Opus Care Limited

# Brabourne Care Centre

## Inspection report

209 Hythe Road
Ashford
Kent
TN24 8PL

Tel: 01233643555
Website: www.opuscare.co.uk

Date of inspection visit:
27 April 2017
28 April 2017

Date of publication:
11 July 2017

## 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

The inspection visit was carried out on 27 and 28 April 2017 and was unannounced. The previous inspection was carried out in January 2015 where no breaches of the regulations were identified.
Brabourne Care Centre provides accommodation and nursing care for up to 82 older people. The premises are a purpose-built detached building, which is situated in a residential area of Ashford, near to the town and associated amenities. The service has three units on three floors: Edinburgh Maxwell on the ground floor has capacity for 30 people; Eastwell Ramsey, on the first floor has capacity for 28 people; and Mount Batton on the second floor has capacity for 23 people. There were 69 people living at the service at the time of the inspection.

The service is run by a registered manager, who was present on the days of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk to people had generally been assessed but not all risks had been managed with sufficient, individual guidelines in place for staff to follow. Care plans, risk assessments and guidance were in place but did not always provide staff with detailed and up to date guidance, so that they could support people in an individual way. Assessed risks to people's health, such as monitoring food and fluid intake or pressure reliving equipment were not consistently managed effectively.

There were enough staff on duty and they had received relevant training and supervision to help them carry out their roles effectively. Staff were observed putting their training into practice in a safe way. There was no use of a formal dependency tool to enable to registered manager to assure themselves that staffing levels remained adequate. Most recruitment files contained all the required information about staff, but the minority needed further detail about past employment.

A number of audits and checks were carried out each month by the registered manager or a nominated person, but they had not always been effective in identifying the shortfalls highlighted during our inspection.

Staff knew how to keep people safe from abuse and neglect and the manager referred any incidents to the local safeguarding authority as appropriate. Incidents and accidents had been properly recorded and preventative actions taken. Fire safety had been addressed through training, drills and alarm testing. Maintenance had been carried out promptly when repairs were needed.

Medicines were managed safely. People received their medicines safely and when they needed them. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

Staff encouraged people to be involved and feel included in their environment. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People's privacy and dignity was respected.

Staff treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

The registered manager completed a detailed assessment of people's needs prior to moving into the service. This gave them an opportunity to know people and their support needs and to answer any questions or queries people of their relatives had.

Activities staff offered people a range of one to one and group activities that met their needs and preferences.

Complaints had been properly documented, and recorded whether complainants were satisfied with the responses given. People and relatives said they knew how to complain if necessary and that the registered manager was approachable.

People had a choice of meals, snacks and drinks, and could choose where they would like to eat. Many people chose to eat their meals in their own rooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

Staff understood the principles of the Mental Capacity Act and knew how to support people who were not able to make their own decisions. People's rights were protected.

Staff reported that they were clear about their roles and felt well supported by the registered manager and the unit managers for each floor. Staff said there was good communication. Feedback was sought from people, relatives and professionals. This was collated and reviewed by the registered manager.

We have made the following recommendations:

We recommend that the provider considers using a recruitment checklist to ensure that all areas are addressed for every applicant, in line with Regulations.

We recommend that the registered manager introduces a formal dependency assessment tool in order to assure themselves that staffing levels are sufficient to meet people's needs.

We recommend that the service looks to develop end of life care plans into person centred documents; detailing people's preferences in a holistic manner.

We recommend the provider seeks feedback around people's preferences for weekend activities.

We found three of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Not all risks to people had been managed with sufficient guidelines in place for staff to follow.

Systems for recruiting new staff were not consistently safe.

There were enough staff on duty to support people and keep them safe. People felt safe. Staff knew how to recognise abuse.

Medicines were managed safely. People received their medicines safely and when they needed them.

### Is the service effective?

**Good**

The service was effective.

Staff were well supported. They received training and supervision that was effective in equipping them for their roles.

People's health care and dietary needs were supported and they had access to healthcare professionals when needed.

People's rights had been protected by proper use of the Mental Capacity Act (MCA) 2005.

### Is the service caring?

**Good**

The service was caring.

People were treated and valued as individuals, and received personalised care.

Staff delivered support with consideration and kindness.

People's privacy and dignity was respected and their right to privacy was upheld.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Care plans did not always contain personalised information of people's care needs and preferred way of being supported.

People's needs were assessed before they moved to the service.

People were offered a range of one to one and group activities that met their needs and preferences.

People and relatives felt confident to raise a concern or complaint if it was necessary.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Systems were in place to assess the quality and safety of the service but these had not always been effective.

Events had been appropriately reported to the Commission.

Staff were clear about their roles and responsibilities and felt supported.

People and their visitors were provided with opportunity to share their views and concerns.

# Brabourne Care Centre

**Detailed findings**

## Background to this 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.

This inspection took place on 27 and 28 April 2017 and was unannounced. Three inspectors, a specialist nurse advisor and an expert by experience took part in the inspection. The specialist advisor was an experienced nurse and the expert by experience had personal understanding of older people and those living with dementia.

Before our inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 18 of the people who lived at Brabourne Care Centre. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with nine people's relatives. We inspected the environment, including the bathrooms and some people's bedrooms. We spoke with the registered manager, the training manager, 10 care staff, four nurses and two domestic staff.

During the inspection we reviewed a number of records. These included staff training and supervision records, 10 staff recruitment records, medicines records, risk assessments, accidents and incident records, audits and policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe and liked living at Brabourne Care Centre. People commented, "they (the staff) make you feel safe and looked after", "I don't worry about anything here" and "I don't worry about anything, they look after me and my things. My clothes are always cleaned and ironed and my ornaments and pictures are dusted – they are careful." Relatives told us, "I don't have to worry, she is safe" and "I don't doubt the safety, she likes them and feels happy with them too."

Not all risks to people had been managed with sufficient guidelines in place for staff to follow. For example; some people had a catheter in place. A catheter is a tube that it is inserted into the bladder so that urine can drain freely. The risks of having a catheter in place were not identified; The assessments for the catheter did not state clearly what to do if the catheter was not draining freely and what signs the staff needed to look for that might indicate an infection. There was no information in people's care plan to say when bladder washouts need to be given and when the catheter bag needs to be changed. The nurse on duty told us that this information was recorded in the diary kept on each floor. The information was in the diary to remind staff when the tasks needed to be carried out. Other risks, such as those from Epilepsy had been identified but not suitably assessed to give staff clear guidance. For example; there was no information on the type of seizure or what to expect, such as duration or when medicine could be administered.

Some people were at risk of dehydration. There was a potential risk that people that may not be drinking enough to keep them healthy. Staff were recording the amount of fluids that people were drinking; however these charts were always fully completed or clear. The amount was not always totalled up to see if they had drunk enough. There was no guidance for staff on how much people should be drinking and what action they should take if they were not drinking enough. It was not clear how staff were to support and encourage people to drink enough to keep them healthy.

People had personal emergency evacuation plans (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. The PEEPs contained very limited information about what action staff had to take. One person's PEEPS stated, "In the event of a fire X would need to be hoisted". There was no further guidance for staff; this placed people at risk of not receiving the support they needed in an emergency.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient current guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been identified and assessed, such as the risk of choking, scalding from hot drinks or using equipment. Accidents and incidents involving people were recorded in each unit and were reviewed by the unit manager from each floor, to identify any action that could be taken to prevent further occurrences. Following review they were passed to the registered manager to review, and, we were told, discussed at weekly senior team meetings if required, so that any necessary actions could be identified or agreed. We

observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

Staff recruitment files showed that the required checks were not always fully completed. We looked at 10 staff files in order to assess how the provider carried out checks to ensure that they were employing people who were suitable for their roles. Each staff member had a Disclosure and Barring Service (DBS) check in place before they started work. DBS checks help employers to make safer recruitment decisions. References had been sought for applicants to ensure that they were of good character and would be suitable for the position. All staff files viewed contained proof of identification which included documents such as passports, birth certificates and proof of address, along with evidence of health checks and a photograph of the staff member. All nursing staff had been checked to ensure that they had a current and valid registration with the Nursing and Midwifery Council. All files contained application forms; however four of them did not have full employment histories or an explanation of all gaps in employment. This was an area which required improvement, to ensure that the provider holds sufficient detail about applicants to be able to reach a decision about their suitability to work with people living in the service.

We recommend that the provider considers using a recruitment checklist to ensure that all areas are addressed for every applicant, in line with Regulations.

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine administration records were completed and showed people had received their medication consistently. There were directions for staff about giving medicines people could take as and when they were needed; which ensured people were regularly offered pain relief or laxatives, with proper time gaps between doses. Medicine records contained photos to help staff ensure the right person received their medicines. Medicine audits were completed by senior staff; we saw records of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There were enough staff to meet people's needs. Most people told us that call bells were usually answered fairly quickly and we observed that staff attended people's needs at most times during the inspection. One person commented, "I have a bell next to my bed and they come quickly. The night staff come quicker." However, some people told us that at times such as in the morning or at lunchtime that staff took longer to respond. One person told us "You wait in the morning, but they do come." During our observations at lunchtime we saw that staff were very busy, as many people ate in their rooms and a number of people needed support to eat their meal. We observed one person asking for support, the member of staff politely told them that they would be with them shortly, as some other staff had gone for their break. The lunch period went on for an extended period of time; whilst staff ensured that each person received their meal and the support they needed. We discussed this with the registered manager, and recommended that they

reviewed how staff are deployed throughout the day to be sure that the team was as effective as possible in meeting each person's individual needs. Throughout the day there were always nurses on shift on each floor, along with care staff, ancillary and administrative staff. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. Any gaps were covered by the staff team to ensure continuity for people. The registered manager explained that the rotas were flexible, for example, when needed they would arrange for an extra member of staff if people's needs changed. Staff told us they were able to tell management if people's needs changed and they would respond accordingly. No formal dependency tool was in use to assess that staffing levels were right for each floor. We recommend that the registered manager introduces a formal dependency assessment tool in order to assure themselves that staffing levels are sufficient to meet people's needs.

Accidents and incidents were recorded on each floor and monitored by the unit managers and registered manager. They were collated and analysed in order to try to identify any emerging trends. Accidents and incidents were discussed at management meetings, this enabled managers to discuss any issues or patterns with a view to reducing risk.

The premises were clean and well maintained. An on going maintenance plan was in place with maintenance staff employed at the service. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs, and records were kept of maintenance jobs. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed and that these were reviewed to see if any action was required. Staff had regular fire safety training and could accurately describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Good

# Is the service effective?

## Our findings

People told us that staff looked after them well; one person told us "The staff are good; They help with everything when they can. They seem very busy but they are friendly." A relative commented, "When Mum came here they asked us lots of questions, all the information went into the (care) plan. They talk to me about it occasionally still." During the inspection we observed people and staff to be relaxed in each other's company. Staff communicated clearly with each other and handovers between each shift made sure that they were kept up to date with any changes in people's needs.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments. Visiting professionals who visited the service on regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support.

District and practice nurses, physiotherapists, occupational health practitioners, opticians, chiropodists and the GP all visited the service to assess people and contribute to their care and support on a regular basis. One person told us, "They help you make hospital appointments, arrange transport and tell my family." Where people had particular healthcare needs; such as diabetes or catheters, they received the care and support needed from staff. People confirmed that catheter bags were emptied frequently and that staff cleaned catheter sites. There was clear records of when catheters were changed.

When people had no one to represent their preferences and wishes and they were unable to do so themselves they had received advocacy support when they needed to make more complex decisions. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported. The staff understood the importance of asking people for their consent before they provided care and support. Staff asked for people's consent before they gave them

any care and support. If people refused something this was recorded and respected.

Staff had received face to face training in a range of subjects in order to perform their jobs safely and to provide the right care and support to meet people's needs. Training in mandatory subjects was up to date. The registered manager told us that training was planned and organised by the training manager. The training manager told us, "All of our training is face to face; it works better that way as we are a large, diverse staff team. It also means we can use examples, scenarios and experiences to help it make more sense." Staff told us that they completed training that was relevant to them and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia, stroke awareness, palliative care and catheter care. New staff received an induction into the service which included; 'office' time where they read people's care records, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were supported to develop their skills; several care staff had been supported to complete Nurse training and had returned to work at the service. During discussion the registered manager told us how they had encouraged and supported various members of staff and provided guidance and encouragement. This provided a degree of continuity for people. Other staff had been supported to complete qualifications in Health and Social Care.

Staff had individual supervision meetings with an allocated supervisor. Structured supervision arrangements were in place so that all staff received appropriate support. For example; all nursing staff received clinical supervision from an allocated supervisor. Supervision provided an opportunity for staff to discuss any issues or concerns they may have about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we observed staff discussing with people what was on the menu and recording their preferred meal choices. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff. One person told us, "They bring you drinks all day. I always have a hot and cold drink on my table where I can reach."

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.  Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

Good

# Is the service caring?

## Our findings

People and their relatives gave us positive feedback about the care and support they received. Comments included, "The girls are very nice. They will do anything you ask of them", They are caring and can go out of their way to help you. I fancied some Turkish Delight and the next day she came in with some for me. It was lovely." A relative told us, "They are caring, they try and make time for a chat and make sure X lets them know if they need anything."

People were encouraged to stay in touch with their families. Some people had mobile phones so they could contact their family.

We observed the interactions between staff and people throughout the days of our inspections. Staff knocked on bedroom doors and called out before they entered. People's bedroom doors were closed by staff when they were delivering personal care; to protect people's dignity. Staff used people's preferred names and spoke with them respectfully. People knew staffs' first names and used them, and we witnessed some warm and affectionate exchanges. People's preferences and wishes were respected. The registered manager told us when people did not want to see certain visitors their wishes were respected. One person told us, "They respect that I pray and leave me quietly to do so."

People were greeted kindly by staff who approached them confidently, gaining the person's attention and speaking clearly to them. People responded positively to staff by showing their awareness with recognition and smiles, even when verbal communication was impaired.

Records showed that care plans had been discussed with people and their next of kin, if they wished. One person told us, "I have a (care) plan and it says what I would like and what things I need, like medication. They ask me how I've slept and write it down." Formal consent to care and treatment had been signed so that people knew what to expect. There was evidence of discussions with people and their loved ones about Do Not Attempt Resuscitation (DNAR) orders, any hospital admissions and people's past life histories and preferences. One relative told us, "I'm here a lot but they keep me informed and I've been involved in X's care from the start."

People were encouraged to be as independent as possible. Although most people were nursed in bed, staff gave them the opportunity to wash their own hands and face, for example, and to choose their clothing. One person told us, "They ask me first before they help. They encourage me to do things for myself."

Some people were receiving end of life care at the time of the inspection. Records had been made about people's wishes, where known. Care files clearly noted if people had a DNAR order in place, this was also recorded on the information board within the Nurses office. This helped to ensure that people's end of life choices were respected. We were told that the service had close links with the hospice community palliative care team who offered advice, support and guidance. Contact details for the palliative care team were available at the nurses' station. We spoke with nursing staff who knew about the palliative care team and how to contact them if needed. They told us that they had received training to use specialist equipment to

deliver monitored doses of medicine and that this equipment was available to them. There was a range of other equipment such as pressure relieving mattresses, hoists, slings and special beds to provide people with comfort and care at the ends of their lives. A relative spoke to us about the end of life care their loved one had received, they said, "The staff have been absolutely brilliant. We have had no concerns what so ever. They made X life so happy. There were lots of little jokes and banter. I cannot fault this place or the staff. We certainly picked the right place. Everything was sorted with compassion and care." One person told us, "Someone chatted with me about how I want my care to happen if I get very ill, they know I would like to stay here and not go to hospital."

We recommend that the service looks to develop end of life care plans into person centred documents; detailing people's preferences in a more holistic manner.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that they had their needs met by staff that knew them well. One person told us, "They know me well and what I need a bit of help with, like walking or reaching things if I'm in bed." A relative commented, "they seem to know quite well. They ask questions so that helps."

People's care plans did not consistently reflect the personalised care they were receiving. Staff knew people and their individual care needs well, however care records did not always contain sufficient guidance for staff. This placed people at risk of receiving care that did not meet their needs, for example; if they were supported by a new or agency member of staff who may not know their needs in as much detail and a more experienced member of staff. People had equipment like special mattresses and cushions to protect their skin when they were sitting or lying down. Peoples care plans stated to make sure the mattress is at the correct setting for the person weight, but the guidance did not say what the setting should be. The mattresses were not all the same make and had different types of settings. There was a risk that the mattresses may be set incorrectly and people may be at increased risk of developing sore skin. There was no record to show that mattresses had been checked regularly to make sure they were working effectively.

People's weight was monitored at regular intervals. One person had lost some weight but this had not been reported and no action had been taken. When we pointed this out to the nurse on duty they immediately informed the doctor. There was a risk that appropriate action might not be taken when people were losing weight. The recordings on the weight chart were also inaccurate. One person had been weighed and they had a Body mass index of 22.4 which is within healthy limits, however the remarks on the weight chart stated 'Grade 1 obesity' There was a risk that staff did not have an understanding and knowledge of the information they were recording. Moving and handling risk assessments did not always have clear guidance of how to move people safely and consistently. For example, the assessment did not say what size sling to use to make sure the person was moved safely. There was no detailed information of how to manage the risks safely.

The provider had failed to ensure that care plans reflected people's assessed needs. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had recently been identified as having difficulty swallowing and a referral had been made to the Speech and language team (SALT) to assess them. As a precaution the staff had started to thicken fluids to reduce the risk of the person choking. Peoples call bells were in easy reach in their bedrooms and in the lounge areas. People said staff mostly came quickly if they needed anything.

Activity co-ordinators were employed at the service and supported people to take part in a variety of activities. Mornings were mostly spent providing individual support with people in their rooms, as many people chose to spend a lot of time in their own room. This included activities such as reminiscence through conversations or photographs, listening to favourite songs or helping with puzzles or word searches. People were asked every morning if they wanted to join in the activities arranged for the day. People told us, that they if they wanted to they could join in activities that were arranged by the activities co-ordinator. People

told us, "We do board games, darts and quizzes and art and craft. I really like a good quiz". "The weekends can be a bit quiet as there is not a lot to do. Nothing is organised over the weekends". "They have a mini-bus and they do take you out but you have to take turns. We went to the garden centre and to Hythe for fish and chips. It was a really lovely day". "There is a church service every Monday. Sometimes there are singers. We had an Elvis impersonator. That was really good fun". On the day of the inspection some people were joining in a 'Spanish afternoon". People were enjoying the experience and were chatting together and with staff. We recommend the provider seeks feedback around people's preferences for weekend activities.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was on display and we saw complaints had been investigated and responded to, in line with the policy, and that action points had been recommended. People and their relatives told us they were happy to raise concerns if they needed to, one person commented, "the staff listen if you complain and they do get it sorted out quite quickly. I complained my radiator wasn't working and it was fixed that day. Very good at things like that. Compliments had also been received and recorded, recent comments included, "All staff are excellent and caring" and "Always friendly, professional and a nice atmosphere."

Requires Improvement

# Is the service well-led?

## Our findings

Staff told us they felt well supported by the unit manager of their floor. They said that the registered manager was also very approachable and listened to what they said. Staff said, "I love working here. The registered manager is very helpful and supportive." "The registered manager encourages developing and learning new things." "The office door is always open. The registered manager listens to new ideas and acts on what we (the staff) say."

Systems were in place to measure the quality and safety of the service; however they were not always robust. Regular audits and reviews were carried out to identify any shortfalls in areas such as health and safety and care records. However, not all had been effective in recognising shortfalls. Reviews of individuals care records had been carried out regularly but had failed to identify the shortfalls in guidance for people's health needs and the lack of person centred detail we found during the inspection. Reviews of PEEP's had not identified the lack of information for staff to follow.

Records such as weight, food and fluid monitoring charts were not always completed accurately this meant that people could be at risk of not receiving care and support appropriate to their need.

The failure to effectively audit the service is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other audits such as reviews of medicines, kitchen processes and maintenance had been effective in ensuring quality was maintained.

The registered and unit managers made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager explained they were in the process of updating some policies, as part of an on going process.

The registered manager demonstrated a detailed knowledge of people's needs, they told us that they were always involved in the pre-admission assessment and process for each person and their families, this meant that they knew the needs of people well, and that people and their relatives got to know them. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from relatives gave positive feedback and suggestions had been either responded to or implemented. Questionnaires seeking feedback from relatives and visitors were available on the front desk; these were collated and reviewed by the registered manager.

Relative and resident meetings were held on a quarterly basis, these meetings gave people and their relatives an opportunity to make suggestions, raise concerns and be informed of any changes. Records of meetings were kept and concerns raised were acted upon. The registered manager completed a daily walk round of the service, this gave people an opportunity to chat or raise anything they wished.

The registered manager had developed links with other local care home providers; they told us that at times they worked with other local services to provide support with training. The service had strong links and worked closely with a local hospice and the palliative care team. Positive working relationships were in place with teams from the local authority and health services.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider had failed to ensure that care plans reflected people's assessed needs. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatment was not provided in a safe way for people because the provider did not have sufficient current guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The failure to effectively audit the service is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. |