

# Mrs Sushma Nayar and Vipin Parkash Nayar

## Cheriton Care Home

### Inspection report

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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: Cheriton Care Home is a residential care home registered to provide care for up to 27 people. It was providing personal care to 20 people aged 65 and over at the time of the inspection. Some people had dementia.

People's experience of using this service:

- People spoke positively about their care and the staff who supported them. Some people told us they had found it difficult to communicate with staff whose first language was not English.
- People received the healthcare support they needed. A healthcare professional told us the service was "very friendly" and they had no concerns about people's care.
- People's needs were recorded in care plans and kept under review. There was information to support people in the way they preferred and to help ensure it was person-centred.
- People enjoyed the food.
- Staff received the training and support they needed to meet care needs and to develop as professional workers.
- There were some areas where care could be improved. We have made recommendations about fire safety, recruitment practice, updating the complaints procedure and the management of diabetes. Further recommendations have been made about the assessment of staff performance before they are confirmed in post, making information widely accessible to people and seeking guidance from the Health and Safety Executive. Another recommendation has been made regarding suitability of the environment for people with dementia.
- We found governance of the service was not effective in identifying areas of practice where the home was not meeting the regulations or where it could improve delivery of care. This included meeting regulatory requirements to notify us of important events and to inform the local authority about allegations of abuse. Audits and checks of medicines practice had not identified a morphine-based medicine was not logged in the appropriate record. Infection control audits had not picked up the issues we observed. A number of health and safety risks had also not been identified. These all had the potential to place people at risk from harm.

Rating at last inspection: The service was rated 'Good' at the last inspection on 24 and 26 November 2015. We published our report on 15 January 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: We found areas of practice where the provider was not meeting the regulations. These were in relation to governance of the service, demonstrating lawful deprivation of people's liberty, notification of incidents, management of medicines and safeguarding people from abuse.

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will ask the provider to submit an action plan which outlines what they will do to improve the service and by when. We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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

## 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 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** ●

# Cheriton Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care of older people and dementia care. The second day of the inspection was carried out by one inspector.

#### Service and service type:

Cheriton Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager. 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:

The inspection was unannounced. Inspection site visit activity started on 28 February 2019 and ended on 1 March 2019.

#### What we did:

- We used information the provider sent us in the 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 reviewed notifications and any other information we had received since the last inspection. A

notification is information about important events which the service is required to send us by law.

- We contacted social care professionals, to seek their views about people's care.
- We spoke with the registered manager, the provider and four staff members in a range of roles.
- We spoke with nine people who live at the home and two relatives. We also took into account feedback we received from a relative before the inspection.
- We spoke with a visiting healthcare professional who regularly sees people at the home.
- We checked some of the required records. These included four people's care plans, three people's medicines records, three staff recruitment files and four staff training and development records. Other records included those which related to safety of the premises, a sample of policies and procedures, auditing reports and complaints.
- We observed mealtimes.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We contacted the fire authority and the local authority Deprivation of Liberty Safeguarding team, after the inspection.

# Is the service safe?

## Our findings

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

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.

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

- Registered persons are required to inform the local authority safeguarding team when there are allegations of abuse. We came across three incidents since the last inspection where the registered manager had not reported safeguarding concerns to the local authority. They were unaware of this requirement to do so. They are also required to inform us and had not done so.
- We could see the registered manager had responded in other ways to these incidents. For example, they contacted the police in one case and followed staff disciplinary procedures in another. However, they had not alerted the statutory body that deals with safeguarding concerns, to ensure appropriate actions were taken at the time.
- This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People told us they felt safe at the service.
- Staff undertook training in safeguarding people from abuse.

Assessing risk, safety monitoring and management:

- The home was inspected by a fire safety officer from Buckinghamshire Fire and Rescue in August 2016. Their report could not be located by the registered manager, therefore we could not see if actions were required. We have contacted the fire safety officer to request a copy.
- A fire risk assessment was in place for the premises, dated October 2017. It had not been updated since. Fire safety officers usually recommend annual review of the fire risk assessment, or as circumstances change at the service. The person responsible for updating the risk assessment said they would attend to this and told us there had not been any changes at the home.
- Fire safety training took place. Drills were carried out. Records of these showed staff were just responding to the alarm and assembling at the fire panel. There were no simulated practice evacuations for staff to rehearse what to do in the event of fire and to use as learning exercises for improving safety.
- We recommend advice is sought from a reputable source about carrying out effective fire practice evacuations.
- Personal emergency evacuation plans had been written for each person, to outline the support they would need to leave the premises in the event of a fire or other emergency.
- Equipment was provided to help people reposition, such as hoists. Equipment was serviced to ensure it was in safe working order.
- Gas, electricity and water supplies were checked to ensure they conformed to acceptable safety standards.
- Risk assessments had been written to identify and reduce any risks to people's safety and welfare. These

included areas of practice such as moving and handling and the likelihood of developing pressure damage. We spoke with the registered manager about one person who we felt could be at risk of choking. They were observed to fall asleep twice at breakfast time with their head back and food in their mouth. They were seated in the lounge, which was not constantly staffed. When staff came into the lounge, we heard them remind the person each time to finish their food but they did not stay with them. We advised a risk assessment be put in place.

- Enhanced observation charts were in place where needed. For example, to record when people who were cared for in bed were turned. These did not consistently provide guidance for staff on how frequently they should turn people, to prevent pressure damage.
- We noticed a bedroom window did not have any restrictor fitted to it and could be opened fully onto a fire escape. It had not been picked up as part of any checks or audits carried out at the service. This was mentioned to the registered manager and action was taken by the provider the following day, to make the window safe.
- Cleaning products were accessible in a downstairs bathroom on the first day of the inspection. One was labelled 'high strength descaler'. We showed this to the registered manager, who took immediate action to remove the products.
- We recommend the provider and registered manager consult the Health and Safety Executive guidance about health and safety in care homes, to help them understand their responsibilities and what they can do to prevent injuries.

#### Using medicines safely:

- People received their medicines in a safe manner. Individual medicines records included a photograph of the person and any allergies were noted.
- Medicines were stored safely in a locked medicines trolley. Appropriate storage was in place for medicines which had the potential for abuse (controlled drugs).
- Staff who administered medicines wore red tabards to show they were busy and to prevent being disturbed.
- Staff followed recommended good practice in managing a morphine-based medicine by handling it as a controlled drug. This meant it was stored separately and was entered in a controlled drugs register. Two staff are required to sign controlled drugs registers to double check safe handling is carried out and to verify the quantities given and remaining. We could see two signatures were used.
- When we checked the records and stock, we noticed 100 ml of the medicine, which was in the cupboard, was not recorded in the register. Only the opened bottle and how much was in it was recorded. This meant the service had not ensured the proper and safe management of a medicine with the potential for abuse.
- This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong:

- The registered manager told us they received information about national safety alerts. We asked if any actions had been taken at the home as a result of these. They told us none had been needed.
- Safety advice was distributed by various agencies last year regarding the combustion risk of paraffin-based emollient creams where people smoked and the actions to take. The registered manager was not aware of this. They had therefore not checked if this applied to two people at the service who smoked. We advised they risk assess this.

#### Staffing and recruitment:



- Recruitment procedures included a check for any criminal convictions, completion of an application form and checking for proof of identity.
- References were obtained. In one file, a reference indicated it was from a previous employer. It had not been dated or signed and there was no company stamp or headed notepaper to confirm where it came from. In another file, only one reference had been obtained. It was a generalised 'to whom it may concern' reference which the applicant had forwarded to the home themselves. There had not been any verification of or follow up to either reference. The registered manager was unable to provide any further information or documentation about this.
- We recommend the service seeks advice from a reputable source about good practice in the recruitment of staff.
- Staffing rotas were maintained to ensure appropriate cover was provided in all areas of the home.
- Staff were deployed appropriately around the building to ensure people's needs were met. Many of the staff we met had worked at the home for a number of years and were confident in their roles.
- Staff received training in safe practices. This included moving and handling and first aid.

#### Preventing and controlling infection:

- The laundry was in good order when we checked it. However, we noticed a backpack was in the sink. The registered manager said this belonged to the member of staff who worked in there. This could spread infection. There was also an infection risk in one of the upstairs bathrooms where staff had stored walking aids and a side table. There was a risk they could become contaminated if they came into contact with bodily fluids and spread infection.
- Some waste bins in toilets and bathrooms were no longer operational by the foot pedal, therefore staff would need to touch the lid to place items in them. This increased the risk of infection being spread.
- We noticed two mops were in an unhygienic condition. One was located outside the kitchen and was dark brown in colour. This was mentioned to the registered manager, who took action and replaced it.
- Staff undertook training in infection control practice to prevent the spread of infection. They had access to and wore disposable items such as gloves and aprons for when they assisted people with personal care or when they served food.
- Most toilets were well stocked with hand wash and paper towels to enable effective hand hygiene. However, some toilets and bedrooms contained bars of soap. We advised the registered manager of the infection risk from these. Alcohol-based hand gel was available to sanitise hands.
- There were appropriate arrangements in place with an approved contractor for the disposal of clinical waste. This ensured the wider environment was protected from hazardous waste.
- The service had been awarded 4 stars ('hygiene standards are good') by the Food Standards Agency in January this year, for its food safety practices. This was an improved rating from 3 stars ('hygiene standards are generally satisfactory') in December 2017.
- The chef had completed a basic level course in food safety awareness. We discussed with the registered manager and provider higher level training for catering staff, due to the tasks undertaken by them.

# 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The premises were an older style property which had not been purpose-built as a care home. They met registration requirements at the time. All bedrooms were single occupancy and had en-suite toilet facilities. Rooms varied in size. Some were quite small and may not easily accommodate equipment and furniture which people could need if their health deteriorated. For example, lifting equipment. The provider told us there were plans to carry out some refurbishment at the home which would include making the smaller bedrooms larger. This was on hold until the outcome of the UK's planned departure from the EU was known.
- Décor around the premises was quite worn in places and in need of refreshing. We noticed missing tiles on a bathroom wall, paint had peeled off some window ledges to reveal the plaster, there were patches of bare plaster in the laundry room and a toilet roll holder was hanging off the wall in an upstairs bathroom. In one bedroom, we noticed grease-type stains on the walls next to the bed and the skirting board was worn down to the woodwork where the bed had scraped against it.
- The provider took action to attend to some of these matters during the inspection.
- Lifting equipment was provided, to assist people with daily living tasks. There was a passenger lift and a stair lift to help people move between the ground and first floors. There was level access around the building. Raised toilet seats had been provided to enable independence.
- The home provided care to people with dementia. We discussed with the provider and registered manager making the environment more dementia-friendly. This could include improved signage, use of contrasting colours to help people distinguish fixtures (such as toilet seats and grab rails) and replacing bold patterned soft furnishings with plainer ones.
- We recommend the service seeks advice from a reputable source about improving the environment for people with dementia.
- There were spaces people could use if they wished to be alone. A quieter area had been created close to the lounge. We saw a person sitting there, enjoying watching people go past. There was also a lounge next to the kitchen which people could use.

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.

- We were unable to view documents where the outcome of DoLS applications had been sent to the service by the local authority. The registered manager had not informed us of the outcomes of applications either.
- The registered manager referred to a file which contained applications to deprive people of their liberty. They told us they had received some approved authorisations from the local authority but could not locate the paperwork to confirm what had been agreed.
- We have contacted the local authority DoLS team to enquire about authorisations they have made. In the absence of this information, we could not be certain people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Best interest decisions were made on people's behalf where they lacked capacity.
- The service had obtained copies of Lasting Power of Attorney documents, where applicable. This ensured the service had satisfied itself it consulted the right people who had legal authority to make decisions on people's behalf.

Staff support: induction, training, skills and experience:

- People were supported by staff who were appropriately supported.
- Staff undertook an in-house induction when they started at the home. They were later enrolled onto the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work.
- There was no formal system to confirm new staff had met appropriate standards of care and learning before they were confirmed in post. These are sometimes referred to as 'probationary reviews'.
- We recommend the service follows good practice in assessing staff performance before they are confirmed in post.
- There were systems for supervising and appraising staff to ensure people were cared for by workers with the necessary skills and knowledge to support them.
- There was on-going training for staff, to update and refresh skills. Staff told us this was done each year. Courses included dementia awareness, moving and handling and responding to behaviours which challenge the service.

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

- People's needs were assessed before they came to the service. This included assessment of people's communication needs, mobility, mental state and personal care requirements.
- Care and support was enhanced through the use of technology in one case. A sensor mat was in place to alert staff if the person moved around, especially at night.

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

- People were complimentary of the food at the home. Comments included "On the whole the food is quite good. It's made up to suit the person who's having it." Another person told us "The food's alright. The chef's very good. We get a regular balanced diet, fish on Friday. We get a hot lunch and in the evening soup and sandwiches... We don't have fast food, it's all cooked here, fresh food, fresh veg. There's dietary preferences

(for people who require them). Cold drinks come around at 11:30 a.m. and they offer sherry."

- Food was presented well and looked appetising.
- The chef was aware of people's dietary needs. Special requirements were catered for, such as pureed meals and a food intolerance.
- We observed tables were nicely laid with a cloth, vase of flowers and colour co-ordinated place mats. Napkins were provided. People could choose to eat in the lounge or their room.
- People were assessed for the likelihood of becoming malnourished.
- People were referred to the GP where they had lost weight.
- The chef fortified meals to increase calorific content, where necessary.
- We observed drinks were provided for people regularly throughout the day.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked well together and with external agencies. This included district nurses, GP surgeries and hospital services.
- Handover meetings took place between shifts, to share information about people's well-being and to communicate any tasks that required follow up.

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

- People's care plans recorded the support they needed to keep healthy and well.
- People were referred to healthcare professionals when needed. Records were kept of the outcome of these visits.
- People told us they had access to healthcare professionals. Comments included "There's a GP who visits quite often. They prefer it if you make an appointment at the surgery" and "They're very good at picking up UTIs (urinary tract infections). There's a very good doctor who's always here if there's any problems." Two people told us they saw a district nurse regularly, one added they had recently seen the optician. We read a compliment from a relative which included "Any health or welfare issues have been flagged up very quickly...and communication has been excellent."
- The service arranged transport for people to attend hospital appointments, where necessary.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and visitors provided positive feedback about standards of care at the home.
- Comments included "It's home from home," "On the whole (the care's) quite good," "There's a nice feeling amongst the staff," "I have no complaints about anything... This place is really great" and "(The care workers) seem very pleasant... I'm very happy." A relative told us "They're very nice girls. First class. Without doubt caring. Very, very helpful." One relative told us about the birthday celebrations the home had provided for their family member and how well that went. Another said "My (family member) felt at home and amongst friendly carers."
- We looked at some compliments and thank you cards the home had received. Comments included "A big thank you for caring and looking after (name of person)," "Thank you all so much for the love, care and attention you gave (name of person) in her time spent at Cheriton" and "She has always received excellent care and the staff have always been professional and very kind." A further compliment included "My (family member) has received wonderful care at Cheriton and I cannot praise (name of registered manager) and her team highly enough."
- Staff were able to tell us about people's needs. This showed they had got to know people well.
- Equality and diversity was taken into account when people's care needs were assessed. This included their gender, spiritual needs and any support they needed to manage conditions or disabilities.
- Staff had undertaken training on equality and diversity, as part of their mandatory training.
- Staff responded appropriately when people appeared distressed or unwell. For example, we saw staff gently touched a person's hand or cheek when they became distressed. This seemed to calm them instantly. We received feedback from a relative who told us "Staff coped admirably with (family member's) delusions and challenging behaviour."

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

- Staff supported people to make decisions about their care and knew when to involve relatives or other persons. A relative told us they were consulted about changes to their family member's medicines, as an example.
- One person told us they chose which clothes to wear. They said "They open the wardrobe to show me what I've got and I choose what I want."
- Meetings were held at the home to ask people for their views about the service and to update them on developments.

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

- People said they were treated with dignity and their privacy and independence were promoted.
- Comments included "They have to dress me and wash me. They let you do what you can yourself but I can't wash my back and put the cream on...I can have a shower if I want one but they don't press me." Another person told us "I'm very independent. Things I can't do, I ask for assistance and I get it." They told us staff respected their dignity when personal care was carried out. They said good care was taken of their clothes, which were washed each day.
- We observed a care worker knocked on a person's bedroom door before they entered. They were polite and attentive when they spoke with the person, and asked what they would like for lunch. They made sure they had understood the person correctly and asked if there was anything else they wanted or needed. The person told us staff always knocked on their door.
- We asked people if they had any concerns about being assisted by staff of a different gender to them. People did not express any concerns.
- We saw personal care was always carried out with bathroom or bedroom doors closed. Visiting healthcare professionals provided treatment to people in their bedrooms.

# Is the service responsive?

## Our findings

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

Good: 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:

- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender. Information was kept up to date and reviewed regularly.
- Although some information was noted in various sections of people's files, specific care plans had not been put in place where people had diabetes. This would ensure all important information about their individual requirements were kept in one place.
- We recommend the service follows good practice in producing care plans which outline the support people need to manage their diabetes.
- 'About Me' documents had been completed, to record people's preferences, likes and dislikes.
- Life story books had been written. These included details about people's family composition, where they went to school, where they worked, holiday memories and what upset or worried them. This information helped staff to provide person-centred care. One person told us staff took time to chat with them and they knew their life story. They added they told staff stories about when they were in the armed forces.
- The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- The service had assessed people's communication needs as part of their initial and on-going care needs assessments. This included any aids people needed to communicate effectively. For example, whether people wore glasses or required hearing aids.
- We saw people were supported to wear the aids they required to facilitate good communication. One person had been referred in the past to a local service which specialised in support for people with visual impairments.
- We asked if there were examples of how information was provided in accessible ways. For example, large print menus and activity posters. These were not in place at the service.
- We recommend further work is undertaken to ensure the home fully complies with the Accessible Information Standard.
- Three people we spoke with told us they had found it difficult to communicate with staff whose first language was not English. Comments included "The only problem (with the staff) is some of them not understanding English, but they gradually learn," "It's difficult to make them understand what you want but they do their job" and "The carers are very good. The only problem is they don't all speak the English language." We provided feedback to the registered manager about people's experiences.
- The home did not have an activity co-ordinator at the time of our visit. The provider and registered manager told us this position had been advertised for some time. Care workers facilitated activity sessions.
- People told us "There's not much going on downstairs. Somebody comes in once a month and they have a

sing song and someone comes to do exercises and they do throwing hoops, but I'm not really interested." Another person commented "We have people come in sometimes. There's a man, he sings songs that we know." Other comments included "Professional people come in and play music and do exercises. The staff do exercises quite regularly too" and "I don't get bored. We do things. There's always something going on."

- Holy Communion services were held each month by representatives from local Catholic and Anglican churches.
- A hairdresser visited the home each week. They were unable to visit on one of the days we were present. Staff offered to wash and dry people's hair instead.

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

- There were procedures for making complaints about the service. The version of the complaints procedure we were shown did not include people's right to contact the Local Government and Social Care Ombudsman (LGSCO), if they remained dissatisfied with how their complaint was handled.
- We recommend the complaints procedure is updated to include details of the LGSCO.
- We looked at how four recent complaints had been handled. In each case, they related to the premises. For three of the complaints, work had been carried out to make improvements. The fourth had not been attended to at the time of the inspection and concerned security lighting.
- People told us "If there's anything I need, I see (the registered manager)" and "If I've got any concerns, I tell the staff and they tell (the registered manager) and she puts things right."

#### End of life care and support:

- The registered manager told us no one required end of life care at the time of our visit.
- There were sections in people's care plans to record their end of life needs.
- People's wishes regarding resuscitation were recorded on the appropriate forms.
- Staff completed training on end of life care as part of their mandatory learning.
- The home involved palliative care specialists when necessary, via the GP surgery, to ensure people received the support they required.



## 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service had a registered manager in post. They had worked at the home for many years.
- The inspection findings indicated the registered manager did not fully understand their role in meeting regulatory requirements. They had not notified us of certain incidents which had occurred during, or as a result of, the provision of care and support to people. For example, safeguarding concerns, an incident where the police were called to the home and the outcome of applications to deprive people of their liberty. This meant we could not see whether appropriate action had been taken at the time in response to these events.
- Most of the records we requested were located promptly. However, some important documents such as the fire officer's report and DoLS authorisation documents were not accessible in the home. We have needed to contact these agencies direct to obtain this information. The absence of these records to refer to by managers and staff could mean people's safety and welfare needs are not being met.
- This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- Sensitive information was stored and handled in line with data security standards.
- The staff we met were clear about their roles, responsibilities and lines of accountability within the home.
- We spoke with the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was forwarded to them during the inspection by the inspector, as a reminder of what they may need to do in the event of a 'no deal scenario'. The registered manager told us staff who were EU citizens had already made arrangements regarding their rights to settlement in the UK.

Continuous learning and improving care:

- The registered manager carried out audits of care practice. These included infection control and medicines audits. The provider visited the service regularly. They showed us the monitoring they undertook as part of their role. This included checking audits carried out by the registered manager and occasionally, their own full, independent audits.
- Whilst monitoring was carried out by the provider and registered manager, the systems used were not effective in identifying the issues we found during our inspection. This placed people at risk of harm and unsafe practice.
- The service did not always implement good practice advice from other agencies in a timely manner. For

example, the local Clinical Commissioning Group circulated guidance on meeting the needs of people with diabetes to all homes, in 2016. This had not been adopted at the home. The guidance was forwarded to the home by the inspector following the inspection.

- These were breaches of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager kept their basic training updated. There was no evidence of further learning to help develop and improve the service and incorporate good practice.
- The registered manager did not attend any external meetings to share practice and learning with other managers and providers, such as local care homes' forums or national organisations. Advice was given on good practice forums, such as 'My Home Life'. 'My Home Life' is an international initiative that promotes quality of life and delivers positive change in care homes for older people.

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

- The registered manager did not fully understand their responsibilities towards the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. 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 regulation applies to registered persons when they are carrying on a regulated activity and refers to 'notifiable safety incidents.'
- The registered manager was not aware of the types of events classed as 'notifiable safety incidents' and that these needed to follow the principles of the duty of candour requirement. Whilst they told us they informed people's families if accidents happened, there were no written records to ensure all of the required actions were followed.
- We recommend the registered manager follows good practice towards fully demonstrating the duty of candour requirement.
- Staff worked together as a team and shared information to promote people's well-being. They received training and support to carry out their roles.

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

- Staff knew how to raise any concerns they had about people's welfare. They told us they would report concerns to the local authority if action was not taken in the first instance by the registered manager or provider.
- Staff meetings and residents' meetings took place at the service.
- The registered manager and other staff were accessible. Staff, visitors and relatives were able to speak with them to answer any queries.
- Links had been established with local churches and schools. School children occasionally visited the service. Some young people had completed placements at the home as part of their Duke of Edinburgh awards.

Working in partnership with others:

- We received positive feedback from a healthcare professional about how the home worked with them. They told us any recommendations about meeting healthcare needs were taken into account by staff. They told us "Communication is very good. I've no worries about advice being followed."

- There were 'transfer forms' to record people's needs if they moved between services. For example, if they were admitted to hospital. This helped to ensure continuity of care.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered person had not notified the Commission without delay of the incidents specified in the regulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's medicines were not always handled in a proper and safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not safeguarded from abuse and improper treatment as the home did not have effective systems and processes to protect them. Information to support people being deprived of their liberty was not available to show this was lawful.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the service provided. The registered person had not sought and acted on feedback from

relevant persons and other persons, for the purposes of continually evaluating and improving the service.