Care Quality Commission

Bupa Care Homes (BNH) Limited

# Grosvenor Park Nursing and Residential Home

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

The inspection took place on 01 and 05 May 2015. Grosvenor Park Nursing and Residential Home was last inspected on 02 October 2014 and no concerns were identified.

Grosvenor Park Nursing and Residential Home is a care home with nursing located in Bexhill on Sea owned by BUPA Care Homes Limited. It is registered to support a maximum of 57 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. There is also a rehabilitation service provided for up to 10 people who were nonweight bearing following an operation with specialised input from a physiotherapist and

# Summary of findings

occupational therapist. We were told that some people were also now living with a mild dementia type illness. There were 51 people living at Grosvenor Park Nursing and Residential Home during our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We received both positive and negative comments which we have included in the report. Some people spoke positively of the service and commented they felt safe and the care was good. Other people raised concerns that staffing levels could be better. . Our own observations and the records we looked at reflected the positive comments people had made.

Peoples' concerns and complaints were not always appropriately recorded, investigated or responded to. Negative comments received during our inspection were fed back to the manager and area manager to consider and manager. "They need more staff, I have had to wait for assistance," and "Staffing levels could be better."

People and staff told us that staffing levels were stretched. We looked at staffing levels within the service. The staffing levels were sufficient to deliver the care and keep people safe.

Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from an appropriately trained care staff member.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act and the implications for their practice.

Care plans contained information on people's likes, dislikes and individual choice. Information was readily available on people's life history and there was evidence that people and families were involved in the development and review of their care plans. Activities and planned events were available and well attended.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. We did receive some negative comments about the new menu choices recently introduced. However the chef and management team were aware and were working on new menus to meet people's choices and the new government guidance on nutrition. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. The communal dining experience was available and enjoyed by people. People also told us they ate their meals where they wanted to on a day to day basis.

Health care was accessible for people and appointments were made for regular check-ups as needed.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as palliative (end of life) care. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated they had built a good rapport with people.

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis which enabled staff to be involved in decisions relating to the home. Resident meetings were not formally held but people were encouraged to share their views on a daily basis.

# Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Good

Grosvenor Park Nursing and Residential Home was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

**Is the service effective?**

Good

Grosvenor Park Nursing and Residential Home was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

**Is the service caring?**

Good

Grosvenor Park Nursing and Residential Home was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

**Is the service responsive?**

Requires improvement

Grosvenor Park Nursing and Residential Home was not consistently responsive.

# Summary of findings

Whilst we saw comments, complaints and compliments received in writing were monitored and acted on, we received negative comments from people who they told us they did not always feel listened to.

Care plans were in place to guide staff and ensure people received the care they needed.

People were supported to take part in a range of recreational activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

**Is the service well-led?**

Good

Grosvenor Park Nursing and Residential Home was well-led.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and understood what was expected of them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

# Grosvenor Park Nursing and Residential Home

**Detailed findings**

## Background to this inspection

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

The inspection took place on the 01 and 05 May 2015. This visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with 17 people who lived at the service, six relatives, the registered manager, eleven care staff, three registered nurses, the maintenance person and the chef. We looked at all areas of the building, including people's bedrooms, bathrooms and the communal areas.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Grosvenor Park Nursing and Residential Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

# Is the service safe?

## Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I feel I am safe here." Another said, "I feel very safe, never felt unsafe or worried." Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. The actions described were in line with the organisational safeguarding policies.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people with a hoist from their bed to chair, and wheelchair to armchair. People told us that they felt safe when being assisted. One Person said, "I was frightened when the staff first used a machine to move me, but they were so good and explained how it worked, good staff, very safe."

We spoke with care staff and the registered nurses about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered nurse said, "We pre-assess to get all the information about the person. We carry out a risk assessment and review them when we see a change or the person's health changes, we want people to still lead active lives but also want to know they are safe." Staff gave us examples of how people went out either on their own or with friends supported by a risk assessment. .

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. We also saw legionella checks and policies. There was a business continuity plan. This instructed staff on what to in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the people's needs changed to ensure people's safety. The registered manager told us, "We know the residents and know the staff. I would get more staff in if it was needed." Feedback from people indicated they felt the service usually had enough staff but there were times when they felt more staff were needed. Staff said they felt more staff would be beneficial as it could be very busy. Staff said they felt that they gave good care but with more staff it would be even better. One staff member said, "We give 100 % but sometimes, something can happen such as someone is poorly and then we have to rush to get back on track." We observed throughout the two days that care delivery was given in a timely manner and call bells were answered promptly. We looked at the daily audits of response times to call bells. All calls were recorded and a print out of all calls was available to view. The call bell audit identified the length of time people waited and if over five minutes was investigated as to the reason for delay. There was also an emergency setting to alert people that someone was still waiting for their call to be answered. We saw that there had been some delays recorded but they were isolated . There were no trends of long or unanswered call times that identified staffing levels were unsafe.

In respect to staffing levels and recruitment, the registered manager added, "At the interview we explain what the job is like and that it is hard work. We explore their experience and skills." Documentation we saw in staff files supported this, and the staff training files of the home helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out disclosure and barring service (DBS) checks. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and

Good

# Is the service safe?

qualifications. Nurses employed by the provider of Grosvenor Park Nursing and Residential Home had evidence of registration with the nursing midwifery council (NMC) which was up to date.

We looked at the management of medicines. The registered nurses and selected senior care staff were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse and a senior care staff member administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medication. One person told us, “I get my medication when I expect it.” Another said, “I get my medication when I need it, they give me painkillers when I have needed them.” Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

# Is the service effective?

## Our findings

People told us they received good care and their needs were met. One person said, "I think they are good at their job." Another person told us, "They do so much for me." A relative added, "I am 100% satisfied with everything they do. I would recommend it to anyone, the restaurant is fantastic, staff lovely and I can't think of a better place." We spoke to people who were in Grosvenor Park Nursing and Residential Home for rehabilitation. One person said, "I think they are all great, they manage my pain well and ensure I don't put weight on my foot." Another [person said, "I feel that they have a good understanding of my limitations and support me in different ways well."

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were deemed competent to work unsupervised. They also received training specific to peoples' needs, for example around preventing pressure damage and end of life care. There were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training." We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff showed they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. Staff ensured clocks were correct and people were reminded of the day and date in order to reorientate people and lessen their anxiety of forgetting things. Nursing staff we spoke with told us that they had received a wide range of training including wound management, end of life care, medication, catheterisation and percutaneous endoscopic gastrostomy (PEG) feeding. Staff also received training specifically to support non-weight bearing people who were admitted for short term care and rehabilitation.

Staff received support and professional development to assist them to develop in their roles, and feedback from the registered manager confirmed that formal systems of staff development, including one to one and group learning meetings and annual appraisals were in place. Supervision is a system to ensure that staff have the necessary support and opportunity to discuss any issues or concerns they may have. Some staff said that they had not had supervision recently however the records stated that supervision was upto date.

Staff told us they explained the person's care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. The registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. Nobody living at the home was currently subject to a DoLS.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. The meal time experience was something people told us they looked forward to and enjoyed. One person said, "It feels like a restaurant overlooking the sea."

Good

# Is the service effective?

People were on the whole complimentary about the meals served. One person told us, “The food is very good and the portions are suitable.” Another said, “I like the food and you can choose what you want.” A further person added, “I am diabetic. The food is very good, with good portions.” The menus had recently been changed and people said they were not sure all the changes were good, the chef said, they were adapting the new menus with people’s feedback and would be adjusting them over the next few weeks. We saw evidence from minutes from the resident meeting that the menu changes had been explained and discussed.

We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request. We saw that fresh fruit was available in the restaurant and some people had their own fruit bowls. Each floor had a kitchenette with facilities for making drinks and late night snacks (sandwiches, soup and cheese) were placed daily in the fridge for staff to offer at night if people should feel hungry.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. A registered manager told, “We liaise with Speech and Language Therapists (SALT) and Dieticians and any requirements are passed on to the kitchen and recorded in care plans for staff information.”

Care records showed when there had been a need, referrals had been made to appropriate health professionals. The registered manager told us, “The staff are confident to refer. We had an example this morning of somebody being referred to SALT”. Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals. We looked at the audits for wound care, infections and skin integrity and found that the home managed people’s care effectively and the numbers of wounds, infections and pressure damage were low. The staff worked closely with the physiotherapist and occupational therapist that visited the home for people who were non-weight bearing. Staff said the guidance from these professionals was clear and felt they worked as a team, “To mobilise people to get them home again.”

We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. One person told us, “I saw the optician and they are very good at getting the doctor to see me.” Another said, “The dentist, optician and chiropodist all visit.” A further person added, “If I want to see the doctor, I can. You only have to tell the Sister and it’s done.”

Good

# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They treat you well here. They are all nice and polite, they genuinely seem to care." We also received some negative comments that have been passed on the management team to investigate internally. One comment received was that one person felt they were rushed by staff when they were busy.

Interactions between people and staff were positive and respectful. There was sociable conversations taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We saw that staff sat and spoke with people whilst assisting them to eat. We also saw that staff spent time with people at quiet times during the day.

One person told us, "The staff are always very nice, some, they are kind to everybody." Another said, "The staff are nice, the care adequate, I have had a few grumbles, but they were sorted out immediately." A relative added, The atmosphere is okay here, especially activities and all staff are friendly and kind." We observed staff being caring, attentive and responsive during our inspection. We saw positive interactions with good eye contact and appropriate communication, and staff observed, appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. A registered nurse told us about a person , "We have a resident who has limited communication but we know when they are uncomfortable, cross or unhappy, they have certain facial expressions that tell us how they are feeling." Another staff member said "We get to know people well, it's an important part of our job and it's the best part."

People looked comfortable and they were supported to maintain their personal and physical appearance. For example ladies were supported with manicures and make up if they wished it done. People told us that staff were caring and respected their privacy and dignity. One person told us, "I think they treat me with respect and dignity, I have never felt upset by staff, I trust them." Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. Staff were respectful when talking with people calling them by their preferred names and were approached people in a calm and pleasant way. We observed staff knocking on people's doors and waiting before entering, we also saw staff ensure people were appropriately covered whilst sitting in their room or communal areas. One person told us, "They are very good in respect of dignity. They always make sure I'm presentable and well dressed." Another said, "They are very good care staff and there is no issue with privacy and dignity". Staff were observed speaking with people discretely about their care needs. One person said, "I'm here for rehabilitation and the staff talk to me about it. They explain everything to me to make sure that I'm happy with how things are going."

People were consulted with and encouraged to make decisions about their care. One person told us, "They involve me in everything they do". Another said, "I just do as I want to, I'm not dictated to. I choose when I get up and when I go to bed and when I go out." A further person commented, "I do what I want to do". One senior care staff member added, "Every resident is different. We respect their choices, we can't treat everybody the same." Staff supported people and encouraged them, where they were able, to be as independent as possible. A registered nurse told us, "We have some people who are very independent but are finding it difficult now, so we discretely offer a little more support."

Visitors were welcomed throughout our visit. One person told us, "I get a few visitors and they can come at any time". The care staff said, "Visitors can come and go as they please. They don't have to phone us, unless of course they want us to get someone ready for something specific." Visitors told us they visited as much as they were able and felt welcomed. One visitor said, "There is a lovely lounge with tea and coffee, comfortable and always clean and welcoming."

Requires improvement

# Is the service responsive?

## Our findings

Whilst some people told us they were listened to and the service responded to their needs and concerns, we were also told that people did not feel listened to. Comments received included, "I like to talk to people and the staff always talk to me", and "I've never complained, but I would, and I'm sure they would attend to it." We were also told, "I have raised complaints but nothing was done, I spoke to staff but I felt my complaint was not important to them," and "I have spoken to staff about things but don't feel I was listened to." Relative's comments "When I phone up they respond to my queries quickly", and "I have to say I'm disappointed with responses to my queries, it seems that things are brushed under the carpet."

Records showed written complaints were monitored by the area manager of BUPA. Complaints had been handled and responded to appropriately and any changes and learning recorded from specific incidents. However all the written complaints mentioned staffing levels and we saw that staffing levels had not been adjusted or a review of staff delegation undertaken to improve care delivery. We received a number of verbal complaints during our inspection from people who told us they had raised issues but no action had been taken nor had they received any further meeting or asked if things had improved. People told us they had not felt that there verbal complaints had been taken seriously. We were told that people had spoken to different staff in an attempt to be heard, but nothing had been done. One person said, "I think I have tried every staff in the home, but it's not been dealt with, I will now put my grumble in writing." A visitor said, "I'm not sure our complaints are taken on board, it then grows into a lack of transparency because I feel awkward in then talking to staff as I don't want to be labelled a trouble maker." We spoke with the management team and they acknowledged that peoples' verbal complaints or 'grumbles' had not been recorded. We were unable to follow up on some of the concerns and lack of follow up mentioned as they were no records to review and staff had not recorded the conversations in the individual care plans. Peoples concerns and complaints had not been responded to. There was not an effective or accessible system for identifying, receiving, recording, handling and responding to complaints by people. This was a breach of a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. The organisation was in the process of changing care plans and Grosvenor House Nursing and Residential Home were currently re-assessing people and changing to the new care plan system. People and visiting relatives confirmed they were involved in the formation of the initial care plans, and were subsequently asked if they would like to be involved in any care plan reviews. One person told us, "I am aware of my care plan and involved in changes". A relative said, "My father was asked questions and this was all written down." Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, continence and personal care. Information was clearly documented on people's healthcare needs and the support required managing and maintaining those needs. This information had been reviewed and updated regularly. People who were admitted for a short term rehanbilitation programme told us they were involved in the care plan and had identified goals to reach as part of the physiotherapy and occupational therapy programme. One person said, "Staff respond to my pain levels and always offer analgesia, support and encouragement."

Care plans contained reference to people's life histories, their likes and dislikes, goals, aspirations and fears. A more in depth social care plan was kept by the staff who organised activities. The completion of a person-centred assessment had enabled staff to identify the person's individual needs and preferences, in order to inform their plan of care.

There was regular involvement in activities and the service employed co-ordinators. Activities were organised in line with people's personal preferences, for example several people had expressed an interest in Bridge and certain people played regularly.

We saw a varied range of activities on offer, which included singing, exercises and films. On the day of the inspection, we saw activities taking place for people. We saw people engaged in arts and crafts. People appeared to enjoy the stimulation and the activities enabled people to spark conversations with one another. We visited the main lounge and one person told us, "I like sitting here and reading my newspaper or watching TV. We get entertainment with people who come in." The home ensured that people who remained in their rooms and may

Requires improvement

# Is the service responsive?

be at risk of social isolation were included in activities and received social interaction. One person said, “Staff come round and have a chat, because I prefer to stay in my room apart from some activities I look forward such as bridge. The activities co-ordinator’s recorded the activities that people attended and gained their feedback, to assist with planning future activities that were relevant and popular.

The home supported people to maintain their hobbies and interests, for example one person was supported to go out regularly and independently. The home also encouraged people to maintain relationships with their friends and families. A staff member told us, “We have one resident who goes out for lunch regularly and others visit family and go shopping with family and friends.” One person told us that the library was their favourite room, quiet and peaceful. One person told us, “I get a lot of visitors and I like to talk on things like politics, and economy.”

Good

# Is the service well-led?

## Our findings

People, relatives and staff spoke well of the management and felt the home was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "This home is definitely well managed, it's a brilliant place." However there were some comments from staff and people that were not so positive and these were discussed with the management team and have been reflected in the responsive section of this report.

We discussed the culture and ethos of the service with the registered manager and staff. Staff told us, "We provide a safe home, with good care and we involve families. We are trying our best to give the best possible care and make people happy". A member of staff said, "Our vision here is to make the residents happy". In respect to staff, the clinical lead said, "Staff understand their responsibilities, but we need to support them. It's important to help them." Staff said they felt well supported within their roles and described good team work. One said, "The staff team is great. I feel well supported in my job."

We were told people and staff were encouraged to attend regular meetings that enabled people to ask questions, discuss suggestions and address problems or concerns with management. One person told us, "I think there is an open culture here and I am able to express my opinions." The registered manager told us, "I hope staff would always approach me. I know what is going on through handover meetings and I'm on call all the time to provide support. There is a transparent and honest culture, staff will raise things and we try to manage it effectively.

Management was visible within the home and people and staff knew the management structure. The home had a strong emphasis on team work and communication sharing. One staff member said, "We all share experiences and work well together." Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We observed staff handover where the nurses checked the health status of people and discussed ongoing care. We saw that the nurses were knowledgeable about the people they were caring for, and were able to feedback on all clinical issues. Staff commented they all worked together and approached concerns as a team. A member of staff said, "I love it here, my colleagues are reliable". Another said, "This is a very good team. It's a really nice place to work, I think more staff would be good but we manage."

There were systems and processes in place to consult with people, relatives and healthcare professionals. Satisfaction surveys were sent out to people and their relatives, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. The survey results from the beginning of the year were being processed and audited by head office and the results were not yet available.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, the GP was called for a person in order to carry out a review and changes were made to the person's medication. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. A weekly activity report was generated, which analysed information such as numbers of falls, pressure area care, wounds, infections, call bell responses and staff absences, in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, the registered manager told us that through analysis and feedback of the call bells audits , action had been taken and there was a marked improvement. The action had been to restructure how staff were delegated in the service.

The registered manager informed us that they were supported by the organisation management structure and attended regular management meetings to discuss areas of improvement for the service, and review any new legislation and to discuss good practice guidelines within

Good

# Is the service well-led?

the sector. For example, the home had recognised that its current model of care planning was not truly person centred. The home was in the process of implementing more person centred care plans and training staff accordingly in their use. The clinical lead added, “We were aware of the issues around the paperwork and the provider is supporting us to manage the change well.” Up to date sector specific information was also made available for staff, including guidance from the Law Society around DoLS, and updates from the Nursing and Midwifery Council in respect to new codes of practice. We saw that the home liaised regularly with the Local Authority, Hospice team and the Clinical Commissioning Group (CCG) in order to share information and learning around end of life care and nursing care.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints<br><br>The provider had not ensured that there was an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the service delivery. Regulation 16 (1) (2 |