

Four Seasons (No 10) Limited

# Murrayfield Care Home

## Inspection report

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Date of inspection visit:  
06 February 2020  
07 February 2020

Date of publication:  
20 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Murrayfield Care Home is a nursing home providing personal and nursing care and accommodation for older people, some of whom may be living with dementia. The home can support up to 74 people. At the time of the inspection there were 69 people living at the home.

Murrayfield care home is a large purpose built care home set in a residential area of Enfield, North London. Bedrooms are located across three floors with an accessible rear garden. The home provides a combination of nursing and residential care.

### People's experience of using this service and what we found

People told us they felt safe living at Murrayfield Care Home. Relatives also confirmed that they believed their relative was safe and appropriately cared for. Staff knew how to recognise abuse and report their concerns to safeguard people from potential abuse.

Throughout the inspection we observed and identified continued issues in relation to people's experiences of dementia care, poor staff engagement with people and people not always being stimulated or involved in activities that promoted their well-being. This was especially apparent on the second floor of the home where most people were living with dementia.

Management oversight processes in place monitored the quality of care people received and where issues were identified these were addressed with details of actions taken so that further improvements and learning could be implemented. However, although the registered manager and senior managers were aware of some issues around people's dining experience specifically on the second floor, additional issues that we found in relation to poor staff engagement and activity provisions had not been identified.

We have made a recommendation about the provision of dementia friendly environments.

Risk assessments were in place for people which assessed risks associated with their health and care needs with clear management strategies in place for staff to follow to keep people safe.

Policies and systems in place supported the safe management and administration of medicines.

Staff received the appropriate training and support to meet people's needs effectively.

People's health and care needs were comprehensively addressed and where required access to health and care specialists was promptly arranged to meet people's changing needs.

People were supported to maintain a healthy and balanced diet. People told us that they were offered a choice of what they wanted to eat. Where people had specialist dietary requirements these were catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed that people did receive good care across other areas of the home, with care staff demonstrating kind and caring qualities when supporting people.

People were involved in making day to day decisions about how they were supported. Relatives also confirmed that they were always involved in every aspect of care provision relating to their family member.

People and relatives knew who to speak with if they had issues or concerns to raised and were confident these would be addressed appropriately.

Care plans were comprehensive and person-centred detailing people's health and care support needs and how they wished to be supported.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 February 2018). We had identified breaches of regulations around person-centred care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. However, at this inspection improvements had not been made or sustained and the provider was still in continued breach of regulations for these reasons. The service has consecutively been rated Requires Improvement specifically under the key question of Responsive over the last four inspections and has been rated Requires Improvement overall four times since 2015.

#### Enforcement

We have identified breaches of regulations in relation to person centred care provisions and the governance arrangements of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was 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 

# Murrayfield 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors, a specialist advisor who was a nurse, a specialist pharmacist advisor and four Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Three Experts by Experience attended the inspection and spoke with people to gain their views and opinions of the home as well as provide feedback about their observations around how people were supported. The fourth Expert by Experience supported this inspection by carrying out telephone calls to people's relatives to gain their feedback.

#### Service and service type

Murrayfield Care Home is a nursing home. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider was not asked

to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and 11 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, two regional managers, the deputy manager, six nurses, one care home assistant practitioner and two care workers. We also spoke with three visiting healthcare professionals.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further nine relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes followed by staff at Murrayfield Care Home helped to protect people from the risk of abuse.
- People told us that they felt safe living at Murrayfield Care Home and that care staff that supported them did so in ways that made sure they were safe. One person told us, "Yes, I'm safe. I'm well-treated; in the way that I like it." Another person stated, "I do [feel safe] and I like everybody. I'm safe."
- Relatives also told us that they felt re-assured knowing their relative was safe and well-cared for. One relative told us, "Yeah, she's safe. [Name of staff] is her favourite nurse."
- Staff confirmed that they had all received training in safeguarding and were able to describe the signs they would look for if they suspected abuse and the actions they would take to report their concerns.
- Staff knew how to whistle-blow if they had any significant concerns and listed numerous professionals they could contact to raise their concerns.
- The registered manager and senior staff understood their responsibilities around reporting any concerns or allegations to the appropriate authorities.

Assessing risk, safety monitoring and management

- Processes in place helped ensure people were kept safe from avoidable harm.
- Risks associated with people's medical, care and mental health needs were comprehensively assessed with clear guidance given to staff on how to minimise the risk. Risk assessments were reviewed monthly and updated where change was noted.
- Some people's identified risks required regular monitoring to minimise the risks. For example, food and fluid intake monitoring where people were at risk of malnutrition or re-positioning charts where people were at risk of pressure sores. At the last inspection we found inconsistencies especially around gaps in recording of food and fluid intake. During this inspection, we found improvements had been made and records were completed fully to help manage risks to the person and maintain their wellbeing.
- Routine health and safety checks were completed to ensure people's safety within the home. These included checks and tests of equipment and systems such as fire alarms, fire evacuation plans, emergency lighting, gas and electrical safety, lifts and hoisting equipment.

Staffing and recruitment

- People were supported by enough staff who were available at all times to meet their needs safely.
- People and their relatives told us that there was always staff available and they were supported in a timely manner. One person told us, "Before I put my hand on the call bell, somebody is by my side." One relative explained, "I have certainly not picked up on anything lacking there. Staff are always around. If he rings the

bell they are there in a couple of minutes."

- The home used agency staff especially nurses to ensure appropriate staffing levels were maintained to meet people's needs safely. The agency nurses we spoke with told us that they regularly worked at the home over a considerable length of time. This meant that people received consistency of care.
- There was a dependency tool that was completed for all people each month. This allowed the registered manager to check if people's needs had changed and adjust staffing levels accordingly.
- Staff were recruited safely. Staff files showed a range of checks including two written references, an application form with gaps in employment explored, proof of identity and a criminal records check. This ensured that only those staff assessed as safe to work with vulnerable adults were recruited.

#### Using medicines safely

- People received their medicines safely and as prescribed. People and their relatives confirmed that they received their medicines on time and did not have any concerns to raise.
- Medicines were stored securely. Medicine administration records were complete and there were no identified gaps in recording.
- Nursing staff were responsible for managing and administering medicines and had received appropriate training followed by an assessment of knowledge to confirm their competency.
- Where people had specialist directions and requirements on how to receive their medicines safely, these had been clearly documented within the person's care plan with multi-disciplinary agreements in place to ensure decisions had been made in the person's best interests.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicines.
- There were regular medicines audits including daily checks. Where any issues were identified we saw that these were addressed immediately and lessons learnt to prevent re-occurrences.

#### Preventing and controlling infection

- People were protected from the spread of infection. Control measures were in place to support this.
- Throughout the inspection we found that the home was clean with a dedicated housekeeping team responsible for maintaining the cleanliness of the home.
- Overall, there were no malodours noted around the home and the home smelt fresh and clean.
- All staff had received infection control training and had access to personal protective equipment such as gloves and aprons to prevent and control the spread of infection.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded, reviewed and analysed so that issues could be addressed, and further learning implemented to improve practices and prevent further re-occurrences.
- The registered manager and staff team discussed each incident and accident at daily flash meetings, clinical governance meetings and staff meetings involving the registered manager, nurses, care staff, the chef, the housekeeping team and activities to share and review practices and improvements.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were able to access all areas of the home including the garden and outdoor spaces. There was lift within the home which gave access to people to all three floors of the home.
- People were able to decorate and personalise their bedrooms as they wished.
- Some signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities. However, not all bedrooms had people's names on the doors and not all toilets had appropriate signage visible to support orientation.
- We did not see that the environment was always suitable for people with dementia so that there was appropriate provision to help them familiarise with the environment and orientate themselves around the home. For example, there was limited use of colour to provide contrast and photographs, sensory items, personal memorabilia, memory boxes all of which can act as point of reference and aid and assist people's dementia journey.

We recommend that the provider seek and implement national guidance on the provision of dementia friendly environments.

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

- People's needs and choices were comprehensively assessed prior to their admission to the home. This enabled the registered manager to determine whether the service would be able to meet the person's needs effectively.
- The assessment gathered information about the person's physical, mental and social needs as well as their diverse needs related to their protected characteristics such as religion, culture and sexual orientation.
- Where people required specialist equipment to maintain their health and well-being this was documented as part of the assessment so that appropriate arrangements could be made prior to their admission.
- People and relatives confirmed that where possible they had been involved in the care planning process.
- Information gathered at assessment was used to formulate a comprehensive care plan, which provides information and guidance to care staff on people's needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff that were appropriately trained and skilled to do so.
- People and relatives told us that they felt most staff were well trained and understood their and their relative's needs. One person told us, "Some of them are perfect and others are trained on the job." One relative stated, "Yeah, yeah, they have a nice manner."

- All staff that we spoke with confirmed that they received regular training on a variety of topics to enhance their skills and abilities. Staff who were relatively new explained the induction process and told us they went through a period of shadowing a more experienced member of staff to build their confidence before working with people independently.
- Records confirmed the training provisions available to staff which included safeguarding, moving and handling, first aid and health and safety.
- All staff told us that they were appropriately supported through supervision and annual appraisals. Staff also stated that the deputy manager and registered manager were always available and approachable at any time. One staff member told us, "I can access the deputy manager whenever."

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

- People were supported to eat and drink throughout the day and had access to drinks and snacks whenever they wanted.
- People told us that they enjoyed the meals on offer and were given a choice. One person told us, "We pick our meals the day before." Relatives stated that they believed the food provided was of a good quality and their relative enjoyed the choices available. One relative said, "Yes [person] says their food is very good, the portions are huge."
- People's religious and cultural requirements in relation to food and drink had been recorded within their care plan and catered for by the home. Where people had specialist dietary requirements or support needs staff were aware of these and supported people accordingly. One relative told us, "We left a list of what she can't eat. Like pork and she gets halal meals, if they are not sure what they are we tell them to stick to vegetarianism."
- We observed lunch time on both days of the inspection. Whilst we found people were supported safely and were not rushed, we did observe that on the second floor, where most people were living with dementia, people were not offered any visual choice of their meal. This meant that people who were given a choice the day before may not remember their choices and might not have been given all the opportunities available to choose their meals.
- We also observed that tables were not set appropriately to promote a positive dining experience and people did not have access to any condiments such salt, pepper and table sauces. We fed back our observations to the registered manager who was already aware of these concerns which had been identified through their audit processes and was working towards implementing the required improvements.

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

- People received consistent, effective and timely care and had access to a variety of healthcare services to promote and maintain their health and well-being.
- People's health care and medical needs were clearly documented within their care plan. Where people required additional assistance and support, appropriate referrals had been made to a variety of health care professionals so that people received effective and timely care.
- Professional input was documented in people's care records with reasons for the specialist input and actions to be taken to ensure people received the recommended care and support. One relative told us, "The GP visits on Thursdays. They [the staff] call Rapid Response if it's needed. They [staff] are attentive to sores and they inform us about his health."
- The staff team documented and communicated with each other through handovers and daily flash meetings to enable effective exchange of information about people and their health and care needs so that the care and support could be delivered effectively.
- We saw people had access to equipment and products to help maintain their oral hygiene. Staff demonstrated an awareness of the importance of supporting people with their oral hygiene and knew of the

health implications caused by poor oral hygiene.

- The registered manager told us about training scheduled for staff on supporting people with their oral hygiene.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by the home and staff in line with the key principles of the MCA.
- People's capacity or lack of had been clearly assessed and where decisions had been made in the person's best interest, these had been documented detailing how the person was to be best supported.
- Where people had been assessed to lack capacity and were likely to be deprived of their liberty, appropriate authorisations were in place or had been submitted to the relevant authorities for approval. DoLS authorisations were reviewed when required.
- Where DoLS authorisations were in place these had been clearly recorded within people's care plans along with any applied conditions and how the service was to meet those conditions.
- People and relatives told us that staff always asked their consent or involved them in making decisions, explaining what they were doing and why. One person told us, "Yes they always ask. They don't force me to do anything." One relative explained, "Yes they do. The nurses try to explain everything to her and speak slowly and use hand signs."
- Care staff demonstrated a good understanding of the basic principles of the MCA and how these were to be applied when supporting and caring for people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff that they felt were kind, caring and respectful. One person told us, "Yeah, they are alright to me. We have a laugh together." We asked relatives if they thought staff were kind and caring and their responses included, "Absolutely", "Yes they are" and "They are, even the night staff."
- Throughout the inspection we observed that most staff knew people well and we saw staff approaching and speaking to people softly, patiently and with a caring attitude. Staff knew of people's likes and dislikes and how they wished to be supported with these. One person told us, "They know me well but do everything I want." One care staff told us, "I am very caring, I go the extra mile for them, I really do care, I am such a people's person."
- Health care professionals also commented positively on the caring nature of the staff. One professional told us, "Yes, I do think they care. They are kind. I saw a nurse giving her own phone to a resident to phone their family member."
- However, we did observe some poor staff interaction and engagement specifically on the second floor of the home, where most people were living with dementia. We have reported further on this under the 'responsive' section of this report.
- People's religious and cultural beliefs had been recorded in their care plan. We saw posters around the home detailing visits by members of a church to conduct a church service. We observed a church service taking place on the second day of the inspection.
- At previous inspections we had identified that information around people's sexuality, relationships and other protected characteristics was not always obtained. However, during this inspection we noted that improvements had been made and people's support needs and wishes in these areas had been obtained and recorded.
- Staff demonstrated an understanding and awareness of people's diverse needs and ensuring equality regardless of their gender, sexual orientation, race and religion.

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

- People were supported to be involved in making day to day decisions about how they wished to be supported where practicably possible. We observed staff asking people's consent and explaining what they were about to do before carrying out the said task.
- People and relatives also confirmed that care staff always spoke with them respectfully, asked them how they wanted to be supported and explained what they were doing. One person told us, "They [staff] work with me." One relative stated, "I have been there and seen them talking to her."
- Relatives confirmed that they had been involved in the care planning process.

- People and relatives were asked to engage and participate in residents and relatives meetings where they were encouraged to give ideas and suggestions about care delivery and the management of the home.

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

- People and relatives both confirmed that their privacy and dignity was always fully respected. We observed that people were spoken to with respect and in a dignified manner. One relative told us, "Yes they do. They do things like closing his door when he has personal care."
- Care staff told us about how they respected people's privacy and dignity and were given various examples. One care staff told us, "You introduce yourself, enter their room but knock their door first, ask them first before you do anything, respect them it's just about manners and respect."
- People were supported to be as independent as possible. We observed staff encouraging people to do things for themselves where possible and only assisted where required. One staff member explained, "We encourage them, let them do things themselves, help them and support them, don't just take it upon yourself to take over."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same for the third consecutive time. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure that people's care and support needs were appropriately responded to, activities were provided to stimulate people, people were appropriately engaged in meaningful activities and people's end of life preferences were always documented. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made in monitoring and responding to people's care and support needs and the documenting of end of life wishes, not enough improvement had been made, at this inspection, around the provision of meaningful activities and people's experiences of care staff engagement and stimulation to promote positive well-being and the provider was still in breach of regulation 9.

- People were not always supported in positive ways that avoided social isolation and promoted well-being.
- Whilst provision of activities within the home by allocated activities co-ordinators was noted to be positive, outside of this provision, care staff initiated little or no form of activities to stimulate people especially on the second floor of the home which we were informed was the dementia nursing floor.
- People on the second floor were observed to be left sat in the lounge or the dining room, in front of a television, with no interaction, stimulation or positive engagement from staff. One person told us, "We sit in the lounge watching TV but I'd rather talk to someone. Very little activities and I'd prefer to have the human interaction."
- During lunch time, specifically on the second floor, we again observed minimal positive engagement between staff and people. People were only spoken to where assistance was required. People were left sat in the dining room for up to an hour before lunch was served with little or no interaction or engagement.
- In the lounge on the second floor, there were short period of times where care staff left the lounge unattended. This left people at risk of falling if they tried to get up without the appropriate support.
- One the second day of the inspection, 16 people attended the church service. However, we observed there were no staff visible or available whilst the church service was in progress. One member of the inspection team in attendance had to summon assistance due to an altercation between two people during the service. This again placed people at risk of harm or possible injury.

Minimal staff engagement with people living with dementia, the lack of interaction, appropriate activities

and stimulation outside of the activities co-ordinator provision meant that the service was in continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoke positively of the activities co-ordinators and the activities provisions within the home during their presence. One person told us, "I like the dominoes, bingo, drafts, playing cards and talking to people and we go out in the garden in the summer." Another person said, "I like bingo, I enjoy that. They do painting but not so keen on that. They do all sorts." Relatives feedback included, "Yeah, there is a game he likes to play. The activity girls get him ready. Once he went on a day trip" and "She likes the activities, she enjoys socializing."
- We also observed during the inspection, positive interactions between people and the activity co-ordinator and that people were encouraged to participate and get involved in organised activities.
- Relatives and friends were able to visit Murrayfield Care Home at any time. There were no restrictions on visiting times and visitors were always welcome.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Despite the issues we identified particularly on the second floor, most people received care and support that was responsive to their personalised needs, requirements and preferences.
- Care plans were person centred and comprehensive clearly documenting people's health and support needs and how they wished to be supported.
- People and involved relatives together with the service had created life story booklets that provided information about the person, their life events, important relationships, likes and dislikes and their interests and hobbies. This enabled care staff to deliver support and engage most people in a way which was responsive to their needs.
- Where monitoring charts had been implemented for people in response to specific needs such as turning charts or monitoring of food and fluid these were appropriately completed.
- Care plans were reviewed monthly or sooner where significant change had been noted.
- Relatives and where possible people had been involved in the regular review of their care plan.

End of life care and support

- People and their relatives had been able to express their wishes about the care and support that they and their relative wanted to receive at the end of their life. This included any specific cultural and religious requirements. These had been clearly documented within their care plan.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented within their care plan. Records showed healthcare professionals, people and relatives had been involved in these decisions.
- Staff had received end of life training to ensure that they were appropriately skilled to deliver the care and support that was responsive to people's and their relatives needs during that time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information had been recorded in people's care plans about their communication needs and how they were to be supported with these.
- Where people had communication aids such as glasses and hearing aids, this had been detailed in the person's care plan.
- We saw staff communicating with people in ways which took into consideration their individualised

communication needs and methods.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record and investigate and respond to complaints that were received in line with the provider's policy.
- People and relatives named specific people they could approach if they had any concerns or issues to raise and were confident that their concerns would be addressed. One person told us, "I would talk to the Manager about it." One relative stated, "They always follow up what you ask."
- The complaints policy and procedure were displayed in the main reception area, which detailed how to make a complaint and complaints would be dealt with.
- Where complaints had been received, we saw records detailing the nature of the complaint, the investigation into the complaint, the outcome and any learning to be taken forward.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not always assess, monitor and improve the quality of care for people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made around the management structure supporting the home, staffing levels and record-keeping in response to people's needs, not enough improvement had been made, at this inspection, around the provision of meaningful activities and people's experiences of care staff engagement and stimulation to promote positive well-being.

- The provider did not have effective arrangements to ensure that people always received a service which was person centred, inclusive and empowering. People did not always achieve good outcomes which promoted their well-being.
- The provider and registered manager had been unable to improve people's experiences of the care and support they received. Minimal staff engagement, interaction and stimulation with people did not promote people's wellbeing and has consistently been identified as an issue over the last three inspections.
- Concerns and issues identified around people's poor experiences of person-centred care has been historically reported on during inspections that took place in 2016, 2017 and 2018. During inspection carried out in 2016 and 2018 the service was found to be in breach of regulation for these reasons.
- A range of checks and audits were completed to monitor and oversee the quality of care people received. These included medicine checks and audits, health and safety checks, care plan checks, mealtime observations, weight and pressure sore monitoring.
- However, we found re-occurring issues similar to those found at previous inspections. Whilst issues around people's poor dining experience specifically on the second floor of the home had been identified by the registered manager, further concerns that we identified as part of this inspection process had not been identified by the providers internal quality assurance processes.
- Repeat issues and concerns found throughout the inspection evidenced that the provider and the registered manager had been unable to recognise and address these so that ongoing and sustainable improvements could be made to the quality of care that people received.

The lack of improvement and recognition of people's poor experiences and repeated breaches of regulation 9 meant that the service was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People recognised the nurses and care staff that supported them and told us they felt confident in approaching them with their requests. People also commented that they knew who the registered manager was and regularly saw them around the home. One person told us, "He's a nice gentleman."
- Relatives also confirmed that they knew who the registered manager was and that they could speak with him when they needed to. Relatives comments included, "His door is always open", "Yes they are approachable" and "I met two of the managers, I found them very approachable and helpful."
- People and relatives complimented the home and told us that this was the home for them and their relative and that they recommend the home to others. One person told us, "When I put my foot in the door I knew it was for me. I have nothing but a good word for them." One relative said, "Since the new manager has been in place there has been an improvement and [the service] continues to improve too."
- Staff also spoke positively of the registered manager and deputy manager. We were told that both were approachable, listened to them and supported them in their roles. One care staff told us, "[Registered manager] on the ball, very accommodating, supportive. They are good."
- Managers and staff were clear about their roles and demonstrated a good awareness of regulatory requirements.
- Management oversight systems and processes in place enabled the provider and the registered manager to monitor quality and risk.
- Where issues were identified, action plans had been compiled detailing the nature of the issue and the timeframe within which the issue would be addressed.
- All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the management team understood the importance of being open, honest and transparent with people, relatives, health care professionals and member of the community especially where something had gone wrong so that where required learning and required improvements could be implemented.
- Relatives told us that communication was good and that staff always informed them of any concerns relating to their relative. Feedback from relatives included, "Communication is very good, they call me up" and "I have had no problems, I would speak to the manager and [administrator]."
- The registered manager and the management team understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly encouraged and asked to be engaged and involved with the service and feedback about the quality of care that they received.
- People and their relatives were involved with the planning, delivery and review of their care and support package and plan. This was done through monthly care plan reviews.
- We saw records of regular residents and relatives' meetings where areas of discussion included, staffing levels, menus and complaints.
- The provider used an electronic quality survey system which people, relatives, visitors, health care

professionals and staff were able to complete using an I-pad whenever they wanted to. One relative told us, "The activities lady came and helped me to do one." Feedback and comments received was seen to be positive.

- There were regular staff meetings. Staff told us they felt they had a voice and were listened to by the registered manager.
- The service also worked in partnership with a variety of other agencies and health care professionals to support people's care and wellbeing. This included healthcare professionals, the local authority, mental health professionals, hospital discharge teams, speech and language therapists and occupational therapists.
- The registered manager told us that the home was part of the local community and had established links with local schools, churches and other religious communities.

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  People were not always receiving care and support that was person centred and took into account their preferences and wishes. People were not always interacted with or stimulated in ways that promoted their well-being.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to assess, monitor and improve the quality of the service.