision in 2019 when the provider's policy was for four a year. The manager told us they would be addressing this with the new clinical services manager as a priority.
- New staff received an induction in line with the Care Certificate (the framework for training for staff new to health and social care). Staff received regular refresher training on a range of areas the provider considered staff needed to support people's needs.

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

- Assessments of people's needs were carried out in consultation with them, their representatives and, where appropriate, health or social care professionals. This was done to understand if the home could safely meet people's needs and to start to inform their care planning.
- The home used risk assessment tools in line with guidance as part of planning their care delivery. The assessment framework included consideration of people's protected characteristics and preferences. However, some improvement was needed to ensure these were consistently met. For example, one person's assessment identified them as having religious needs, but these were not stated to establish if they needed support. Another person's cultural needs in relation to their diet had not been fully assessed to ensure staff could support them effectively.

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

- People spoke favourably of the food provided. They said there were choices of what they wanted to eat, and the quality and quantity of food was good. One person said, "The food is very good, I love the way they do the eggs just like my mum used to make." A relative commented, "We love the food here; sometimes they ask us to join in and we can sit with our [family member]. We can see there is a fantastic choice and the cook really wants to know what everyone wants."
- People confirmed they were offered enough to eat and drink. One person said, "The food is very good;

always a great choice, plenty of drinks and the staff bring me a cup of tea several times a day." We observed this to be the case. Where people were at risk of malnutrition or dehydration, staff monitored their weight and food and fluid intake. Staff also made referrals to dieticians or speech and language therapists where needed, to ensure appropriate guidance was available for staff on managing identified risks associated with eating and drinking.

- People's food preferences and any allergies were recorded in their care plans and in the records in the kitchen. People had access to adaptive cutlery or crockery to help support them to eat independently where needed.

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

- People told us they were supported to maintain their health and that staff were quick to respond if they saw any decline in their well-being. One person said, "You only have to ask the nurse in the morning if you need to see the doctor and the optician or dentist."

- People's health needs were recorded in their care plans with guidance for staff on how to support them, where appropriate. Care plans showed staff made appropriate and timely referrals to health professionals such as the GP, tissue viability nurse, podiatrist dentist or optician, when needed. A practice nurse and paramedic also supported the service with advice and input on people's health. Records of health professional visits were maintained to ensure people's needs were met.

- Health professionals gave positive feedback about staff making appropriate referrals and following the advice they gave. Where there had been a concern about a delay in not recognising the signs of sepsis this was being addressed through guidance from health professionals and training for all staff.

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

- The environment was suitably maintained and adapted to meet a range of needs. There were accessible toilets and bathrooms throughout the home. Hand rails were in place to support people when mobilising. Some rooms had their own en-suite facilities. People could move between floors to take part in activities and had access to the outside garden area.

- The service had not been adapted to demonstrate consideration for people living with dementia whose disorientation could progress. For example, there was an absence of appropriate picture signage to aid orientation and doors to people's rooms were unidentifiable. We did not observe any impact on people currently. The dementia lead told us they had started to work with the manager to look at adapting the environment for people's individual changing needs, including those people living with dementia. We will check on this at our next inspection.

# 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

- People and their relatives told us that staff were kind and caring. One person said, "The carers are so kind; they look after me well." A relative commented, "I have observed the staff here being very thorough, kind and supportive." We observed staff to be considerate and helpful during our inspection.
- We observed staff listen to and engage warmly with people. People told us staff were gentle when they repositioned them or helped them to mobilise and we observed this to be the case. One person told us, "The staff are kind; they do everything they can to help me, the main thing is they care. Always here, always caring." Health professionals gave positive feedback about their observations of the caring nature of the staff.
- Staff knew people well and were able to describe their routines and preferences. Where people were nursed in bed we saw they appreciated the care and support they received from familiar staff. A relative told us, "The staff take such a pride in their work and really think about what they are doing, we know they are very kind."
- Staff worked in ways which took people's spiritual and cultural needs into account. For example, the service had translated information such as the complaints policy for people whose first language was not English. There were communication cards for staff to be able to interact using simple phrases. Where there were staff who spoke the same language, they spent some time conversing with people. One person had a newspaper from their country of origin delivered.

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

- People and their relatives told us they were involved in care planning and making decisions about their care. We observed people were consulted about day to day decisions such as where they wanted to eat their meal, or if they wished to take part in an activity. One person told us, "The staff are good and talk to me and ask me what I think."
- Staff understood how to communicate with people to help them make choices and express their views. For example, staff showed us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate their preferences in how they were supported.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and privacy and encouraged their independence. We observed they knocked on people's bedroom doors before entering, called people by their preferred names and ensured bedroom doors were shut when they provided personal care. Staff explained how they tried to encourage

people's independence by ensuring they were supported to manage those personal care tasks they could do for themselves. One staff member said, "It's important that people are encouraged to do things they can for themselves like wash or put some of their clothes on."

- People and their relatives said they felt their dignity and privacy was respected. One person told us, "Absolutely, they cannot do enough for me and respect my dignity. The staff here are very kind and do everything they can to help me." A relative remarked, "Dignity and respect is so important to us as a family and we have no concerns here; we know the home values that very much."
- Staff were aware of the importance of keeping people's information confidential. Records were kept in lockable cabinets and staff spoke discreetly with people to ensure their privacy was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement' At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people's care plans were complete or reflected their current needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to people's care plans which overall reflected people's current needs and were regularly reviewed. However, further improvement was needed to ensure these records were consistently maintained. For example, one care folder had advice for staff from a health professional to support someone's mental health needs, but this was not included in their care plan. We found no impact at the inspection but there was a risk the guidance may not always followed. Oxygen care plans were not sufficiently detailed to record the full level of care that was provided.
- People and their relatives told us they felt the care they received was personalised to their needs and that they were involved in the planning and review of their care. A relative said, "The staff here keep us well informed and we do discuss any changes that are needed." Care plans detailed the full range of people's needs and included their preferences and dislikes in respect of their care.

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.

- People's communication needs were identified before they came to the home and any support they needed was identified as part of their care plan. The manager told us that documents could be made available in accessible formats or in braille if required. The activities timetable was made available for people in large font to make it easier to read.
- Where people had sensory impairments their care plans detailed the support they needed to ensure their communication needs were met. For example, the need to change batteries where people used a hearing device.

Supporting people to develop and maintain relationships to avoid social isolation

- Some improvements were needed to reduce the risk of isolation for people nursed in bed. One person told us, "I don't get to see the other residents much or get down where the activities are, it's such a problem to get me in a chair so I don't get to see other people very much." Records showed that staff had recently been offering more regular one to one activity support to people in their rooms. However, we found significant gaps in recording from previous months and it was not clear how much social interaction people experienced or if their expressed preferences were met. For example, the care plans for two people nursed in bed identified that they enjoyed visiting the garden, which they were able to do with staff support. We were unable to identify whether they had been into the garden over the last five months from the provider's activity records.
- We discussed this with the manager, and activities coordinators who told us there were gaps in records. They said people were brought down for activities or to go outside, and there were other times when staff spent time with them in their rooms.
- We saw people were supported to access the lounge from all floors and they told us there was a range of different activities they enjoyed. One person said, "Every day there are different things to do." The activity timetable was given to people, so they knew in advance what was happening at the home. We saw this included a wide range of different entertainment. A local nursery visited regularly.
- Some people expressed a wish to go out more often. The activity coordinators said there had been some outings but a problem with the transport had meant this had not happened recently. However, they were due to have another outing later this month.

#### Improving care quality in response to complaints or concerns

- People told us they had not needed to make a complaint but felt sure if they did it would be addressed promptly. One person said, "I would go straight to the manager; they would always sort any situation. If it was a small issue I would ask the staff." A relative told us that the manager had raised a complaint on their behalf with another service concerning their family member's care.
- There was a complaints policy available to people and their relatives. The manager maintained a complaints log to identify any learning. This included any concerns raised with the home verbally. These had been responded to in line with the provider's complaints policy.

#### End of life care and support

- People had advanced care plans that summarised their needs at this stage of their lives. The regional manager told us that when needed, a more detailed care plan was put in place in consultation with the person their family, health professionals and the local hospice.



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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there were failings in the provider's quality assurance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, some further improvements were required to ensure the quality assurance system was sufficiently robust.

- The provider's quality assurance system had not picked up the concerns we identified in relation to conditions in DoLS authorisations, or the need for end of life care training. Care plan audits had not always identified issues where people's care records lacked consistency or were incomplete. Repositioning charts were not always consistently completed in line with the requirements of people's care plans, to help demonstrate their needs had been met. We found three staff induction booklets that had not been fully completed to evidence that staff had received a full induction which had not been identified by the provider. Staff competency assessments were not always completed in a timely manner or in line with the provider's timescales.
- While several of these issues were addressed at, or following the inspection, the quality assurance system needed improvement to ensure any areas in need of improvement were consistently identified.
- We also found positive aspects to the quality assurance system where improvements had been made. Regular medicines audits had been conducted and any issues that had been identified were followed up with staff. Audits had been carried out to monitor other aspects of the service such as health and safety, the kitchen and meal time experience and infection control. The provider also monitored key aspects of care delivery and performance through monitoring of information given by the manager and visits from the regional manager.
- The manager was going through the registration process at the time of the inspection and their registration application was approved during the inspection. They had only been at the service for a few months and this was their first role as manager. They had also recently lost the clinical services manager, although a new one had been appointed, they had not yet started. They had been supported through mentoring from other managers and the support of a relief manager.

- The manager understood the responsibilities of a registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating at the home and on their website. We saw the rating was displayed, as required.

#### Continuous learning and improving care

- The manager conducted regular walk rounds and night spot checks to monitor the care across the home. Heads of department meetings ensured there was good communication across the home to identify any areas for action. Clinical meetings tracked people's health care needs to ensure any changes were swiftly identified and acted on and progress or deterioration monitored.

- The manager had an improvement plan they were working on which showed evidence of some progress against the actions that had been identified. For example, sepsis training and improvements to records to support people with diabetes had been put in place as part of the plan. The manager was also supported through monitoring visits from the regional manager which also identified and tracked improvements. For example, the most recent monitoring visit in July 2019 had checked and confirmed that actions from a previous medicines audit had been completed.

- Learning from any incidents, safeguarding or complaints was shared with staff. For example, staff were aware of a recent concern about oral care and this had been discussed in staff meetings at the home to ensure the issue was appropriately managed.

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

- People and their relatives told us they thought the home was well managed. One person said, "There are very happy staff here, so I would say the home is well led." A relative told us, "The manager really does make this home and all the staff. Everyone is easy to talk to and everyone really does want to help."

- Staff told us that the manager was supportive and very visible on the floors. They described the manager as being committed to ensuring people received good quality care. One staff member told us, "The manager's door is always open they are really approachable. She is always on the floors and does like things done properly."

- Staff told us they worked well as a team and we observed this to be the case. One staff member said, "We do work as team well here, we all pull together."

- Staff told us they understood their roles and responsibilities. The management team held regular meetings with staff across the home to ensure good communication about people's care.

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 manager was aware of their responsibilities under the duty of candour and the processes and policy they should follow.

- They told us, and we observed that they had an open door for people and their relatives to discuss any areas they were concerned about. The manager told us they were motivated to provide good quality care and was open to learning from any source. They recognised that there were always ways to make improvements or consider how best to do things

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

- People and their relatives said they were asked for their views about the service through regular meetings and surveys. One person said, "I think they do listen to our opinions, I will always say."

- Annual surveys were carried out with both people and staff to gain their views on how the service was run. The responses to the surveys showed that people's experience of using the service was positive overall.

- There was a 'You said, we did notice' that informed people and their relatives how any issues raised had been addressed. There was also a 'Speak up' notice inviting people to raise any concerns with staff, if they had them. A comments box was also on display in the reception area for people, relatives and visitors to make any suggestions.
- Regular relatives and resident meetings were held to update people about the service and seek their views. People told us they thought these were helpful. One person commented, "I can pass my thoughts to the staff; they will listen." A relative remarked, "There are regular resident and relative meetings. My sister always attends, and I understand they are informative and there is an opportunity to feedback and raise general issues."

#### Working in partnership with others

- The manager and staff team sought to develop positive working relationships with health and social care professionals to help ensure people received good quality care. We received positive feedback from health professionals on the way staff engaged with them.
- The local authority carried out service monitoring visits to review the provider's service provision. The registered manager and provider acted on any feedback they received as a result of these visits. For example, gaps in medicines records identified at their last visit had been acted on.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People were being deprived of their liberty without lawful authority as conditions within the authorisations were not being followed. Regulation 13 (5)