

HC-One Oval Limited

Bakers Court Care Home

Inspection report

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London
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bakers Court Care Home is a nursing home providing personal and nursing care to up to 78 people aged 65 and over in one building across three floors. At the time of the inspection, 71 people were using the service.

People's experience of using this service

The provider had increased the numbers of staff on duty, but staff were not deployed effectively to meet people's needs. People did not receive a good dining experience. Care plans did not always include the level of detail needed to provide people with person-centred and safe care. The provider's quality assurance systems did not address the issues we found at this inspection.

People had risk assessments to minimise the risks of harm or abuse they may face. However, risk management plans were not always reviewed and updated when people's needs changed. Staff knew what action to take if they suspected somebody was being harmed or abused. Medicines were managed safely. People were protected from the risks associated with the spread 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's care needs were assessed before they began to use the service. Staff were supported to carry out their role with training, supervision and appraisals. People were supported to maintain their health. Staff understood their responsibilities under the Mental Capacity Act (2005).

Staff were knowledgeable about people's individual needs and they knew how to provide a personalised care service, although people's personal preferences were not always well documented. People's communication needs were met. The provider had a system in place to handle complaints. People who were at the end of their life had their wishes for their last days documented.

People and their relatives gave mixed feedback about the leadership of the service. Staff spoke positively about the management of the service. The provider held regular meetings for people using the service, their relatives and staff. The provider sought feedback from people using the service and relatives to identify areas for improvement. The provider worked in partnership with other agencies.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2019) and there were breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care of people using 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, effective 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always 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 ●

Bakers Court 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was carried out by three inspectors, an assistant inspector, a specialist nurse advisor and two experts 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. The experts by experience had experience of caring for older people and people who were living with dementia or a mental illness.

Service and service type

Bakers Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 since the last inspection. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and five relatives about their experience of the care provided. We also spoke with a visiting GP and a visiting nurse from the clinical commissioning group (CCG). We spoke with 14 members of staff including the registered manager, three nurses, five carers, the chef, head of housekeeping, two domestic staff and a wellbeing co-ordinator with responsibility for activities.

We reviewed a range of records. This included six people's care records including risk assessments. We looked at eight staff files, in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

The registered manager sent us documentation we requested including training data.

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 requires improvement. At this inspection this key question has remained the same. This meant 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.

Staffing and recruitment

At our last inspection the provider did not always ensure there were enough staff rostered on to keep people safe and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Relatives told us there were not enough staff. One relative said, "I don't think there are enough staff." Another relative said, "There's not enough of them [staff]."
- Records showed the provider had increased staffing levels throughout the home. However, staff were not being effectively deployed to ensure people were safe and their needs were met in a timely manner.
- During the inspection, we observed several instances where people were left in communal areas without staff present for at least 20 minutes. People were heard calling out for assistance at these times without a timely response.
- People told us they were sometimes left waiting for assistance. One person said, "Sometimes it can be a while, and in this lounge I can't reach the bell and it's not easy to get up. That is a bit of a problem."

This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection and informed us they had now allocated a staff member to the communal areas to assist people.

- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff before they began employment and regular updates for this were obtained to confirm continued suitability of staff.
- The service carried out checks to ensure nursing staff were registered with the nursing regulator and that this remained up to date. These checks ensured nurses remained competent to carry out their role.

Assessing risk, safety monitoring and management

- People had risk assessments carried out to protect them from the risks of harm they may face. Risks

assessed included skin integrity, nutrition, choking and mobility and were triangulated into care plans.

- The registered manager told us risk assessments were reviewed on a monthly basis or sooner if there was a change in need.
- However, we noted instances where risk assessments and corresponding care plans were not updated accordingly. For example, for one person who had a fall from their wheelchair on 4 September 2019, their care plan evaluation and falls risk assessment had not been updated to reflect this.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a system of carrying out generic risk assessments for situations such as the use of oxygen, exposure to high temperatures during a heat wave and using latex gloves for people using the service and staff.
- Building safety checks had been carried out as required including a yearly gas safety check and annual portable appliance testing.
- The service had an up to date fire risk assessment. The fire alarm was serviced on 16 March 2019 and fire equipment checked on 17 September 2019.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. One person told us, "Yes I do [feel safe]. They know what they are doing and are confident in doing it too."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.
- Staff understood what action to take if they suspected somebody was being harmed or abused. One staff member told us, "Stop the incident straight away. Speak to [registered manager] and then write up an incident log."
- Staff knew about whistleblowing. One staff member said, "I would contact the police or CQC if my company does not take any actions regarding serious abuse or allegations."

Using medicines safely

- Staff who administered medicines had the appropriate training and competency assessments to ensure medicines were given safely to people.
- Medicines were stored appropriately and at the recommended temperature in a locked cabinet and fridge in a locked room.
- Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
- People who required 'as needed' medicines had guidelines in place to inform staff how to administer these safely and appropriately.
- Medicine administration records were fully and accurately completed.
- Records were maintained of the quantities of medicines held in stock. However, we found in two units, a discrepancy of the amount of paracetamol in stock for one person where the amount in the box did not reconcile with the amount recorded.
- We raised this with the registered manager. We were confident these discrepancies would have been picked up by the provider's auditing system which included daily, weekly and monthly checks to ensure medicines were being managed safely.

Preventing and controlling infection

- People who used the service and relatives told us they were satisfied with the cleanliness of the premises. One person told us, "It's very clean here." A relative said, "The place is clean."

- The service had a team of domestic staff whose responsibility it was to keep the home clean.
- Records showed there was a cleaning schedule and checks which were up to date.
- Staff had access to handwash facilities and confirmed they had access to adequate amounts of personal protective equipment such as gloves and aprons.
- Staff from the domestic team told us care staff were responsible for cleaning up spillages particularly on bedrails and bumpers but did not always do this.
- We raised this with the registered manager who agreed to raise this at the general staff meeting to make sure all staff knew it was everybody's responsibility to clean up spillages.

Learning lessons when things go wrong

- The service kept records of accidents and incidents. This included a system of investigating serious incidents and recording actions taken to prevent or minimise their reoccurrence.
- The service also carried out an analysis for serious injuries including pressure ulcers and falls in order to identify ways to reduce or prevent them reoccurring.
- The registered manager and staff confirmed that lessons learnt were shared with unit managers at the daily meetings which were then shared with staff in the units.
- The registered manager gave us examples of lessons learnt. One example was as a result of a number of complaints relating to personal care, discussions around the importance of giving people choices, were had with staff during supervision.

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

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

At our last inspection we made a recommendation about providing a positive dining experience for people using the service. At this inspection we found improvements still needed to be made.

- We observed lunch on all floors. We noted people were not always offered condiments and there were no menus on the tables.
- People were shown the meal options on plates to help them make a choice. However, on one floor, the plates being shown to people still had the lids on which meant people could not see the choices.
- People were given three choices for the main meal of the day and had a choice of two flavoured squashes or water to drink. However, on one floor, although there was a jug of water available, nobody was offered any.
- We observed on another floor, the people who were brought to the dining room first were actually the last to be served their food. By the time they received their meal, many of the other people had finished.

This was a breach of Regulation 14 (meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager contacted us to inform us that the nurse in charge on each floor would now lead the meal service and ensure condiments were available for people. They also told us meals would now be served first in the dining room to make sure people had their food at the same time. A weekly audit would be carried out to ensure continuous improvement.

- People told us they enjoyed the food. One person told us, "The food is nice, they will get you other things if you don't fancy what is on the menu."
- The kitchen was well stocked with nutritious food including fresh fruit and vegetables. Food was appropriately stored with opened food covered and labelled.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation about supporting staff to carry out their role effectively because there were gaps in training. The provider had made improvements.

- People thought staff had the skills needed to provide them with care. One person told us, "They don't need telling, they are able to get on with it, they must have good training."
- Staff confirmed they received training and they found it useful. One staff member told us, "We do plenty [of training] online. We learn new things."
- New staff received a three month induction which included completing e-learning and a minimum of two weeks shadowing more experienced staff.
- Training records showed staff were offered a range of training including health and safety topics such as fire safety and first aid.
- At the last inspection, records showed only 35% of staff were up to date with moving and handling training. Records now showed 85% of staff were up to date with their training.
- Additionally, at the last inspection, records showed no staff had completed dementia training. Records at this inspection showed all staff had now completed this.
- Staff were supported to carry out their role with regular supervision and annual appraisals. Records and staff confirmed this.

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

At our last inspection, we made a recommendation about documenting consent to receiving care and treatment. The provider had made improvements.

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). Res/Nursing homes.

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.

- People had signed to consent to their care plan, to their photograph being taken and to information being shared with relevant professionals. One person's care plan indicated they had the capacity but refused to sign to consent to care and had given verbal consent.
- Mental capacity assessments were completed for people in relation to giving their consent.
- Where people did not have capacity best interest decisions had been made and documented.
- At the time of this inspection, 31 people had a legally authorised DoLS in place and 35 people were awaiting the outcome of their application. The DoLS were in place or had been applied for because people required a level of supervision that may amount to their liberty being deprived.
- Staff understood the need to obtain consent before delivering care. One staff member told us, "I always ask [people using the service] what they want before helping them."

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

- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- The pre-admission assessment gave the reason for admission to the service and information about the person's needs in relation to medical conditions, communication, personal care and equipment required.

- Once a person began to use the service, a more comprehensive assessment was carried out and a detailed care plan was put together. Assessments included people's preference of gender of care staff and cultural needs.

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

- People confirmed staff helped them to maintain their health. Comments included, "They [staff] do everything for me" and "They [staff] do help me and I saw the doctor the other day."
- Relatives also confirmed staff helped their family member to maintain their health. One relative told us, "On the whole, my [relative] has done well and is much better."
- People were supported to maintain their health and attend healthcare appointments.
- Staff told us how they assisted people to have access to healthcare. One staff member told us, "We will contact the GP if there are any changes to their health. We also get letters from GP or hospital for their appointment."
- Care records confirmed that people had access to a range of healthcare professionals including optician, dietician, dentist and physiotherapy.
- People had health specific care plans included in their care plans such as catheter care, diabetes, and Parkinson's disease.

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

- The building was laid out across three floors which were accessible by a lift.
- Rooms were personalised and contained people's choice of pictures and photographs. Bedroom doors were styled like street doors to houses and were different colours to help people to recognise their room.
- The dementia unit contained a sensory garden alcove and a library alcove with a bench for people to sit on.
- We noted the décor of the home looked tired, and on the ground floor there was dried paint in the sink of one of the toilets and broken tiles in one of the bathrooms.
- We raised this with the registered manager who told us the home was undergoing a refurbishment programme which included planned redecoration.
- Following the inspection the registered manager sent us a copy of their home improvement plan. This plan showed seating, door handles and ceiling tiles had been replaced as part of the refurbishment programme. We saw this was the case at the inspection.
- The registered manager also informed us the dried paint had been removed from the sink in the toilet and provided evidence a repair of the broken bathroom tiles in the bathroom had been arranged.

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 requires good. At this inspection, this key question 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 told us staff were caring. Comments included, "I am happy here" and "[Staff] are very nice with everyone, jovial, very friendly and patient."
- Relatives told us staff were caring. Comments included, "They [staff] are lovely. They treat [relative] like family" and "[Staff] are compassionate."
- Staff explained how they got to know people using the service and their care needs. One staff member told us, "By showing love to them, you talk to them, you ask questions with respect."
- Staff understood equality and diversity. One staff member told us, "You have to respect people's differences and choices and support them fairly."
- We asked staff how they would support somebody who identified as lesbian, gay, bisexual or transgender. One staff member told us, "Same as another [person using the service]. We are here to help the [person]."
- We observed several instances where staff were kind and caring. A staff member told us, "You can't give anything if you don't give everything. With a little touch of the hand, people know that you care and you take the time."

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

- Staff described how they involved people in their care. One staff member said, "By asking [person] what they want, about their choices, likes and dislikes."
- The registered manager told us people using the service and their relatives were involved in their care from the time of the pre-admission assessment. They said, "They tell us their preferences and choices. We involve them in the care planning and when we do their monthly reviews."
- Staff documented in care records all contact with family and friends.
- The provider had a keyworking system in place where each person had a named nurse and named care staff member. A keyworker is a staff member who has the overall responsibility for the care a person receives.
- The service had a 'resident of the day' system in place where each day a person was made to feel special and had their care plan reviewed. Also, on this day, the person could have a special meal and an activity of their choice.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff explained how they promoted people's privacy and dignity. One staff member told us, "Knock on their door, meet and greet them. Tell them what you are going to do."

- Staff knew how to promote people's independence. One staff member said, "We allow them to brush their own teeth, hair and put on facial cream. If they can't do it, we are here to encourage them and demonstrate."

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider did not always ensure care plans were detailed and accurate. 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 in relation to care plans.

- Staff described in detail people's individual needs.
- Staff understood how to deliver a personalised care service. Comments included, "Each [person] is different. We need to look at their likes and dislikes" and "It is about the person, it is what they want and making sure they get that."
- People had a summary of their care needs at the front of their file. Care records contained people's life histories.
- Care plans were reviewed on a monthly basis or when a change in need was identified. Records showed people and their representatives were involved in the care reviewing process.
- On the whole care plans were person-centred. However, care plans for personal care lacked detail such as which toiletries, make up, perfume or aftershave the person preferred to use.
- The registered manager contacted us following the inspection to inform us there was now a plan in place to review all care plans to make sure they were personalised and reflected people's current needs. They also told us they had begun the reviewing process.

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.

- The registered manager was knowledgeable about how to ensure people are given information in a way they can understand. They told us, "I do make sure that I offer information in a way [people] can receive and understand."
- The registered manager told us they would contact the association for the blind to provide information in braille and gave examples of communicating with people who had a hearing impairment such as using electronic devices, sign language or making small print large.

- Care plans included information for staff on how to meet people's communication needs. One person's care plan stated, "You will need to face [person] when communicating. Speech can be slurred, speaks quietly."

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

- People were encouraged to maintain contact with family and friends.
- People had an activity plan in their care records. For example, one person's activities plan noted they liked to listen and watch gardening and nature programmes on the TV in their room, and they enjoyed having family visiting.
- We observed activities taking place on the top floor with an external facilitator. People were seen enjoying participating in the singing and exercise session and the facilitator was seen to actively engage people. The wellbeing co-ordinator told us, "[People] thoroughly enjoy it and go through it with him."
- A variety of activities were offered to people including hairdressing, massage, a weekly church service and visiting nuns giving holy communion.
- The well being co-ordinator told us they visited people who chose to stay in their bedrooms every day even if just to have a chat. They also told us visiting representatives from the church also visited people in their rooms to say prayers or sing hymns.

Improving care quality in response to complaints or concerns

- People knew how to complain if they were not happy with the service. One person said, "You'd just tell one of the [staff]. It's not a big problem, you just mention something and they will take care of it."
- One person told us they had told the nurse about the attitude of a care staff member and since then this had improved.
- Relatives told us they knew how to make a complaint, but some were reluctant to. One relative said, "We wouldn't complain. It's all about relationship and we wouldn't want any repercussions [for relative]."
- The provider kept a record of complaints and actions taken. These included the type and outcome of the complaint.
- Records showed eight complaints had been made since the last inspection. Where a complaint had been upheld or partially upheld, it was noted an apology had been made to the person and their relatives.

End of life care and support

- Staff understood how to deliver end of life care in a sensitive manner. One staff member told us, "We make sure [person] is supported with [their] needs, still give choices, make [them] comfortable."
- People who were at the end of their life had their end of life care wishes documented in an advanced care plan. This included the person's understanding of their prognosis, where they wished to spend their last days and who they wanted to be with them.
- People had a 'Do Not Attempt Cardiopulmonary Resuscitation' agreement in place where appropriate. These had been appropriately completed and signed by the GP and included consultation with relevant family members.

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 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.

Continuous learning and improving care

At our last inspection the provider's quality assurance systems did not always identify issues or were not always acted upon in a timely manner. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider and the registered manager had a system of carrying regular quality checks including health and safety, infection control and catering. However, the issues around staff deployment, the dining experience and care plans lacking detail were either not identified or actioned in a timely manner at the time of this inspection.

This is a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider kept a record of compliments made to the service. We saw 22 compliments had been made since the last inspection. One compliment stated, "Professionalism and courtesy provided great service."
- The provider carried out annual feedback surveys with people using the service and relatives. We reviewed the findings from the feedback survey carried out during 2019.
- The relatives survey produced mixed feedback. A positive comment stated, "I am very impressed at how Bakers Court operates, and I am very grateful to all the staff for their fantastic work."
- However, a negative comment in the relatives feedback stated, "No one ever answers the phone at the nurses station." We saw the provider had taken action to address this and had replaced all phone lines and old phones so all lines were now working.
- The survey for people using the service showed that some people felt there were not enough staff on duty to meet their needs. The provider had taken action by reviewing the staffing levels.

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

- Some people who used the service and some relatives spoke positively about the leadership of the service. One person told us, "The managers are good. They don't act like managers, just someone who is friendly who you could go to if you wanted."

- However, some people and relatives were not so positive. A relative told us, "I had been very happy. Now I've seen a gap in the system." This relative was referring to staff not being effectively deployed to ensure people's needs were met in a timely manner.
- Staff spoke positively about the leadership in the service. One staff member told us, "I do feel supported. They [management] do listen to us and take our suggestions on board."
- The registered manager held daily meetings every morning with representatives from each unit and department within the service. Records showed these meetings enabled the registered manager to stay updated on the wellbeing of people using the service and staff and to deal with any issues promptly.
- The provider had a system in place for staff finishing their shift to handover to staff taking over. Staff confirmed this was the case.

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 registered manager understood their responsibility to be open and transparent about incidents and safeguarding. They explained, "I believe if something goes wrong we need to own up and when we are wrong we need to apologise. Whatever happens you can't keep it a secret."
- The provider and registered manager understood their responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held regular meetings with people and relatives to keep them updated on service development. Topics discussed at these meetings included, housekeeping, laundry, maintenance, activities, food and snacks.
- Records showed action plans were written following these meetings and signed off when completed.
- The provider held monthly unit meetings for staff. We reviewed the minutes of the meetings held in each unit in August 2019. Topics discussed included the dining experience, training, call bell attendance times and the communication book.
- The provider held monthly meetings for nurses. We reviewed the minutes of the nurses meeting held in August 2019. Topics discussed included infection control, record keeping and completion of charts.
- The provider also held a meeting for all staff every three months. We reviewed the most recent meeting minutes for July 2019. Topics discussed included laundry, compliments and complaints, training and learning from coroners reports.
- Staff confirmed all staff were treated equally. One staff member told us, "Here we are a diverse team and they [provider and management] treat us equally and fairly."

Working in partnership with others

- The provider worked in partnership with other agencies.
- The registered manager told us they worked closely with the GP who visited the service twice a week and did referrals to healthcare professionals as needed. They also told us the service had access to end of life support from the local hospice.

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 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2) (a) (b) The provider did not ensure care and treatment was provided in a safe way for service users by assessing the risks to the health and safety of service users of receiving the care or treatment or by doing all that is reasonably practicable to mitigate such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs (1) (2) (c) The provider did not ensure the nutritional and hydration needs of service users were met through the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences, religious or cultural background. A positive dining experience was not provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (2) (a) The provider did not assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

The enforcement action we took:

We are issuing a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (1) The nutritional and hydration needs of service users must be met: (4) For the purposes of paragraph (1) "nutritional and hydration needs" means - (c) the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background.

The enforcement action we took:

We are issuing a warning notice