

Willow Grange Care Limited

# Willow Grange Nursing Home

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Willow Grange Nursing Home is a care home providing nursing and/or personal care to 33 people aged 45 and over at the time of the inspection. The service can accommodate and support up to 44 people in a single adapted three-storey building. The service supports people living with a range of care needs, including those associated with dementia, physical disabilities, acquired brain injuries, mental ill health, learning disabilities, sensory impairment and complex health conditions, such as diabetes.

### People's experience of using this service

At the service's last inspection, before the it was registered with the current provider they were rated requires improvement overall and there were multiple breaches of regulations in relation staff working practices, their training and deployment in the care home, activities and how quality monitoring systems were operated. t this inspection we found the provider had made enough improvements to ensure they were not in breach of regulations. This was because we found staff treated people with dignity and respect, people received personalised care and support from suitably trained and supported staff who were familiar with people's individual needs and wishes, people had more opportunities to choose to participate in meaningful social activities, and the providers new and existing quality monitoring systems were more effectively operated.

Similarly, most people using the service and their relatives told us the care home had significantly improved in the last six months under the leadership of the newly registered manager and her management team. A quote we received from a relative summed up how most people felt about the service - "The care has definitely got better. The new manager has done a great job employing lots of new nurses who know how to look after my [family member]. She [registered manager] is far more open to new ideas and approachable compared to the previous one."

People, their relatives and staff all spoke positively about the leadership approach of the newly registered manager. All the service's new managers demonstrated a good understanding of the importance of quality monitoring and analysing and learning lessons when things went wrong in order to continuously improve the care home. The managers involved people and staff in the running of the care home. They also worked in close partnership with community professionals and groups.

However, the provider will still need to demonstrate they can continue to effectively operate their new and existing quality monitoring and governance systems. We need to see the improvements described above can be sustained over a much longer period of time.

Progress made by the provider to continually improve the service will be assessed at their next inspection.

Since our last inspection the services main communal areas had all been repainted and furbished with new furniture, light fittings, flooring and soft furnishings.

However, the service still lacked any easy to understand pictorial signage, colour contrasting doors and walls and memory boxes to make the environment more suitable for people living with dementia. The provider had an action plan to display easy to understand pictorial signage and memory boxes near people's bedrooms.

Progress made by the provider to achieve these stated aims will also be assessed at the service's next inspection.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines safely and as prescribed. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. The premises were clean and staff followed relevant national guidelines regarding the prevention and control of infection.

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. People were offered well-balanced meals that meet their dietary needs and wishes, and were supported to stay healthy and well.

People were treated equally and had their human rights and diversity respected. People had their privacy respected. People were encouraged to make decisions about the care and support they received. People were supported to be as independent as they could and wanted to be.

People had their own individualised care plan for staff to follow. People's communication needs and preferences continued to be respected and met. People were aware of the providers' complaints policy and how to raise any concerns or complaints they may have. When people were nearing the end of their life, they continued to receive compassionate and supportive palliative care.

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 the last inspection

The last rating for this service was requires improvement (published 4 September 2018). Since this rating was awarded the registered provider of the service has changed. This was the first rating under the new provider since its registration in October 2018.

#### Why we inspected

This was a planned inspection based on our methodology, which states services must be inspected within 12 months of being reregistered with us.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was 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 ●

# Willow Grange Nursing 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

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

#### Service and service type

Willow Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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 two-day inspection was unannounced on the first day. Inspection activity started on 22 October 2019 and ended on 6 November 2019.

#### What we did

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We also received email feedback from a community pharmacist who regularly visited the service. We used all of this information to plan our inspection.

We spoke with six people who used the service and seven visiting relatives about their experience of the care provided at Willow Grange Nursing Home . We also talked with various managers and staff, including, the newly registered, area and deputy managers, three nurses, five support workers, a chef and an independent care consultant. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at a range of records that included five people's care plans, multiple medication administration record sheets and three staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example, the registered manager sent us all the outstanding Deprivation of Liberty Safeguards (DoLS) notifications we requested.

# Is the service safe?

## Our findings

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

This is the services first inspection since reregistering with us and we have rated this key question good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we received mixed feedback from people using the service, their relatives and staff about the way staff were deployed in the care home, which we discussed with the provider at that time.

- In the last six months the newly registered manager has successfully recruited a new deputy manager and a registered nurse. Furthermore, it is now the provider's policy that only qualified nurses can lead the shifts they are on and to help them in their role all the nurses have received management and leadership training. Several staff remarked they felt people using the service were kept safer now as nurse was always in day-to-day charge of delivering care. One staff member remarked, "The new manager has brought a lot of new nurses in, which has taken some of the pressure off us carers when it comes to running the shifts."
- Nursing and care staff were visibly present throughout the care home during our two-day inspection. For example, we observed staff on several occasions respond quickly to people's requests for assistance or to answer their questions. A relative told us, "They [staff] are never too far away... There is always enough staff about who come quickly when my [family member] uses her call bell to get some help."
- Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

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

- People were protected against the risk of avoidable harm and abuse.
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and staff whistleblowing policies and procedures in place. Staff had also received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I've had my safeguarding training recently and the managers are always reminding us to let them know if we are ever worried about how people are being looked after."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

### Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with peoples' mobility and falls, the safety of their environment, eating and drinking, skin integrity and behaviours that might be considered challenging.

- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to manage people's specific health care conditions, such as diabetes or epilepsy.
- There was clear guidance for staff to follow to help staff deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place for everyone who lived in the care home. These set out clearly the support they would need to safely evacuate the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

#### Using medicines safely

- Medicines systems were well organised and people received their prescribed medicines when they should. Several relatives told us staff always ensured their family members received the correct dosages of their prescribed medicines on time. One relative remarked, "I've never known staff to forget to give my [family member] his medicines on time."
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going management of medicines training and had their competency to continue doing so safely, assessed annually by a qualified nurse.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. No recording errors or omissions were found on completed medicines administration records [MARs] we looked at.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. In addition, an independent community pharmacist confirmed they regularly audited the services medicines handling arrangements. They told us, "The senior nurses who manage medicines in the home all take their responsibilities to do this safely very seriously...I recently visited the home to perform an unannounced medicines audit and found MAR charts were completed accurately, medicines were given on time and the nurses were competent."

#### Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe. Staff demonstrated a good understanding of these procedures which we observed follow throughout our inspection.
- The service looked and smelt clean throughout our inspection. People told us the service was always kept clean and free of offensive odours. One person remarked, "The place is always spotless."
- Staff had access to personal protective equipment and knew how to prevent the spread of infection. The provider had been awarded a satisfactory rating of four out of five stars on 18 October 2018 by the Food Standards Agency for their food hygiene practices.
- Records showed staff received on-going infection control and food hygiene training.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.



# Is the service effective?

## Our findings

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

This is the services first inspection since reregistering with us and we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had the right knowledge, skills and support they required to effectively carry out their nursing roles and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made to ensure the provider was not in breach of regulation 18.

- Staff received the right levels of up to date training they required to effectively meet people's health care needs and conditions. For example, nursing staff had completed training in the safe use of specialist medical equipment used by some people living in the care home, including syringe drivers, percutaneous endoscopic gastrostomy (PEG) feeding tubes and catheters. A syringe driver is a medical device used to administer a continuous infusion of drugs and PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach.
- The provider considered it mandatory for all new staff to complete a thorough induction and awareness training in dementia, mental ill health, learning disabilities, positively managing behaviours considered challenging, diabetes, epilepsy, and preventing and managing pressure sores. This ensured staff had the expected level of knowledge and skills they required to effectively meet the wide range of care and supports needs of everyone using the service.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

However, several staff told us they did not recall oral health care being covered as part of their mandatory induction or rolling refresher training, which managers confirmed. Despite this lack of formal training staff demonstrated good awareness of how to support people with their oral hygiene, cleaning teeth and denture cleaning.

We discussed this matter with the managers at the time of our inspection who all felt staff would benefit from receiving oral health training. The provider has agreed to make it a mandatory component of staff induction and their ongoing training programme.

Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

- Staff had sufficient opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line manager.

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

- At this inspection we saw pureed meals for people on soft diets were presented in an appetising way. For example, we saw at lunchtime on both days of our inspection the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs. In addition, the chef confirmed his catering team now used food moulds to ensure each item of the meals remained separate on the plate. This helped ensure the meals for people on a soft/pureed diet were well presented on a plate and looked more appetising to eat.
- People continued to be supported to access food and drink that met their dietary needs and requirements.
- People told us they were happy with the quality and choice of the meals they were offered at the service. One person told us, "The food is to my satisfaction... Good selection, enough vegetables and the chef is very good", while a second person's relative remarked, "The food is better than what it was... I can't fault it now."
- Staff demonstrated a good understanding of people's dietary needs and preferences.

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

- People lived in a suitably adapted and reasonably well-decorated care home that met their needs.
- The service's main communal areas had all recently been totally refurbished. For example, we saw the main open plan lounge/dining area had been repainted and had new furniture, light fittings, flooring and soft furnishings, such as new curtains and cushions. Several people told us they liked the way the communal areas had been decorated. A relative remarked, "It looks so much brighter and fresher in the lounge these days... I think more people want to sit and relax in the lounge now it's been done up so nicely."

However, we also saw the newly refurbished areas were not particularly dementia friendly environments and communal areas lacked any easy to understand pictorial signage, colour contrasting doors and walls and memory boxes near people's bedroom doors for people living with dementia. A memory box is a container placed outside a person's bedroom that holds special objects that are important to a person, such as photographs or ornaments. These adaptations would help people living with dementia in the care home orientate themselves and identify rooms that were important to them.

We discussed this matter with the managers who advised us the provider had already agreed actions plans to make the communal areas more suitable for people living with dementia within the next six months. This would be achieved by displaying easy to understand pictorial signage and memory boxes near people's bedrooms who were living with dementia and wished to have one. The registered manager also told us plans were already in place for people to be consulted about what colour they would like their bedroom walls and door painted as part of the providers on-going redecoration programme of the care home.

Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

## 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.

- People consented to the care and support they received from staff working at the service.
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS), despite most staff not having up to date MCA and DoLS training. For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks.
- Care plans detailed people's capacity to make their own decisions.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests in order to keep them safe.

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

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

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 stay healthy and well.
- People's care plans detailed their health care needs and conditions, and how staff should manage them. For example, we saw people's oral health care was assessed on admission to the care home and delivered by staff as part of an individual's care plan. A relative told us, "My [family member] has a toothbrush and paste in their room and staff make sure his teeth are cleaned."
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with their GP, various consultants overseeing people's specialist physical health care needs, community psychiatric nurses, occupational therapists, dentists, speech and language therapists, chiropodists and opticians. A relative told us, "I know dentists regularly visit my [family member] here to check their teeth."

# 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

This is the services first inspection since reregistering with us and we have rated this key question good. This meant people continued to be 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

- We observed staff who were assisting people to eat at mealtimes did so in a dignified manner. Staff achieved this by sitting on small stools next to people so they could be in the person's line of sight. We also saw staff frequently ask people if they were enjoying their meal or needed a drink during lunch time service in the main communal dining area on both days of our inspection.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described staff as "caring" and "friendly". One person told us, "The carers are polite, friendly and supportive", while a relative said, "I trust the staff who I think are all marvellous...The whole atmosphere here so much more peaceful, friendly and relaxed compared to a year ago."
- Records showed staff had received equality and diversity training in the last 12 months. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices.
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and were supported to be as independent as they could and wanted to be. A relative said, "My [family member] likes to be independent, so the staff encourage him to dress himself as far as he can."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- Staff had received privacy and dignity awareness and person-centred care training in the last 12 months. Staff demonstrated good awareness of how to respect and prompt people's rights to be treated with dignity and as an individual.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected.
- This was confirmed by several people who told us staff listened to them and acted upon what they had to say. One person said, "Staff always ask me what we want to eat, get up, wear and if I would like a bath...Staff do ask for my opinion", while a second person's relative said, "Staff encourage my [family member] to choose what they wear every day."

- People had regular opportunities to express their views at their care plan reviews and monthly residents meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

## Is the service responsive?

### Our findings

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

This is the services first inspection since reregistering with us and we have rated this key question 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

- People received personalised care that was tailored to their individual needs and wishes. Most relatives told us in the last six months since the new manager had been in post, staff knowledge of their family members care needs and preferences had significantly improved. One relative said, "Staff ensure my [family member] isn't left in bed too long in the morning or put to bed too early in the evening, which used to happen a lot under the old management." A second relative remarked, "The home still relies on agency staff, especially at the weekends, but they have managed to recruit a lot more permanent staff lately who got to know us and what we want and need."
- Staff were aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments gave them sufficiently detailed guidance about how to meet people's individual's needs and wishes. For example, during mealtimes we observed staff ensure vegetarians received their meat-free meals in accordance with their expressed wishes as set out in their care plan.
- People's care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. This enabled staff to offer people choices in line with their preferences.
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help develop and review care plans. If people's needs and wishes changed their care plan was updated to reflect this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The new manager had recently recruited more activities coordinators to help deliver their social activities programme for everyone living at this care home.
- Activities these coordinators had routinely organised in recent months included indoor bowling, dominos, 'pet therapy' with the homes new pet Guinea pigs, a daily matinee film club with popcorn, bingo, music therapy and weekly performances by various external entertainers. One relative told us, "The activity girls are very good", while another relative remarked, "On Saturday there is an entertainer and in the summer people often sit in the garden and there was a garden party one weekend."
- Weekly activity schedules and daily notes indicated people also had regular opportunities to participate in activities in the wider community. A relative told us, "Staff often take people out in the local community to the park or shopping."
- Care plans reflected people's social interests and needs.
- The service took appropriate action to protect people who preferred or needed to stay in their bedrooms

from social isolation. For example, throughout our two-day inspection we saw the activities coordinator spend time engaging with people who stayed in bed or in their rooms.

#### 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 information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the AIS. For example, the provider had recruited staff who spoke the same language as one person using the service who preferred to speak their first language.
- People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.
- Staff understood the AIS and communicated well with people. For example, we observed a member of staff talk to a person to reassure after they had become anxious in this person's first language, which their care plan clearly stated they preferred to use. This helped ease this person's distress. We also saw several instances of staff taking their time to speak slowly and clearly, as well as use easy to understand pictures, to enable people to make an informed choice about what they ate at mealtimes.

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

- The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. For example, a relative told us, "If there's anything I'm not happy with I can speak to the home... They [registered managers name] does listen to me and has responded well when I've raised concerns with her." A second relative remarked, "The system [complaints] works as it should... Nobody gets upset anymore about what you say to them about making the place better."
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months people had been satisfied with the way the registered manager had dealt with their concerns or formal complaints they had raised.

#### End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes.
- It was clear from comments we received from staff they had honoured the dying wishes of people who had recently passed away at the care home.
- The registered manager told us they regularly liaised with GPs and other health care professionals, including palliative care nurses and a local hospice, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.
- Records showed staff had completed up to date end of life care training.

# 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.

This is the services first inspection since reregistering with us and we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Steps had been taken by the new management team to improve the service's quality monitoring systems and it was clear from the feedback we received from them that they all recognised the importance of continuous learning and improvement. For example, since our last inspection daily 'walk around' tours of the building by managers had been introduced to observe staff working practices, the frequency of the unannounced quality monitoring visits by the independent care consultant the provider employed had been increased to quarterly and more nurses recruited who were now responsible for running each shift.
- Managers and nursing staff routinely carried out a range of audits and spot checks at the care home on staff working practices, record keeping and health and safety. For example, the area manager continued to routinely visit the home and carry out themed audits that focused on a different aspect of service delivery, while the registered manager and nurses regularly quality assured people's care plans and risk assessments, infection control and food hygiene systems, fire safety arrangements, complaints and safeguarding incidents and accidents.
- The registered manager also told us they now routinely analysed the findings of all the audits described above to identify any patterns and trends and to learn lessons about how they could do things better. We saw the provider had developed and implemented several action plans to improve the service they provided people. This had included action plans that had resulted in the appointment of new suitably experienced and competent registered, area and deputy managers and several new nurses to fill all the services nursing positions.

However, all the improvements described above notwithstanding, the provider will still need to demonstrate they can continue to effectively operate their new and existing quality monitoring and governance systems maintain these improvements over a much longer sustained period of time.

Progress made by the provider to continually improve the service will be assessed at their next inspection.

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

- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay. For example, changes or absences of the manager, events that stopped the service and incidents that adversely affect people live there, such as serious injuries, allegations of abuse and death.



However, the registered manager had not always notified about the outcomes of Deprivation of Liberty Safeguarding (DoLS) applications they had applied for and which had been authorised by the relevant local authority as required by the regulations.

We discussed this matter with the registered manager at the time of our inspection who was able to send all the outstanding DoLS notifications to the CQC by the second day of our inspection. We found no evidence during this inspection that people had been adversely affected by this failure to send us the DoLS information described above and we are confident similarly reporting incidents would not be repeated by the new registered manager.

- The services manager registered with the CQC in May 2019 and had been in operational day-to-day charge of the care home for the last 12 months since the former registered manager resigned in October 2018.
- There were clear management and staffing structures in place. The registered manager was supported by various managers and nursing staff including, a new area manager, a new deputy manager and a number of newly recruited registered nurses.
- People using the service, their relatives and staff all spoke positively about the way the service was now led by the registered manager. One relative told us, "I come here once a week and things seem to be working a lot better at the home since the new manager took over a year ago", while a second relative said, "It's getting better...The new manager has done everything we've asked them to do...She is really good."

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

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the service.
- People told us the new managers were more open and approachable than the previous leaders and felt they had greater opportunities to express their views about the care home. One person said, "She [registered manager] is very warm and listens to what is being said to her", while a second person's relative remarked, "[Registered managers name] is very approachable. She comes round and speaks to the residents and her office door is always open for me to speak with her."
- Records showed people had regular opportunities to talk to managers and staff during scheduled individual and group meetings with them and were routinely invited to complete satisfaction surveys about the service provided. The results of the most recent satisfaction survey indicated people were now much happier with the standard of care and support they now received at the care home compared to the previous survey.
- The registered manager gave us an example of a food comments book they had recently introduced, which allowed people using the service and their relatives to express their views about the quality of the food provided at the service. The chef told us they checked the aforementioned book daily for comments which they then used to help them plan next week's menu.

- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager and group meetings with their fellow co-workers. One member of staff told us, "The atmosphere is so much better here, which means the people living here are happier and so are the staff", while a second member of staff remarked, "I think we're [staff] so much happier working here now [name of new manager] is in charge...She does listen to us."

#### Working in partnership with others

- The provider worked in close partnership with various local authorities, health and social care professionals and community groups. This included local GPs, various consultants overseeing people's specialist physical health care needs, community psychiatric nurses, occupational therapists, dentists, speech and language therapists, chiropodists, opticians, social workers and palliative care nurses.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. The area manager gave us an example of how the provider had worked in close partnership with the local authority in the last 12 months to improve the service by continuously meeting and reviewing standards of care provided there. This helped to ensure people continued to receive the appropriate care and support they required.