

# Abbeyfield Society (The) Pratt House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Pratt House is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

Pratt House accommodates people in one adapted building. People are accommodated on the ground and first floor, with communal areas such as the lounge and dining room on the ground floor. The second floor is for staff use only and consists of a training room and a storage area.

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

People and their relatives told us they were happy with the care and support provided. Relatives commented, "Pratt House is exceptionally warm, friendly and professional. I honestly don't think they could do more than they do. Thank you to all Pratt House staff, your care and commitment for your residents is outstanding, exemplary and we couldn't do without you all, " and "I feel that the home offers a high standard of care and residents are kept clean, comfortable and entertained/engaged. I have only seen the staff acting kindly. "

All of the relatives were very grateful and complimentary of the registered manager and her team for the measures in place to mitigate a COVID-19 outbreak. Whilst they had an outbreak it was very quickly contained. Relatives commented, "They were very successful in preventing or limiting any significant infections throughout the outbreak," and "Proactive response to the pandemic and done a fantastic job of keeping people safe."

Some risks to people were identified but not always mitigated. Other risks had not been considered.

The registered manager was open and transparent but did not work to the duty of candour policy by sending people and their relatives a letter of apology after an incident. A recommendation has been made to address this.

People were safeguarded from abuse and systems were in place to promote safe medicine practices.

The service was clean and hygienic, areas of the service had been updated, refurbished and redecorated. Plans were in place to further improve the environment.

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

People's health and nutritional needs were met, and person-centred care was promoted. People were provided with in-house, group and one to one activities and they were supported to maintain contact with

families during times where the service was closed to visitors.

People were provided with information in an accessible format to promote their choices and independence. Systems were in place to deal with complaints. People and their relatives knew how to raise concerns.

Staff were suitably recruited, inducted, trained and supported in their roles. They had positive relationships with the people they supported and their relatives. Sufficient staffing levels were maintained, and people were supported by a consistent staff team. Systems were in place to promote good communication and staff worked well as a team.

Systems were in place to audit the service, although those audits had not identified that some risks to people were not mitigated. The registered manager and deputy manager had developed in their roles. They worked well together to improve the service. Staff, people who used the service and relatives were all complimentary of the management team whom they described as accessible, approachable, friendly, supportive, personable, professional and proactive.

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 30 July 2019) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 17 and 19 of the Health and Social Health Act 2008 (Regulated Activities) Regulations 2014, however, there was a continued breach of regulation 12.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pratt House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective 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** ●

# Pratt House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

This was a focused inspection to check whether the provider had met the requirements of the requirement notices in relation to the previous breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Pratt House is a 'care home'. People in care homes receive accommodation and nursing or 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.

#### Notice of inspection

This inspection was announced by phone on arrival, before the inspector entered the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

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 spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, deputy manager and an activity staff member.

We reviewed the environment and a range of records. This included five people's daily care records and medicine records for eight people. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including audits, complaints, accidents, health and safety were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed five care plans remotely, training records, policies and provider audits. We sought feedback from professionals and relatives. We spoke with one relative and received email feedback from six relatives and a professional involved with the service. We spoke with six staff remotely which included the registered manager, deputy manager, a senior carer and three carers.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure risks to people were assessed and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but the provider was still in continued breach of regulation 12 and risks to people were not always mitigated.

- Risks to people were identified but these were not always managed. A person with a pressure wound was not repositioned in bed at the frequency outlined by the district nurse. Whilst the handover records indicated staff were informed, the risk assessment was not updated to reflect the increased risks.
- A person with a medical condition required their fluid intake to be monitored and to be weighed daily. Whilst this was done there was no guidance provided on the fluid intake required and what action to take if the person's weight increased to ensure that the risk around their medical condition was managed. For other people fluid targets were not determined. A person's fluid intake charts showed their fluid intake varied from 390 to 650 per day, with no indication if this was sufficient fluid intake to mitigate the risk of dehydration.
- We saw an incident where a person had left the home and was supported to come back by staff. This was not recorded as an incident and there was no risk assessment in place to outline how the risk of leaving the home unsupervised was to be managed.
- Other person specific risks were not considered and mitigated. A person's care plan indicated they required a soft diet and a thickener in their drink. Whilst this was noted, the risk of choking had not been identified. Another person's care plan indicated they had an allergy. The allergy was outlined. However, there was no risk assessment in place to mitigate the risk and provide guidance to staff on how they would know if the person was experiencing an allergic reaction and what they were to do in that situation. The registered manager confirmed information on allergies was provided to the kitchen staff but agreed to put a risk assessment in place to further mitigate the risk.

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

The provider responded immediately after the inspection to confirm they had taken action to mitigate those risks.

- Other risks to people were identified and managed such as risks associated with the use of bed rails, falls and moving and handling. People had Personal Emergency Evacuation Plans (PEEP's) in place to ensure they were evacuated safely in the event of a fire.
- Environmental risk assessments were in place and reviewed. Equipment such as hoists, slings, the lifts, fire system, electric, gas and water supply were serviced. Fire drills took place six monthly.
- In house health and safety checks took place such as water temperature and window restrictors. These were up to date and complete. A health and safety audit took place every three months which was reviewed and signed off by the registered manager.

### Preventing and controlling infection

At the last inspection the provider had failed to ensure the service was clean and hygienic. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the home was clean and free from odour.

- However, we were not fully assured that the provider was using PPE effectively and safely. Staff had access to sufficient supplies of PPE. During the inspection we observed the kitchen staff were not wearing masks. The registered manager told us the two staff members were in a bubble together and therefore the risks to each other were minimised, but no exemptions or risk assessments were in place. This practice did not mitigate the risk to other staff who frequented the kitchen and was not in line with government guidance. The registered manager confirmed after the inspection they had reviewed the decision and both kitchen staff were now wearing masks.
- We were not fully assured that the provider was meeting shielding and social distancing rules. At the time of the inspection shielding had ended. Posters and signage were available at the entrance to the home and by the visitor's entrance. However, there was no social distance signage in the communal areas of the home and the furniture was not arranged to promote social distancing. At lunchtime we observed that two people were at a table directly opposite each other. The registered manager told us people mainly stayed in their bedrooms which minimised the risk, but they agreed to review the arrangements further.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home had an outbreak earlier in the year and were proactive in managing the outbreak. Relatives were very complimentary of the way the outbreak was managed to safeguard their relative. Relatives commented, "They were very successful in preventing or limiting any significant infections throughout the outbreak," and "Efficient response to the pandemic and done a fantastic job of keeping people safe."
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visiting was taking place in line with government guidance. People had two named visitors and visits were booked in advance. Visitors were required to complete a lateral flow test prior to the visit. PPE and hand sanitiser was available to them. A separate visitor's entrance was in use. Relatives told us they were able to visit their family member and had been kept informed when visitors were not allowed during an outbreak of COVID-19. A relative commented, "Yes I am very happy with the visiting arrangements,

they are usually well managed," and "I am happy with the management of the visits, I can see my family member inside or in the garden."

### Using medicines safely

At the last inspection the provider had failed to ensure safe medicine practices were promoted. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and safe medicine practices were promoted.

- Systems were in place to promote safe medicine administration practices. Medicines were suitably stored and at the recommended temperature. Records were maintained of medicines ordered, received, administered, disposed of and people's allergies were highlighted and made known to staff.
- The provider had a medicine administration policy in place to promote safe practices and staff involved in medicine administration were trained and assessed for the task.
- Stock checks and audits of medicines took place to enable any discrepancies in medicines to be dealt with quickly to minimise risks to people. The medicine administration records viewed showed medicines were given as prescribed with no gaps in administration.
- Protocols were in place for when "as required medicines" were to be administered and these were kept under review and updated. The administration of people's topical lotions was recorded on their daily records. We discussed the use of a topical medicine application record for this purpose. This was implemented and copy provided after the inspection.

### Staffing and recruitment

At the last inspection the provider had failed to ensure fit and proper persons were employed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 19 (Fit and proper persons employed).

- Staff were suitably recruited. They completed an application form, were interviewed and pre-employment checks were carried out. These included references from previous employers, a medical questionnaire and disclosure and barring service checks. A relative commented, "Staff are very well selected and work as a team."
- The service had a dependency tool in place which calculated the number of care staff required to meet people's needs. The registered manager confirmed the staffing levels per shift and the rotas showed this was provided and maintained. There was always a senior staff member on shift with the registered manager and deputy manager available to cover any shortfalls in the rota. Catering, laundry, housekeeping, maintenance, activity and administration staff were provided to support the registered manager in running the home.
- People told us there were always staff available to support them and they felt the staffing levels were generally good. A person commented, "I can always get someone's attention if I need it, there is always someone about and willing to help."
- Staff felt the staffing levels were sufficient and the required staffing levels were maintained. They confirmed the registered manager and deputy manager assisted on shifts when required and the management team recognised pressures on a shift and intervened.

- A relative described the staff as "Wonderful staff, always smiling and happy". Relatives felt the staffing levels were sufficient and commented, "Plenty of staff and good continuity of care," "Continuity and consistency of staff is good," and "Whilst there have been some staff changes over the last couple of years there have always been familiar faces providing continuity. I feel that staffing levels are about right."

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

- Staff were trained in safeguarding procedures and safeguarding policies and procedures were in place and accessible to them. The registered manager was aware of their responsibilities to inform the local authority and the commission of any potential safeguarding incidents.
- People told us they felt safe. A person told us they had frequent falls and commented, "If I use the call bell they come straight away, which is reassuring and makes me feel safe."
- Staff were aware of their responsibilities to report concerns to safeguard people. A staff member commented, "If I see something is wrong it needs reporting to safeguard the person."
- Relatives told us their family member was safe. Relatives commented, "Yes [family member's name] is safe and the staff are on hand to promote that," and "I feel [family member] is in a safe environment." They went on to tell us how their family member was checked on regularly when in their bedrooms and hazards are managed.

#### Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents and a monthly log of accidents was maintained. The accidents were analysed monthly which enabled trends and recurrent accidents to be identified.
- We noted that there was an increase in falls for one person. This had been identified and the person was referred to the falls clinic for advice to mitigate the risk.
- The registered manager told us that they and the deputy manager have a weekly catch up meeting where accidents, incidents, safeguarding concerns and other issues pertinent to the running of the service were discussed. This enabled them to identify trends in a timely manner and promote learning from it.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the previous inspection the service was not suitably maintained and fit for purpose. A refurbishment plan was in place but there were no timescales for getting the works completed.

We made a recommendation for this to be addressed in a timely manner. At this inspection we found the environment had been updated.

- The sitting and dining room had been decorated with new curtains and furniture in place. It was clean, bright and homely. All the fire doors had been replaced and the fire system had been upgraded. The reception area had been cleared of a desk and was more welcoming with a seating area provided. A new summerhouse had been provided in the garden to enable people to sit in the garden but still get the shade.
- Further refurbishment was planned with carpets due to be replaced throughout and the bathrooms on each floor were due to be updated.
- The service had access to a maintenance person which meant day to day maintenance issues were addressed promptly.

Staff support: induction, training, skills and experience

- Staff told us they had completed an induction and felt suitably trained for their roles. They confirmed the induction included shadowing shifts prior to working on their own. A staff member commented, "The induction was organised, explained clearly and gave me confidence."
- Staff new to care are required to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The service had a system in place to monitor the progress of the completion of the Care Certificate training and this was signed off as completed when all the modules had been covered. Staff new to care confirmed they were working through the booklet and modules.
- Staff had access to regular training such as safeguarding of vulnerable adults, moving and handling, first aid, fire safety, behaviours that challenge and dementia care training. A training matrix was in place which showed the training completed and due. Staff confirmed they felt suitably trained for the role.
- Staff told us they felt supported and had regular one to one supervision. They confirmed the registered manager and deputy manager were supportive, encouraging and provided them with feedback on aspects

of their role. A supervision matrix was in use to enable the registered manager to have oversight of the supervisions that had taken place.

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

- People were assessed prior to them coming to live at the home. The process had changed in response to the pandemic. The assessment form was sent to the next of kin to complete and provide the key information on the person. This was then reviewed by the registered manager and a decision made as to whether they could meet the person's needs.

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

- People's care plans outlined their nutritional needs, likes, dislikes, risks and support with meals and drinks. Staff were aware of the support people required with their meals and people had a choice of where they could eat their meals. We observed a staff member gently encouraging a person with their meal.
- Daily meal choices were provided and an alternative to what was on the menu was available to people, if required. A record was maintained of the meals eaten.
- People were happy with the meals provided. A person commented, "The food is very nice; you always get a choice and portion sizes are good."
- Some relatives felt unable to comment on the meals, due to not visiting as frequently over the year. A relative described the meals as nutritious and told us their family member enjoyed it. Another relative commented, "My [family member] has poor eyesight. The staff have been very helpful in trying different cutlery and coloured plates and cups to help them and have recently been ensuring that they can digest their food by cutting it up or liquidising it to some degree. [family member] has never had any issues with the food, and the home are aware of their likes and dislikes."

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

- People had a hospital passport in place to take with them if admitted to hospital. This document ensured key information on the person was available to the hospital.
- People's care plans outlined the support they required with their health needs and a record was maintained of interventions and visits with health professionals.
- The registered manager confirmed they were still able to access health professionals during the pandemic although some of the discussion and reviews were carried out remotely as opposed to a visit to the service.
- Relatives told us their family members health needs were met. Relatives commented, "Yes the home have called in the GP several times and I have been informed of this action," and "Yes very pleased with the ongoing care provided. Any need for updates as to health levels are quickly informed to me over the phone or by email, and also the information is treated with respect and confidentiality." Another relative told us their family member had not been reviewed by their GP. They commented, "The staff are very responsive to my [family member's] deterioration in their health and arranged three ambulance (999) calls with two resulting in hospital admissions.

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 to be involved in their care. Where people did not have capacity to make decisions on their care a mental capacity assessment was completed, and a best interest decision recorded.
- Decision specific mental capacity assessments were in place for people in relation to aspects of their care such as living at the service, administration of medicines, use of bed rails, COVID-19 testing and COVID-19 vaccinations and relevant DoLS applications were made for individuals.
- Staff were trained in MCA and DoLS. They had a good understanding of the act and its application to ensure people were consented on their care.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection person centred care was not provided. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9 (Person centred care).

- People's care plans outlined the support they required with all aspects of their care. It indicated what people could do independently and what areas they needed support with. Specific detail was provided on the support people required with personal care and indicated whether people required staff support or specialist equipment to meet their needs such as specialist crockery, cutlery, specialist beds and mobility aids.
- People's care plans outlined people's medical conditions and a description was provided on how that presented.
- A relative felt the service was very good at offering person centred care. They gave us examples where the home had made specific changes to enable them to accommodate their family member. They commented, "They are really good at individualised care and knowing what is important to [family members name]."

Meeting people's communication needs

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

- The provider had an accessible information standard policy in place which outlined how they would meet the standard.
- People's care plans outlined their communication needs and preferred way of communication and receiving information.
- Information on activities and menus was provided in a pictorial format and accessible to people. Picture cards were in use to support people who had difficulty communicating their needs verbally to make choices and decisions in relation to day to day aspects of their care.

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

- People's interests and hobbies were identified, and their previous work history was taken into account to offer person centred activities.
- The service had two activity staff who took responsibility for planning and organising activities. Due to the pandemic the activities provided centred around the home and included activities such as exercises, bingo, arts and crafts and music sessions. The activity staff member told us that they had also focused on one to one activities for people in their bedrooms such as nail painting, massages and crosswords and had supported people who wanted to participate in religious services and prayers. A raised flower bed had been purchased for the garden so that people could get involved in gardening as the weather improved.
- People told us they enjoyed the activities provided. A person commented, "[Activity staff members name] is always trying to keep us entertained, although I mainly choose to stay in my room."
- Relatives told us they knew activities took place, but they did not know if their family member would choose to engage with them. Another relative commented, "[family member's name] engages with activities as and when they want to." Other relatives felt there could be more activities at the weekends and relatives were keen for a visiting hairdresser to commence. The registered manager confirmed activities currently took place alternate weekends and they were looking to restart the hairdressing service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was reviewed and updated in December 2020.
- A log was maintained of the complaints received, action taken and outcome. The service had two complaints in 2021, one of which was still being addressed.
- People told us they could go to any of the staff with concerns or complaints. A person commented, "I can talk to any of the girls or [registered managers name] if something is worrying me."
- Some relatives confirmed they knew how to make a complaint, whilst others could not recall being informed but felt they could easily find out the complaints process. Relatives commented, "I know how to complain if required. Any issues of concern are dealt with by the manager or her deputy," "Yes I know how to raise a complaint but so far I haven't ever needed to because all staff are doing their absolute best," and "I have not had to raise any formal complaints. I may have commented from time to time on both positive and negative aspects and my comments have always been appreciated and acted upon if appropriate."

End of life care and support

- People's end of life wishes had been explored and considered. Care plans outlined if people had a funeral plan and/ or a Do Not Attempt Resuscitation (DNAR) in place.
- Nine out of 28 staff involved in providing care were trained in end of life care, to support them in their role of caring for people on end of life care. Eight staff were overdue updates in this training and the registered manager confirmed this training was being sourced for all staff.

# 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.

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 provider had a duty of candour policy in line with regulations and included a template letter to be used when writing to the person or their relative to offer an apology following a duty of candour incident.
- The registered manager was aware of her responsibility to be open and transparent when things go wrong. We saw for two recent incidents the duty of candour regulation was not applied. The registered manager told us they had telephoned the relatives and email updates were provided to them, but a letter of apology was not sent, in line with the provider's policy and the duty of candour regulation. During the inspection we found the registered manager to be open and transparent.

It is recommended the service works to best practice in relation to the Duty of Candour.

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

At the last inspection reasonable steps had not been taken to effectively assess and monitor the service and to ensure records were fit for purpose. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was no longer in breach of regulation 17, although some improvement was still required to their auditing systems.

- The provider had a quality assurance policy in place and a schedule of audits was outlined to enable the provider to be reassured that the service was managed effectively. Regular auditing took place which included audits of infection control, health and safety, medicine management, care plans and catering. Alongside this, monthly provider's audits took place. However, the auditing system was not fully effective in relation to risk management, as outlined under the safe domain.
- Records had been reorganised, were accessible and suitably maintained.
- Staff were clear of their roles and responsibilities and felt suitably trained and supported in their roles.

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

- The registered manager and deputy manager worked well together and had brought about positive changes to the service. Staff felt the home was well managed. They described the registered manager and deputy manager as "Friendly, fair, accessible, personable, welcoming and professional." Staff commented, "We work well together, [registered managers name] is my rock," "Registered managers name] is lovely, she is personable, listens and her door is always open," and "I am very happy working here, we are a family unit, staff come together, we have good relationships with the people living here and they have become our family."

- People were positive about the way the home was managed. A person described the registered manager as "excellent."

- Relatives were complimentary of the registered manager and felt the home was well managed. They described the registered manager as "Accessible, approachable, friendly, professional, flexible, proactive and caring." Relatives commented, "Yes full confidence in [registered managers name] and her team," "The Care Home Manager, is one in a million, an outstanding manager. She treats residents professionally and with much care and humour. I would imagine she is a wonderful boss to work for, she runs a tight ship but you can tell her staff respect her management and they are happy in their jobs," and "[Registered managers name] creates a good rapport with people and her team. She is very democratic, and she paves the way for staff to be empowered in their roles."

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

- Systems were in place to seek feedback from people, their relatives, staff and other stakeholders. People who used the service and staff completed a survey in January 2021 and relative feedback was sought in September 2020. The results were mainly positive.

- Resident and staff meetings took place and a WhatsApp staff group message was in use to further promote communication and keep staff informed. Daily handovers took place with a record maintained of the key information handed over to keep staff updated.

- Systems were in place to keep relatives updated such as regular emails to them and they had access to the home's Facebook page which enabled them to see what activities had taken place.

- Relatives felt very well informed during the pandemic and felt communication with them was regular, informative and reassuring. Relatives commented, "There has been regular emails keeping us informed and phone correspondence. During lockdown when COVID-19 was in the care home all visits stopped and video calls on a new large screen were set up. All the staff have gone above and beyond to make sure [family member] is able to keep in touch with us," "We have been well-informed during the pandemic and I've managed to see [family member's name] in the garden regularly, obviously with correct PPE and following strict government guidelines. [Registered manager's name] deserves a medal for her commitment to the residents and managing her brilliant team through lockdown," and "Communication is great, staff participation and resident knowledge is very good, with most if not all staff being able to give me updates when requested. They all seem dedicated and well informed by the management".

Continuous learning and improving care

- The registered manager had completed Level 5 leadership training in Health and Social care which supported them to develop their skills to benefit people.

- The registered manager told us the organisation was keen to have more in house trainers which she felt would up skill staff and have a positive impact on people.

Working in partnership with others

- The service liaised and worked with other professionals as and when required.

- A professional involved with the service told us they had a positive relationship with the service. They

commented, " The GP and staff relationship is good and therefore GPs feel they can respond to patient needs promptly to support both patient and care home staff" and "We have a very open relationship with the staff at the home and continue to work well through the transition to the Directed Enhanced Service requirements and look forward to integrating more care home support into our capability as a primary care network member practice."

- The registered manager told us they had worked closely with their local community during the pandemic in arranging packages to people including providing people in the community with a hot meal. The activity coordinator set up pen pals between people in the community and people living at that home. They wrote and rang each other which provided the person in the community and the person living at the service with a friendship and support at a time when people living on their own in the community were isolated.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always identified and mitigated.