

Barchester Healthcare Homes Limited

Westgate House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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:

- Westgate House is a care home that provides personal and nursing care for up to 80 people.
- At the time of the inspection it was providing a service to 79 people.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People and their relatives could not be reassured that their complaints were investigated in a timely manner.
- The provider did not always follow suitable recruitment procedures to ensure people's needs were met safely.
- The provider lacked effective quality assurance systems to ensure the quality and safety of the service.
- People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
- People's risks were assessed and strategies put in place to reduce the risks.
- People's likes, preferences and dislikes were assessed and care packages met people's desired expectations.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives provided positive feedback about the care, staff and management. They said the service was caring, timely, effective and well managed.
- People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
- People and their relatives were involved in the care planning and review of their care.

Rating at last inspection:

- Requires improvement (report published 15 May 2018). This is the third consecutive time the service has been rated Requires Improvement.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

- We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the recruitment of fit and proper persons, and complaints. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

- The service is required to provide an action plan to us because there were two breaches of the regulations.
- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.
- We made one recommendation in our inspection report, which we will follow up at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Westgate House

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

Inspection team:

- The inspection team consisted of two inspectors, one inspection manager, a specialist advisor with a background in nursing and dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Westgate House 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. However, the manager had recently left the service and the provider had an interim manager in place for three months until the position could be filled.

Notice of inspection:

- Our inspection was unannounced.
- Inspection site visit activity started on 19 February 2019 and ended on 19 February 2019. We visited the care home on 19 February 2019 to speak with people using the service and their relatives, to see the manager and office staff; and to review care records and policies and procedures.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.
- The provider had 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.

- We spoke with six people who used the service and two relatives.
- We spoke with the manager, the senior general manager, the deputy manager, the training manager, six nurses, two trainee care practitioners, and one care worker.
- We reviewed 12 people's care records, nine staff personnel files, staff training documents, and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection on 4 and 5 April 2018, this key question was rated "requires improvement". We found the provider could not be assured that employees were of good character and had the qualifications, skills and experience to support people living at the service. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the provider had taken some steps to improve the recruitment process however further improvements must be made to ensure the service is safe. Therefore, the rating for this key question remains at "requires improvement".

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- The provider did not always follow safe recruitment practices however some improvements had been made since the last inspection. Records showed the provider was now completing competency based interview records for all new employees.
- The service was now requiring a full employment history for new employees however one staff file we checked did not have a clear employment history.
- Staff files were kept in good order and were easy to access information.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- However, one person had been employed without all their checks being clear. The provider had not fully explored the risks for employing this person. The senior general manager told us the provider's policy was to carry out a full risk assessment in such cases. We found, however, that on this occasion the provider had not followed their policy. Following the inspection, the provider acted on our concerns.
- After the inspection the regional director told us an audit had been completed of the recruitment files and administration staff had been trained in the new recruitment process. The new recruitment procedure included the manager and regional director signing off that the recruitment process had been followed before a new member of staff could start with the service.

The above issues were a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Through our discussions with senior staff, staff, people and their relatives, we found there were enough staff to meet the needs of people who used the service.
- Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person said, "[Staff] come if I push my bell." Another person told us, "I think that there are enough staff during the day and night time." A third person commented, "I have [call] bell. It is not

used a lot but I get an immediate response. I always find that there is enough staff."

- One staff member told us, "I think we are okay, five regular staff and two nurses. Yes, it is sufficient."

Another staff member said, "We have enough staff. [Previous registered manager] did a lot of changes. She employed a lot of staff. We have 7 care staff and 2 nurses. We try to replace the [staff members on unplanned leave]. Call as many staff as you can."

- People and their relatives told us they felt the service was safe. One person said, "It is alright here. I feel safe." Another person told us, "I am quite happy. I have been here a long time. I feel safe and well looked after." A third person commented, "The staff are brilliant. I feel very safe."

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

- People were protected from the risks of harm, abuse and discrimination.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management we spoke with had a good understanding of their responsibilities. One member of staff said, "I report any concerns to the manager and make sure they have taken the right steps. If I feel they have not taken the right steps I will go to the higher authorities and [provider]. I would go to CQC and the safeguarding team." Another staff member said, "Anything you see, even if it is small you have to report it to your line manager. We have got a whistleblowing phone number that we would report it to. Could call the police, safeguarding [team] and CQC."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
- The service sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management:

- The provider carried out detailed risk assessments to ensure the risks to people were identified, assessed and mitigated.
- Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as communication, toileting, moving and handling, falls, choking, medicines, diabetes, nutrition and hydration, and personal hygiene. Each assessment detailed the risk to people and the action needed to mitigate those risks.
- For example, assessments for people at risk of choking detailed the level of support required and the equipment to be used to ensure risks were minimised. This included referrals to the speech and language therapy team and dieticians.
- Risk assessments were reviewed at least once a month or sooner if people's needs changed. Records confirmed this. Records showed people and their relatives had consented to and participated in these risk assessments wherever possible.
- Staff we spoke with demonstrated that they were aware of risks to people and that the guidance had been followed.
- People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency.

Using medicines safely:

- People's medicines were administered safely.
- Nursing staff demonstrated sound knowledge about medicines management and referred to national good practice guidance. The service had 'home quality and clinical governance meeting' regularly to review safeguardings, nutrition, falls, tissue viability, medicine errors, choking incidents, infection control, and lessons learnt.
- Policies and procedures were in place governing the management of controlled drugs (medicines that

require extra checks and special storage arrangements because of their potential for misuse).

- Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. Clear records were maintained in the controlled drugs register.
- During the inspection we checked medicines storage, medicines administration records, and medicine supplies. All prescribed medicines were available at the service and were stored securely in locked medicine cupboards within locked treatment rooms.
- Fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection we saw that the fridge temperature was found to be in the appropriate range. Records confirmed this.
- Staff received competency based training in relation to medicines and competency was re-checked annually. One staff member told us, "I have completed my competency [medicines] assessment.
- People who required PRN medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations.
- The home's local pharmacy had completed an audit of medicines in December 2018. The audit had not highlighted any concerns.

Preventing and controlling infection:

- People were protected by the prevention and control of infection.
- Staff completed training in infection prevention and control on a regular basis. Records confirmed this.
- Staff had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitizer. One staff member told us, "You have to dispose of everything like gloves and apron. Take it to the sluice room. We have extra gloves." Another staff member said, "Staff use gloves, aprons, wash hands regularly. Kitchen staff have different coloured aprons they wear when serving lunch."
- Staff were required to complete training in food safety, so that they could safely make and serve meals and clean up after preparation.□
- The first and second floors of the home were free of malodour. However, the ground floor had a strong malodour throughout the day of the inspection. The manager told us they were aware of this and had ordered a product to remove the smell. They also told us if the product did not work they were going to explore getting new carpets for the ground floor.
- After the inspection the regional director told us new carpets had been approved and ordered for the ground floor.

Learning lessons when things go wrong:

- Accidents and incidents records showed staff acted promptly and appropriately to support people safely when they had falls and during incidents.
- The records detailed when incidents had occurred and the actions staff had taken to support people. The management reviewed the incident records, and recorded the learning outcomes, and the actions they would take to prevent them from occurring again. Records confirmed this.
- The service maintained accidents and incidents log that enabled them to monitor incidents, identify trends, assess the severity of the incident, and determine the actions they needed to take to support people appropriately to minimise the reoccurrence.
- The management also maintained incidents records for staff and visitors to ensure all appropriate actions were taken where necessary to support staff and visitors safely.

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.

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

- One person told us, "I only came in recently [to the home]. I would prefer to be at home but I am being looked after now." One relative said, "The staff are really good, friendly and helpful." Another relative told us, "[Staff] do a good job."

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

- The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the service an assessment was undertaken to assess whether the service could meet the person's needs. This included assessments from commissioning bodies, and feedback from people and their relatives.
- Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff knew people's preferences, interests, likes and dislikes. Information available included meal choices, and personal hygiene routines.

Staff skills, knowledge and experience:

- When new staff joined the service they completed an induction programme which included shadowing more experienced staff. The manager told us they had recently expanded the induction process to include five days of classroom training.
- Training was provided in subjects including basic life support, customer care, duty of candour, dementia awareness, dysphagia and choking, fire safety, food allergies, food safety, health and safety, infection control, manual handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and safeguarding adults.
- Staff also completed training specific to the nursing needs of the people using the service such as catheterisation, tracheostomy care, end of life care, epilepsy, and syringe driver training.
- Staff told us the training provided helped them to perform their role. One staff member told us, "[Provider] is very very strict. We all have to do our training. We have to be up-to-date. Last one was on fire safety." Another staff member said, "[Training] is good. We do so many trainings like refreshers. We have a room for classroom [training]."
- Staff felt supported and told us they received supervision and annual appraisals. One staff member said, "We did [supervision] last week. Every six months. It helps because they will ask about anything you don't understand [and] they will arrange training." Another staff member told us, "I get [supervision] regularly, every three months. Mine was last week. I find them very helpful. They ask you how you are feeling, do you love your job, do you find any difficulties."

- The senior general manager told us supervision should be conducted four times a year and an appraisal annually. However, records we looked at did not always reflect this. Out of the nine staff files we looked at only three staff received the allocated four supervisions for a 12 month period. Also, two staff did not have their annual appraisal on record.
- After the inspection the manager sent us a matrix which identified supervisions for all staff. They told us staff with outstanding supervision sessions were being contacted to book a time to complete.

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

- People were supported to eat and drink enough.
- People and their relatives told us they liked the food. One person told us, "The meals aren't bad. I get a choice. I have plenty to eat." Another person said, "I have enough to eat and drink." A relative told us, "I see juice in the TV room and water in the [relative's] bedroom so I think that there is enough food and drink available."
- There were appropriate personalised risk assessments and care plans in place for nutrition and hydration. One care plan stated, "For breakfast [person] likes porridge with prunes which is also good for her digestion. [Person] does not have any food allergies. [Person] is on fork-mashable diet. [Person] is shown the choice of two meals. [Person] will choose which one she would like to eat."
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapists and dieticians were made when necessary.
- People had correctly modified texture diets where there were risks of choking. This included soft, pureed or fork-mashed meals. The food for people who were at risk of choking was presented well and blended separately allowing people to experience and taste the different flavours.
- The chef told us that people could ask for alternatives to the food choices for that day. There was a rolling four-week food menu in place which included at least two hot meal options each day.
- People who required assistance with eating were not rushed and staff talked to them in a caring and encouraging way.

Staff providing consistent, effective, timely care within and across organisations:

- There was continued evidence that the staff and management worked with community organisations.
- The service ensured joined up working with other agencies and professionals such as the local authority and clinical commissioning group to ensure people received effective care.

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

- The service was over three floors, with single sized bedrooms, communal lounges, dining areas and lift access to all floors.
- People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds, hoists, walking frames and wheelchairs.
- Throughout the dementia unit the service had objects on display that people could touch and hold as part of a sensory experience to stimulate them. The items included a typewriter, sewing machine, dresses, handbags, hats and ties. The other units had people with dementia however they were not as dementia friendly. They also lacked appropriate signage for areas such as bedrooms, communal areas, corridors and bathrooms to stimulate and inform people.

We recommend that the service seeks advice and guidance from a reputable source about providing a dementia friendly environment to have a positive impact on people's wellbeing.

Supporting people to live healthier lives, access healthcare services and support:

- A range of professionals from health and social services were involved in assessing, planning, implementing and evaluating people's care and treatment. This was clear from the record of appointments

in the care documentation.

- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed.
- Professionals that visited people at the service included GPs, district nurses, dietitians, speech and language therapists, opticians, dentists, chiropodists, podiatrists, physiotherapists, and social workers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member said, " We ask [people] and give choices. Such as show them plates of food and they choose what they want to eat. Staff always ask them what they want to drink even though staff know their choice."
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- DoLS applications for authorisation of restriction of people's liberty were completed by the senior management team, and renewals submitted to local authorities as needed.
- Where necessary, documentation for enduring or lasting power of attorney was sought and kept on file. This ensured only parties legally authorised to provide consent to care and treatment were involved in such decisions.
- One person told us, "The [staff] always ask permission before helping me wash." Another person said, "[Staff] all knock and ask permission to help me." A third person commented, "I am encouraged to make decisions."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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 caring. One person said, "I feel well cared for and treated with respect. Nothing upsetting has happened to me." Another person told us, "The staff absolutely treat me with dignity & respect. I am well cared for [and] well looked after physically & mentally. [Staff] take pride in their work." A third person commented, "The home is caring, helpful and thoughtful."
- Staff knew the people they were caring for and supporting. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member told us, "You talk to [people] to find out how they are. If they are not feeling happy you provide the emotional support. The most important thing is to listen to them as that helps us to know them. People are constantly changing. Their preferences are changing. That is why it is important to listen to them and constantly monitor them." Another staff member said, "I help [people who used the service] as I would with my own mum and dad. I have grown to know them and they know me. I treat them like my parents. We have a little laugh together. They love me and I love them."
- Staff communicated with people in a warm and friendly manner, and staff showed compassion when talking about people who lived at the home. We observed that when a staff member came into the room to speak to a person, they knelt down to the person's level and established good eye contact before speaking. We also observed that when staff members noticed when a person became nervous, they immediately went to the person to comfort and calm them down.
- Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender (LGBT) people could feel accepted and welcomed in the service. The manager told us, "Firstly, [LGBT people] would be welcomed like anybody else. Someone's sexuality should have no bearing on how they are treated. Its ensuring people's needs are met." A staff member said, "We will help LGBT people to meet their needs. You talk to the person to know what his or her needs are. We had a good discussion around that with our management and staff."
- Training records showed staff had completed equality and diversity training.

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

- People and families confirmed they were involved in care planning and review, although not all could recall the full details. Records confirmed people and their relatives were involved.
- During the inspection we saw relatives reviewing care plans with staff.
- Records showed people's risk assessments and care plans were updated regularly.
- Care plans recorded tasks the person was supported with, such as eating and drinking, but also the person's communication and emotional support, social activities and health or social care professionals' visits.
- Information about changes in people's health was appropriately communicated between the staff

members.

- One senior staff member told us, "We review care plans and risk assessments every month and when their needs changed. We talk to the [people who used the service] and relatives when review care plans. Yesterday, I spent the whole day to speak to relatives to schedule six monthly reviews. Relatives who are unable to visit for care reviews, I speak to them over the phone and update plans accordingly."

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us privacy and dignity were respected. One person said, "The staff are polite. I am treated with dignity and respect." Another person told us, "Staff are polite and knock." A relative said, "Staff treat the [relative] with respect."
- Staff gave examples about how they respected people's privacy. One staff member told us, "Doors are always locked when providing care. We always knock on their doors before entering. Make sure people who take off their clothes in front of others that we attend to them in a gentle manner and maintain their dignity by taking them to a private space and help them to put their clothes back on."
- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care which supported them to maintain their independence. One staff member said, "[I will ask] 'do you want to wash your face?' [Person] will try. Another [person] likes to tidy up in the dining room."
- Promoting independence was reflected in people's care plans. One care plan stated, "[Person] is independent with most of her personal care. She can wash and dress herself independently with minimal assistance with staff."

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns:

- The service did not have an effective system in place to make sure all complaints were investigated, analysed and recorded. We found that some concerns raised by relatives and health and social care professionals were not responded to in a timely manner.
- For example, one relative complained in writing in November and December 2018 regarding concerns about their relative's care. Records showed the relative had no response for the two concerns raised. The relative went to visit the senior general manager January 2019 as they had still not received a reply.
- Complaint investigation records were not clear. Records showed complaints were concluded however not all complaints had paperwork showing responses and investigations to the complaints.
- The manager who started in the position on the 18 February 2019 had identified there was an issue with the complaints procedures. We saw the manager had started to respond to the outstanding complaints.

The above issues were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a complaints process available and this was on display in the communal area so people using the service were aware of it.
- People and their relatives were aware of how to make a complaint. One person said, "If I needed to complain I would speak to one of the [staff] I really knew. I do feel listened to." Another person told us, "If I have any complaints I would speak to the manager." A relative said, "I do know who to complain to and I do feel listened to."

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

- One person told us, "I was given a choice of male or female carer but I don't mind either." Another person commented, "I was given a choice. I prefer a woman carer." A relative said, "The staff are on the ball. A couple of weeks ago [relative] was quite wet. The staff came quickly to change [relative]."
- Staff showed us they knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, care plans had clear details around how a person preferred to be supported with personal care and day to day tasks necessary to obtain desired outcomes. One care plan stated, "[Person] likes to have her meals in the dining room with other [people]. She likes to sit at the table by the window so she can watch outside and the garden." Another care plan stated, "[Person] likes to wake up naturally in the morning. He prefers to be washed in his [bathroom] and have his breakfast thereafter. [Person] likes to have a shower once a week or more often and a full body wash daily."
- Key workers were assigned to a group of people and reviewed their care plans. Key workers are care workers each appointed to take responsibility for a small group of people who used the service.
- People who were unable to express all their views were supported by their keyworkers to update their care

plans as needed. In some cases, care documentation was reviewed with the help of relatives.

- Changes to care plans were also informed by any information from health and social care professionals.
- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their bedrooms.
- There was an activities coordinator. Pictures and information about past events and planned activities were displayed throughout the service.
- During our inspection, there was a music session, games and church service was held in the lounge.
- A person said, "The home has brought in some animals. A wonderful snake & some dogs." A relative told us, "[Relative] has been taken to the Westfield shopping centre in the minibus." Another relative said, "There is a list of activities posted in bedrooms each week."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- The service supported people with communication impairments. During the inspection we saw people being shown pictorial cards to help them make day to day decisions.
- The activities coordinator told us electronic tablets were available for people to communicate. Also, there was a computer with an extra-large alphabet keyboard for people with sight impairment.
- People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions about their spiritual faith during the care planning process. People had culturally specific food available for them.

End of life care and support:

- Records showed people's choices, decisions, wishes and preferences had been detailed in their care records.
- People's preferred place of care at the end of their life, a Do Not Attempt Cardiopulmonary Resuscitation order if appropriate, and their funeral arrangement had been discussed with them and/or their legal representatives. These were recorded so that staff would know their wishes towards or at the end of their life.
- Nobody at the service was at the end of their life during our inspection.
- Other healthcare professionals such as GPs, district nurses and palliative care nurses were involved as appropriate.
- Staff gave us examples of how they supported people with end of life care. One staff member said, "Making sure if they are in pain they should be comfortable, [and] seen by doctors on time and regularly. We will go according to their advance care plan and we set up their room according to their spiritual and religious preference and needs."
- The service had an end of life care policy which was appropriate for people who used the service.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection on 4 and 5 April 2018, this key question was rated "requires improvement". We found the service was not always well-led. There were processes in place to monitor quality to drive improvements within the service. However, improvements were required to some of these processes to ensure they were effective in identifying and responding efficiently to address any shortfalls. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the provider had taken some steps to improve the quality and safety of the services provided to people however further improvements to the quality monitoring process must be made to ensure there is a clear overview of practice within the service and that it is well led. Therefore, the rating for this key question remains at "requires improvement".

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality

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

- The registered manager had recently left the service. The provider had replaced them with a temporary manager for a three-month period until a new registered manager was appointed. Staff spoke positively about the temporary manager. One staff member said, "The manager is lovely, but we are just getting to know her." Another staff member told us, "I think the service is well managed. If I think something is not okay, I speak up. [Manager] is doing a good job. [Manager] and [senior general manager] are trying to do what is best for the home."
- The manager, the senior general manager, regional director and other managers from the provider's quality teams completed regular audits of the quality and safety of the service. These included audits of care plans and records, medicines records, infection control and staffing records. Records showed these audits had identified some issues with the quality and safety of the service and implemented plans to address the issues. Although some of the areas we checked had been identified through the provider's audit processes, these did not always address and action the concerns in an effective and timely manner.
- Staff were very positive about working for the service. One staff member told us, "I enjoy working here. All the staff are very happy working. We still don't have a permanent manager. I am not blaming anybody. I know they are recruiting someone. I want the management to work with us to improve the service."
- The manager had a clear understanding of her role and the organisation. The manager had worked for the provider managing other nursing homes. The manager told us, "I have a track record of turning homes around. In three months when I walk away I would like to think the staff are happy, and the [people who used the service] are happy and safe. Whoever is here has the foundations put in place for them to carry on and fly with it. I am registered nurse for 35 years. I am firm but fair. I act on things quickly."
- The manager told us her plans for the next three months. The plans included monthly staff meetings, weekly resident's meetings, safeguarding and complaints processes to provide up to date tracking and

updating the recruitment and induction processes. The manager told us she would be supported by the senior general manager, regional director, regional trainer and the divisional director.

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

- People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One relative told us, "I am pleased with the way family members are treated. The home does 'care' well and I can't think of anything they could do better. I know that there is a new manager." Another relative said, "The home is really good, excellent. Nothing is trouble."
- Most people and relatives did not know who the manager was however they had only started with the service one day before our inspection."
- The manager understood her role with regard to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf). It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The manager told us, "It's being open, honest and transparent in everything you do. It's about lessons learnt. It's about passing that onto other staff and making sure they are open and transparent in everything they do."

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

- The staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service.
- The service involved people and their relatives as much as possible. This included house meetings with people who used the service. Topics included activities, food menu, housekeeping, maintenance of the home, and feedback on care received. Minutes from the house meetings showed people were positive about the service.
- The manager told us she would be introducing weekly house meetings so people were kept up to date more regularly.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems. For example, staff meetings and unit meetings were held on regular basis. One staff member said, "Staff meetings are once a month apart from the one with manager every day. We discuss if we are improving." Another staff member told us, "[Management] ask us to express our views. They ask us that in the team meetings."
- The provider conducted an annual survey for people and their relatives. The last annual survey was seen at the last inspection. The manager told us the next annual survey will be sent out April 2019.

Working in partnership with others:

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with health and social service services, a pharmacist, palliative care services, and the local authority.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The registered persons failed to ensure people's complaints in relation to the regulated activity were appropriately received, handled, recorded, investigated and responded to. Regulation 16 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not always check that staff were suitable. Regulation 19 (1) (a) (b)