

# Bupa Care Homes (CFChomes) Limited

# Heathgrove Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 27 April and 5 May 2017. Heathgrove Lodge Care Home is a nursing home for up to 36 people. There were 31 people using the service when we inspected, and we were informed that their maximum practical occupancy is 33 and hence there were two vacancies. The service's stated specialisms included dementia care. The accommodation is purpose-built with passenger lift access to all floors.

The service had a registered manager, which is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in February 2016, we found the service to be compliant with relevant regulations. Our findings at this inspection have, however, identified breaches of regulations.

There was insufficient evidence at this inspection to demonstrate that complaints were consistently handled and monitored effectively. Complaint response letters were not always written. Those that were sent did not fully inform the complainant of what they could do if dissatisfied with the response. Actions agreed in response to one complaint had not occurred. Two verbal complaints had not been recorded on the provider's complaints monitoring system, and a third had not been recorded accurately, meaning that the provider may not have been able to effectively monitor complaints at the service. This reflected mixed views we received about complaints systems at the service.

The provider's Duty of Candour policy had not been followed in respect of two incidents, which did not reflect a culture of learning from incidents so as to minimise the risk of reoccurrence.

Staff recruitment processes were not robust enough to ensure that only suitable staff provided care and treatment to people. This was due to failures to explore employment gaps and acquire appropriate written references.

There were a number of systems used to scrutinise the service in good detail and implement improvements. However, they had not picked up on the above matters. We were not assured the management changes at the service provided the consistent leadership and direction required of a well-led service.

Whilst most people spoke of staff being responsive and helpful, we found that two people did not have access to their calls bells when we checked on them. There had also been no recent meeting for people using the service and their relatives for them to share views.

Most people and their relatives praised the service highly, describing it as "excellent" for example. However, some felt they would not recommend the service.

People were treated well at the service on a day-to-day basis. There were good visiting and contact arrangements for people's friends and relatives. Activities provision had been expanded to seven days a week, and there was ongoing work to improve on people's levels of engagement. There were enough staff supplied to meet people's needs.

Good attention was paid to people's individual healthcare care needs, and liaising with community healthcare professionals in support of that. The service supported people to take medicines as prescribed.

People spoke positively of the food provided at the service, and we saw that people's nutritional needs and preferences were kept under review and addressed.

People's care plans were up-to-date and reflected their individual needs and preferences, including for people newly using the service. Risk assessments were regularly reviewed.

Appropriate attention was paid to ensuring the safety of equipment and the premises. There was a good standard of cleanliness and sufficient attention to the prevention and control of infection.

The provider was ensuring that an empowering and positive leadership culture was being set up at the service, and that staff were engaging better in their roles. Staff were provided with training and support for their role, although some weaknesses in these areas had also been identified and were being addressed.

There were overall many areas of positive care at this service, but there were also three breaches 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 the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe. Staff recruitment processes were not robust enough to ensure that only suitable staff provided care and treatment to people.

Appropriate attention was paid to ensuring the safety of equipment and the premises. There was a good standard of cleanliness and sufficient attention to the prevention and control of infection at the service.

We found that enough staff were supplied to meet people's needs. The service supported people to take medicines as prescribed. There were risk assessment records in place for each person relative to their ongoing needs. There were systems to protect people from the risk of abuse.

### Is the service effective?

**Good** ●

The service was effective. Good attention was paid to people's individual healthcare care needs, and liaising with community healthcare professionals in support of that. People spoke positively of the food provided at the service, and people's nutritional needs and preferences were kept under review and addressed.

The service was following the principles of the Mental Capacity Act 2005. Staff were provided with training and support for their role, although some weaknesses in these areas had also been identified and were being addressed.

### Is the service caring?

**Good** ●

The service was caring. People's privacy and dignity were respected, and staff treated people well.

People told us they were offered choice. Action was taking place to better involve people and their relatives where appropriate, with care planning.

There were good visiting and contact arrangements for people's friends and relatives.

### Is the service responsive?

The service was not consistently responsive. We found some complaints had not been listened to fully and learnt from. There had been no recent meeting for people using the service and their relatives by which to share views.

Whilst most people spoke of staff being responsive and helpful, we found two people did not have access to their calls bells when we checked on them.

People's care plans were up-to-date and reflected their individual needs and preferences, including for people newly using the service.

Activities provision had been expanded to seven days a week, and there was ongoing work to improve on people's levels of engagement.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well-led. The provider's Duty of Candour policy had not been followed in respect of two incidents. This did not reflect a culture of learning from incidents so as to minimise the risk of reoccurrence.

As the governance of the service additionally had not picked up on the breached regulations that we found, we were not assured that the management changes at the service since our last inspection had provided the consistent leadership and direction required of a well-led service.

The provider was setting up an empowering and positive leadership culture at the service, and supporting staff to engage better in their roles. There were a number of systems used to scrutinise the service in detail and implement improvements.

**Requires Improvement** 

# Heathgrove Lodge Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April and 5 May 2017. The first visit was unannounced. It was carried out by one inspector and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

During the inspection process, we spoke with eleven people using the service, four people's relatives, six care staff, three nurses, five non-care staff, the registered manager, the regional support manager, and the regional director. Three community healthcare professionals also provided feedback about the service.

During our visits, we looked at selected areas of the premises including some people's rooms and we observed care delivery in communal areas. We looked at care records of five people using the service along with a number of people's medicines records, plus four staff files. We checked records about the management of the service such as staff rotas, accident and incident records, and audit records. We also requested further specific information about the management of the service from the management team outside of our visits.

# Is the service safe?

## Our findings

People told us they felt safe using the service. Their comments included, "I feel looked after here; the staff do a wonderful job" and "I am in good hands here; the staff know what they are doing." Another person said, "I need someone to go with me if I go outside. I don't feel comfortable going out on my own," adding that they got this support. A different person confirmed that staff were "gentle" when supporting them with moving.

We found, however, that staff recruitment processes were not robust enough to ensure only suitable staff provided care and treatment to people. A number of appropriate checks of prospective new staff were undertaken, such as police (DBS) checks, identity checks, and face-to-face employment interviews. But there was no record of exploring employment gaps of prospective staff, meaning no evidence of checking if there were any safety concerns in respect of any gaps.

The process of acquiring appropriate references was insufficiently robust. Regulations require for satisfactory evidence of conduct in previous care-related employments. However, recruitment records showed where recently employed staff had been in previous care-related employment but references had not been requested of those employers. For one new employee, this was because references had not been requested from two care employers within their last five years of employment. For two other new staff, references from recent care employers in the European Union had not been sought. We noted the provider's recruitment policies and procedures did not specify the above expectations.

The evidence above demonstrates a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people and their relatives told us there were enough staff on duty. Staff told us of there being enough staff assigned to work, that there was seldom need for agency staff, and of no reduction to staffing numbers when there was recently less people using the service. This was two nurses and six care staff, along with staff in other roles, during the day, and half that amount of qualified and care staff at night.

We checked the staffing rosters worked for the weeks leading up to the inspection and found staffing levels were upheld in all but one instance, and were exceeded on a number of days. The management team explained that staffing was recruited to greater than identified need, which enabled cover for leave, sickness and training. We saw the dependency tool used to review each person's needs and calculate the number of staff needed. Our knowledge of people's needs from our visits indicated the tool was accurately used. We were therefore satisfied that enough staff were deployed to meet people's needs.

There were risk assessment records in place for each person relative to their needs. These included for nutrition and hydration, pressure care management, mobility, the risk of falling, and for using bed-rails. The risk assessments were kept under review, ordinarily monthly, and were altered when people's circumstances changed. In turn, people's care plans guided staff on keeping people safe in respect of the revised risk assessments.

The service supported people to take medicines as prescribed. Medicines were securely stored, and records were kept of regular checks of storage temperatures to ensure the efficacy of medicines was upheld. We found people's medicine administration records (MAR) to be up-to-date at the start of our visits. Our checks of stocks of people's separately-boxed medicines against records identified no discrepancies once occasional refusals and disposals were taken into account. We found no medicines out of stock. There were daily stock checks of certain medicines, to ensure a robust audit trail and enable accounting for any discrepancies. We saw people's requests for as-needed medicines being promptly addressed. Where one person's as-needed guidelines for a particular medicine had inconsistencies at our first visit, we found that these had been addressed by the time of our second visit.

Care and domestic staff showed awareness of what could be considered as abuse of people using the service, and knew to report any concerns to relevant managers. Interview questions of prospective staff included safeguarding and the rights of people using the service. We checked that the actions agreed from a safeguarding case shortly after our last inspection had been taken, including that a staff member received further training and a competency check on moving and handling people. This assured us that people were protected from the risk of abuse.

The service kept a safeguarding file for specific records relating to any safeguarding cases. Whilst the file included paperwork relating to each alert the service raised, there tended to be no further information on what then happened. The management team were able to provide evidence, following our visits, of prompt follow-up actions and confirmation from the local authority of cases being closed. However, contrary to the provider's safeguarding policy, the designated file was not holding a clear audit trail to easily show that any safeguarding cases had been appropriately addressed.

There was a good standard of cleanliness and sufficient attention to the prevention and control of infection at the service. We found the laundry room to be clean and fully functioning. Infection control essentials such as access to disposable gloves and a separate basin to wash hands were in place. Bins around the service were operable without having to be touched by hand. Staff told us of having infection control training. The kitchen was recently rated five-star for food hygiene management, the highest available rating, by the local food standards agency. A senior manager picked up on and took action about lingering odour in one room, but there were no prevalent odour issues in the service. A recent infection control audit had identified some shortfalls, which assured us that improvements would be made.

Appropriate attention was paid to ensuring the safety of equipment and the premises. Staff reported that broken items got fixed quickly. There were records of regular safety checks of equipment at the service including hoists, slings, water outlet temperatures, bed-rails, wheelchairs and window-restrictors. Professional checks of equipment was also evident, such as for the passenger lift, mobile hoists, electrical appliances and the fire systems. The London Fire Authority informed us of satisfactory fire safety procedures at their visit of the service in September 2016. We saw people's rooms had devices that allowed them to be propped open but which would release and close the door in the event of a fire alarm.

Training records showed care staff were trained on equipment use such as hoists and bed-rails along with other safety matters such as fire safety. Records also showed consideration of any national Medical Device Alerts, to help ensure that professionally communicated concerns with any equipment were addressed if appropriate in the service.

## Is the service effective?

### Our findings

We found that good attention was paid to people's individual healthcare needs. A relative told us of their family member having fewer falls since moving into the service. We saw records confirming the actions taken to minimise the risk of this person falling again. There were records where individuals had been supported to reduce the severity of pressure ulcers that they moved into the service with, and where others had gained weight in line with their care plans. For example, one person who moved in with a grade four pressure ulcer earlier in the year now only had a scar. Nursing staff also told of another case, adding that this was despite tissue viability nurse advice that the ulcer would never heal. We noted that people had equipment such as mattresses in place to help relieve pressure, and that settings on these were correct for their body weight. One such person confirmed that their bed was "comfortable." We also saw some people had received support to reposition across the day. This practical support was guided by regular reviews of pressure care risk assessments and care plans that reflected the person's individual circumstances.

The service liaised well with community healthcare professionals in support of people's health needs. The management team told us of the various local support teams that they worked with, which helped minimise hospital admissions. They also updated staff on good clinical practice. A GP additionally visited the service on a regular basis.

From the start of our visit, we found that charts used to monitor people's ongoing care were kept up-to-date and reviewed to support the person's healthcare needs. This included food and fluid charts, and charts used to document repositioning of people for skin care purposes.

People spoke positively of the food provided at the service. Comments included, "I like the food, it is tasty and I get some choice", "You can look forward to a nice meal" and "There's plenty of food to eat and we get cakes and biscuits through the day." There were menus with choices of meals for the day and a picture of one of the meals. The menus showed a wide range of meals. We saw people being offered home-made cakes during the afternoon. One person had a straw for their drink in their room, to enable them to drink independently. They confirmed the straw was always supplied. Another person with limited speech was able to show they liked the steak and kidney pie meal they were being supported to eat. Their care plan included this as a food preference, so their food choices were being acted on.

The service had a document on each person's nutritional needs and preferences as a guide for kitchen staff. During lunch we saw the guidance was followed. For example, where someone required a soft diet, it was provided. This helped people to eat better, and reduced safety risks such as of people choking.

A senior manager told us of reviewing the dining experience, such as using a separate room for some less dependent people to enable them to talk and eat in private. We saw this working well during our visit.

The service kept oversight of people's weights so as to address risks related to nutrition. Nursing staff knew who had had recent weight losses, and could demonstrate referrals and the advice of dietitians, in line with records from the monitoring chart. There were records of some people gaining weight where it was

appropriate. We noted that weighing equipment was professionally calibrated during our visits. This helped ensure that the equipment weighed people accurately.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

People told us staff requested their consent before providing care and support. Comments included, "They do respect my decisions" and "I have never been forced to do anything I did not want to." Staff told us of asking people before providing care, and enabling people to help with their care where possible. A nurse explained that one person tended not to take a certain medicine, but it was always offered to them as prescribed.

Senior staff could explain how they applied the MCA, including capacity processes, respecting unwise decisions if people had capacity in respect of the decision, and following least restrictive options where decisions were made on behalf of someone. Capacity records in people's files followed these processes, including best interest decision records where people were established not to have capacity for a care decision. Staff told us of having had MCA training in the past. The service's improvement plan included for refresher MCA training.

The service had a tracking document for people's DoLS status. We saw recent records of a senior manager requesting updates from local authorities on people's applications, as some new applications and others' renewal applications had not been processed. This was all that could be reasonably undertaken in the circumstances. However, the tracker failed to include the date of notifying us of the outcomes, which the management team agreed to ensure better oversight of. It would also benefit from a summary of any conditions agreed as part of the DoLS decision. Nonetheless, the service was following the principles of the MCA.

People told us they felt confident in the skills of the staff supporting them. Their comments included, "They do seem to always know what they are doing" and "Very much so, they do whatever I want them to."

Staff told us of good support for their roles, which helped to provide an effective service. They told us senior staff were approachable if guidance was needed. They were positive about the guidance, supervision and training being provided. Comments included, "Heathgrove Lodge invested so much in training their staff so as to make sure they provide utmost services for the residents" and "The manager and nurses are approachable and willing to help us, and to make sure we understand that what we're doing is for the best interests of the resident." Records confirmed that staff received formal supervision meetings.

Staff fed back positively about staff meetings. Records showed quarterly meetings for all staff took place. They demonstrated support and praise of staff, for example, for improving training attendance and enrolling on national training qualifications the provider was making available. They were also used to discuss safety

concerns, feedback, and employment matters. The management team told us the meetings were to change to a monthly frequency.

The new registered manager had identified that as a whole, staff had not been enabled to keep up-to-date with the provider's training expectations. However, we saw monthly reports which showed significant improvement in addressing these matters. For one of the weakest areas of completion, food hygiene, we were shown this was covered within the induction process of new staff. Hence it was an issue of not having completed refresher training within the provider's timescales rather than staff not ever having had the training.

The regional director confirmed practical training, such as being hoisted and being supported to eat, occurred as part of induction processes. This helped new staff to put themselves in the position of people using the service. This was part of the five-day induction process that new staff undertook in line with the provider's training expectations, for which we saw extensive records. Staff also told us of working as additional 'shadow' staff when first at the service, before being assessed as competent to work alone.

# Is the service caring?

## Our findings

People told us staff were caring. Comments included, "They're very kind", "I think they do a good enough job; they are always around smiling and they look like they care about us", "They speak to me in a kind and caring way and are always interested in me" and "Most of the staff are nice and caring and they make you feel welcomed." Relatives told us of pleasant and capable staff, one adding, "They make a fuss of her" and that they had never seen staff lose their temper.

People told us their privacy and dignity were respected. Comments included, "Yes, definitely!", "Someone will knock and call out who they are before they enter" and "They are always helping me do things like showering and getting changed and they close the door." Relatives and healthcare professionals also commented positively about people being treated respectfully.

We saw that people were treated respectfully. Staff and the management team were duly courteous towards people. Personal care took place behind closed doors. People received support with their appearance where needed. During a bingo session, two people got upset with another person's behaviour. Staff handled the situation by intervening in a calm and understanding manner that reassured and validated everyone involved. We also saw a Heads of Department discussion on some necessary redecorating of someone's room, which took into account that this could not occur until there was an appropriate spare room for the person to temporarily move into. This helped demonstrate appropriate attitudes towards people even when they were not present. Senior staff told us of the importance of maintaining people's privacy and dignity, and that staff were challenged and supported to improve where any concerns arose.

People told us they were offered choice. Their comments included, "They will ask if I want to do this or that, like if I want to have a shower or what I want to eat" and "They will come around and ask do I need help or would I like something to drink?" We saw people being offered choices, for example, where to sit at lunch and what to eat.

Some people told us of being involved in their care management. Comments included, "Anything that does go on I will have discussed with a carer." One person told us of being greatly involved in their care plan: "It was completed by the nurse then she brought it to me and I would be able to change a few things and she would revise it and at the end I will sign it." We noted that the service improvement plan was aiming to further involve people, and their relatives where appropriate, with care planning.

People and their visitors told us visitors were welcomed at any time. One person said, "I do get a lot of visitors. They can come whenever to see me." We saw visitors being greeted warmly. We noted some people had phones in their rooms, and in one case, we saw staff rushing to someone's room to help them answer their ringing phone.

The service paid attention to people's confidential information. The nursing station, where care plans were kept, was locked when not in use. Interview questions of prospective staff included about confidentiality, and new staff were required to sign a confidentiality agreement.

## Is the service responsive?

### Our findings

There were mixed views about the service's complaints procedures. When asked what they would do if they had a complaint, one person said, "I would talk to the manager." Another person told us they had no complaints but would, "speak with someone in the office" if they did. However, a third person told us they had complained but were unhappy with the outcomes as they did not think matters had been resolved. A relative said, "They have been told when we have not been happy; things got resolved." However, another two relatives felt their complaints had not been effectively addressed.

We saw that there was a poster and leaflets about making complaints in the reception area. These guided people to deal with concerns informally at the service, but explained the provider's two-stage formal complaints procedure and options for contacting the local government ombudsman or making the CQC aware of the issues. Complaints procedures were therefore in place.

Complaints records in the service did not demonstrate that complaints were consistently handled effectively. The service's complaints file included a number of complaints that did not have details of investigations or responses to the complainant, contrary to the provider's policy on complaints. The management team were able to provide additional evidence of letters and emails from previous managers and through the provider's designated complaints team and recording system. However, these did not minimise the concerns of poor record keeping in the service.

For the six complaints documented since September 2016, where complaint responses were made to complainants, we found these did not inform the complainant of what they could do if dissatisfied with the response. Options for escalating the complaint were not made clear in these responses. It was therefore encouraging that, following the inspection visits, the regional support manager informed us of making further contact with one complainant, and reopening the investigation as the complainant told them they were not satisfied with responses.

In one of the six cases, a complaint from October 2016, only a verbal response was demonstrated as provided, as complaint response letters could not be made available to us on request. This failed to effectively respond to the complainant. We also found that this and another verbal complaint had not been recorded on the provider's complaints monitoring system, meaning the provider may not have been able to effectively monitor complaints at the service.

The response letter to the complaint from September 2016 was very apologetic and provided a number of actions that would take place in response. However, when we asked for evidence of this, the regional support manager told us they could not find anything in the service and there had been a "miscommunication between transition of management." This failed to demonstrate that necessary and proportionate action had been taken in response to failures identified in investigating the complaint.

The above complaint was recorded on the provider's complaints monitoring system, but with some inaccuracies as it failed to include the complaint was about hydration, home management and staff skills.

The complaint was also recorded there as partially upheld, despite there being nothing in the response letter indicating parts of the complaint that had not been upheld. This meant the seriousness of the complaint was minimised on the provider's monitoring system, which was not effective operation of the provider's complaints systems.

The evidence above demonstrates a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that the most recent complaint at the service had been better handled. The management team also told us they would be reviewing complaints procedures in the service to ensure better management and oversight of complaints. Based on contact starting to be made with past complainants to review satisfaction with responses, we were confident that improvements would be made.

Many people and their relatives told us staff were responsive to their needs and requests. People's comments included, "Nothing is too much trouble", "Yes, they help me with anything I need" and "I do feel like I am listened to." We saw staff responding to people's requests. Our discussions with staff showed they knew people's individual needs and preferences including those who had recently moved into the service.

However, when we checked some people's rooms, we found two people did not have access to their call-bell despite it being recognised that they could use it. One of these people told us this was unusual and that it had not caused them concern. The other person was banging for attention, although they did not appear distressed when we checked on them. Their care file confirmed that they were to have call-bell access, however, it had not been given to them when sat in their chair. This did not assure us of a consistently responsive service, as these people were not able to access staff or call for help when needed.

People told us there were occasional meetings for everyone using the service. One person said, "I have been to a few residents' meetings. They try and get everyone to go. Things like what is happening, new members of staff, if there is anything we need."

Minutes of the last meeting for residents and relatives showed information being shared and plans in response to suggestions from participants. However, that meeting took place in October 2016. A senior manager confirmed that as accurate, and told us the next meeting was booked for later in May 2017. This did not assure us that people's views on the operation of the service had been regularly sought.

Medicines records showed us that where someone needed medicines before breakfast, this was accommodated. We saw a reminder in the office for nursing staff to ensure they supported someone else to take their medicines within specific timeframes. Staff told us this was recently implemented, as a result of feedback from that person. We found that medicines records were indirectly documenting the effectiveness of this new process, albeit the times of administration were only to the nearest half hour. This showed that the support was provided within the timeframe 17 times out of 20 within the first five days of the new guidance. We discussed how the service could more accurately monitor the effectiveness of this process, which the management team agreed to consider.

Our checks of people's care plans found them to be up-to-date and reflecting people's individual needs, particularly for health-related matters but also with some consideration of more holistic needs.

We found that care plans were quickly set up for people newly moving into the service, to help guide staff on how to support the person's needs and preferences. Records showed these were based on pre-admission needs assessments and prompt risk assessments of the person's abilities after moving in. Feedback from a

healthcare professional confirmed that senior staff assessed people's needs in advance and accurately produced a care plan as a result. The management team told us that people did not move into the service unless their needs could be met without compromising others' needs. The staffing dependency tool was used to help identify this.

Some people told us of there being things to do in the service that they liked. "Reading and watching TV" suited some people. Others told us of there being some organized activities, such as, "I spend most of my time here in the lounge; we are going to play bingo today. I like bingo." During the afternoon of our first visit, we saw 12 people actively playing and enjoying bingo in the lounge with the support of some staff. There was a pleasant atmosphere, with people laughing and joking. Sweets were handed out as prizes.

The management team told us activities at the service had not been stimulating enough for people, and that people needed more reasons for leaving their rooms. The service was now providing group activities seven days a week, as advertised by a leaflet in the reception that was updated weekly. This included Tai Chi, yoga, and art and craft sessions. The improved activity provision was part of an emphasis on improving people's quality of life. They told us some people who used to stay in their rooms now came downstairs for some activities, and that people who stayed in their rooms were provided with some activity input, for which we saw some corroborating records. The aim was to enable people to be more engaged through activities and interaction that they enjoyed.

## Is the service well-led?

### Our findings

We had been notified of two incidents involving people using the service in the last year. In one case, someone was treated in hospital for a fracture sustained in the service. In the other, we were informed of the grade of someone's pressure ulcer increasing to the level that required notification to us. At our visits, we asked to see any Duty of Candour letters sent to the person involved or where applicable their relevant representative. These letters are required to summarise the results of the provider's enquiry into the incidents. The process is not an admission of liability, but the investigation is to determine the extent to which the incident was avoidable and to help ensure that learning took place if needed. The regional director told us that there were no such letters or investigations. This was contrary to legislative requirements, and did not reflect a culture of learning from incidents so as to minimise the risk of reoccurrence.

We noted that, for one of the incidents, we had advised the previous manager by email that Duty of Candour applied to the scenario. They replied that this was not the case, to which we asked for an explanation in relation to the wording of the Duty of Candour regulation. We heard nothing further. For the pressure ulcer incident, we found records in the service's safeguarding file that the matter had been reported to the local authority under the local safeguarding procedure. However, there were no other records available by which to demonstrate investigation of the incident or outcomes of the safeguarding alert, which was not the level of transparency expected under Duty of Candour.

The provider had a policy in place for Duty of Candour that guided senior staff on actions needed under the policy as a result of specific safety incidents that resulted in injury or death of people using the service. The policy had not been followed in respect of the above two incidents.

The evidence above demonstrates a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been four different managers at the service since our last inspection just over a year ago. The service had a registered manager who attended the second day of the inspection and showed sufficient knowledge of the service and the people using it. However, records and staff feedback informed us that the Regional Support Manager was also managing the service. A staff member told us that the changes in management were not helping to provide a consistent service, albeit strengths of the service such as an improved working culture outweighed this. A relative commented similarly, "In recent times there have been changes of management who have often been 'off site'." As the governance of the service additionally had not picked up on the breached regulations that we found, we were not assured that the management changes at the service had provided the consistent leadership and direction required of a well-led service.

The management team told us of a significant culture shift at the service across the last year, from more hierarchical towards a staff team that was much more engaged in their roles and which had people using the service at the heart of this. There was ongoing training and support of managers for this process, for example, in helping staff move from task-based care to a more holistic and person-centred approach. We

saw examples of this during our visit, such as with a cleaner helping someone who was struggling to get along a corridor. It was not strictly their role, but they were showing concern for the person. All the staff we spoke with spoke well of the current working culture and of there being good support, telling us for example, "Staff morale has changed, (we) feel more valued and happy." We also saw results of a quarterly survey of staff in terms of engagement and support at the service, which indicated progress in both areas.

In terms of running a transparent service, one person told us, "They tell me what is going on." However, another person said, "With the complaint I made they do not accept responsibility for what they have done so how can they be honest?" This indicated to us that, although the service was improving in terms of operating a positive and transparent culture, there was a way to go to address some people's past experiences. However, we were encouraged that the management team were reviewing complaint records after our visits, to establish whether complainants felt their matters were properly addressed and to review further if not the case.

The management team told us of many plans for improving people's quality of life. This included for a restaurant-standard meal service that included dementia-friendly support, greater inclusion and activity provision, and improved use of technology to enable independence. They spoke of looking to learn from outstanding services. This all indicated a service that aimed for continual review and improvement of service provision. Therefore, whilst we found that improvement was needed in terms of the leadership of the service, the provider was ensuring that an empowering and positive leadership culture was being set up at the service.

The provider had a number of systems by which to scrutinise the service and implement improvements. We saw records of specific audits for many aspects of the service, including infection control, medicines, night care, nutrition, and health and safety. It was encouraging to see that the audits were honest where improvements were needed. For example, the recent medicines audit identified a number of areas for further improvement such as for more robust records of the application of topical medicines. Action plans were set for the improvements. There were also weekly clinical meetings, to review treatment and safety risks relating to people using the service, monthly senior manager reviews of the service, and monthly reports of key metrics for the provider's scrutiny. The latter process allowed review of key factors such as falls, pressure ulcers and safeguarding cases over the last year by which to capture trends and question practices.

There was an overall service improvement plan for all aspects of the service that was regularly updated based on the findings of the various audits and scrutiny tools. It was apparent that areas for improvement were encouraged, as the audits were very clear on aspects of the service that were not good enough. We found that improvements were taking place when identified, for example, with staff training uptake.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The registered persons failed to: <ul style="list-style-type: none"><li>• <input type="checkbox"/> Operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</li><li>• <input type="checkbox"/> Ensure that necessary and proportionate action was taken in response to any failure identified by any complaint investigation.</li></ul> Regulation 16(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered persons failed to ensure that the following were available before employing anyone to provide care or treatment: <ul style="list-style-type: none"><li>• <input type="checkbox"/> Satisfactory evidence of conduct in previous care employment</li><li>• <input type="checkbox"/> A satisfactory written explanation of any gaps in employment.</li></ul> Regulation 19(3)(a) S3 parts 4, 7.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour
Treatment of disease, disorder or injury	The registered persons failed to provide a written notification to the relevant person in respect of notifiable safety incidents occurring, and failed to keep a copy of all such correspondence.

