

West Hill Care Home LTD

West Hill Care Home

Inspection report

Constance Grove
Dartford
DA1 2GA

Website: www.westhillcarehome.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West Hill Care Home is registered to provide nursing and personal care for up to 77 people. At the time of the inspection, the service was occupied by 36 people who were living with a range of health and support needs. These included: diabetes, epilepsy and dementia.

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

Medicines practice was not always safe. Guidance for 'when required' [PRN] medicines did not provide staff with specific information about when and how medicines should be administered. PRN protocols had not always been reviewed. Medicines were not accurately recorded in the care plan when reviewed.

We found that staff were not always adhering to government guidance on Covid-19. We observed some staff not wearing masks correctly in the service.

Staff received regular training. However, staff supervision had not always been provided as is necessary to enable staff to carry out their duties. The registered manager provided a schedule of staff supervision after our inspection.

People and relatives told us they felt safe in the service. One person said, "I feel safe. Staff are ever so good." Another said, "I trust people. I am happy here." A relative said, "She feels safe and happy here." Another relative said, "They are kind and nice. I cannot fault them."

People were protected from the risk of abuse at West Hill Care Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. People received the support they needed to access healthcare services.

Each person had a personalised care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to eat and drink enough to meet their needs.

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.

Relatives and visitors were welcomed at the service at any time. People were supported to maintain their relationships with people who mattered to them.

Staff showed they were caring, and they treated people with dignity and respect. Staff ensured people's privacy was maintained particularly when being supported with their personal care needs.

The registered manager ensured the complaints procedure was made available if people wished to make a complaint. Complaints were addressed to the satisfaction of those concerned.

The registered manager provided leadership. They checked staff were focused on people experiencing quality care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medication management and management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

West Hill Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 two inspectors and two medicine team inspectors.

Service and service type

West Hill is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Hill is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 09 August 2022 and ended on 11 August 2022. We visited the service on 09 August 2022, 10 August 2022 and 11 August 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We received feedbacks. We used all this information to plan our inspection.

During the inspection

We spoke with three visiting relatives and seven people who used the service about their experience of the care provided. We spoke with nine members of staff including, support workers, senior support workers, nurses, chef, activities coordinators, the registered manager and director. We reviewed a range of records. This included three people's care records, and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed medicines administration round. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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.

Using medicines safely

- Staff knew people well and understood how people needed to be supported with their medicines. However, guidance for 'when required' [PRN] medicines did not provide staff with specific information about when and how medicines should be administered. PRN protocols had not always been reviewed regularly to ensure they were still reflective of the person's needs. For example, when one or two tablets were prescribed, they didn't state specifically when to give one or two. Further clarity was needed to ensure people received medicines in the way the prescriber intended.
- Staff used an electronic medicines system to record the administration of medicines. However, where people were prescribed time-specific medicines such as those used to treat Parkinson's, there were no times recorded to ensure these medicines were given at the same time each day. These medicines should be given at the same times each day to avoid the person experiencing unwanted symptoms or deterioration in their condition. This meant that the record in place was not robust enough to ensure medicines was administered at the right time to keep the person safe.
- People's care plans were not always updated when there had been a change to their prescribed medicines and were therefore not an accurate record of the person's care and support needs. For example, one person was being administered Alendronic acid on Thursdays, but the care plan stated Saturdays. Alendronate is used to prevent and treat osteoporosis (thinning of the bone).
- Staff did not record where on the body people's topical medicines such as creams and patches should be applied. Accurate records of patch application ensures they are not placed on the same part of the body repeatedly as this could cause irritation to the skin.
- The provider had not completed any fire risk assessments for people using flammable creams such as emollients. Emollient skin products are safe to use but they can soak into clothing, dressings and bedding leaving a flammable residue. If exposed to a naked flame or a heat source, such as a cigarette, lighter, gas cooker, heater or fire, these dried fabrics can catch fire. This meant that people were not fully protected from the risk associated with emollient creams.
- Staff received training to administer medicines and were assessed as competent. However, staff were not always clear about how to record controlled drugs [medicines with additional storage and recording requirements] in line with legal requirements.
- We fed back our concerns to both the provider and registered manager. They responded by assuring us that these would be rectified.

Failure to follow robust procedures around the management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider immediately put an action plan in place around the management of medicines.
- Medicines were stored safely and securely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were somewhat assured that the provider was admitting people safely to the service. We found that there were no risk assessment in place for two people who were isolating; however staff were following safe practices. The registered manager immediately put risk assessments in place and showed us on second day of our inspection.
- We were somewhat assured that the provider was using PPE effectively and safely. For example, we observed some staff not wearing masks or not wearing them correctly. We notified the registered manager who took appropriate corrective steps.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable within the service. One person said, "It is okay here and I feel safe." A relative said, "Mum tried the service for four weeks, then she was comfortable in her environment and felt safe. She is very happy here. She was able to settle here, transition was very easy, considering it was during the pandemic." Another relative said, "My dad is safe here 100%, I do not have to worry."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is to make sure people are protected from abuse. I will inform senior, managers or whistle blow to directors. I can go to CQC if needed."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "I will report within the service. If nothing is done, I will report outside the company to the Care Quality Commission."
- The registered manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Assessing risk, safety monitoring and management

- Most risk assessments were in place to guide staff on what to do to minimise each identified risk and help keep people safe. The care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to falls, nutrition and hydration, health, activities and mobility. However, we found no risk assessment for the use of a kettle on the dementia floor. We pointed this out to the registered manager who immediately rectified this before the end of day one inspection.
- Our observation showed that staff knew people's individual risks and how to manage these risks safely and effectively. For example, one person had difficulty swallowing and was at risk of inhaling food or liquids. Appropriate control measures were in place and followed by staff such as cutting their food to required texture and being supported with their food.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.
- People were protected from risks from the environment. The environment and equipment were new, safe, and appropriate checks, such as gas safety checks, had been carried out. A healthcare professional said, "The home itself is modern, clean and appears to be well appointed with appropriate facilities."

Staffing and recruitment

- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment history, references and proof of identity were checked. Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to support people's needs. People's staffing support needs were jointly assessed and reviewed with their social worker.
- Accredited agency staff were used, whenever necessary with appropriate checks and agreements were in place.

Learning lessons when things go wrong

- The registered manager had been proactive and had put in place a new incident and accident record keeping system, which included a section for lessons learnt and incident reflection. These were reviewed regularly.
- When concerns had been identified, these were also discussed at handovers, staff meetings and supervision meetings to improve the service.



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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Members of staff were not always supported through individual one to one supervision meetings. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. For example, out of four staff files we looked at, one had not received any supervision since they started in February 2022. This meant that the provider had not provided appropriate support and supervision as is necessary according to their policy to enable staff to carry out the duties. We discussed our findings with the registered manager. They told us they plan to give supervisions every other month. However, they had not always been hitting this goal. Following our inspection, the provider emailed us their improvement plan, which stated 'all staff receive supervisions in a timely manner to ensure they are supported in their job roles.'
- Staff undertook mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included the incorporation of the Care Certificate and relevant topics considered mandatory. This 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. Support workers were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- The in-house induction included shadowing of experienced staff, assessments of course work and observations to ensure staff met the necessary standards to work safely unsupervised. This helped staff keep their knowledge and skills up to date. Staff had been trained in areas that reflected their job roles such as epilepsy, health & safety, dementia, and communication. Staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs.

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

- The building was fit for purpose and met people's needs. People were able to personalise their bedrooms. However, the dementia floors would benefit from further consideration of best practice guidance. For example, signs at eye level and well-lit and research shows that people with dementia use "landmarks" to navigate their way around, both inside and outside. The more attractive and interesting the landmark (which could be a painting, or a plant) the easier it is to use.
- The importance of a dementia-friendly environment had not been firmly established throughout the service. For example, on the second floor, memory boxes were secured to the walls outside people's bedroom doors, these were high on the wall and may not be seen by people. Some contained pictures, these were of people as they appear now, and people may not recognise themselves.

- There were no written signs on doors or any other distinguishing features to support people to move around. All doors on the ground floor were similar colour regardless of what was behind them, such as bathroom, bedroom or cupboard. All doors on the second floor were of different colours, however dementia friendly signage had not been used to support people's independence.
- Important fixtures such as the bathroom door and toilet that we saw could make it difficult for people to navigate. For example, one person was urinating in places other than the toilet. Best practice guidance on dementia friendly environment advised what will assist a person with dementia to use bathroom facilities. Toilet seats, handrails and towels should all be easy to identify. This means that they should be easy to see and look like the item they are supposed to be. We discussed our findings with the director and registered manager and directed them to best practice guidance on Alzheimer's society website. The director told us that they worked with a consultant in ensuring the environment was dementia friendly. They further stated, 'We will always follow best practice and guidance and note your comments on the Alzheimer society website.' The consultant wrote to us confirming they were working with the provider.

Ensuring the service fully meets the needs of people living with dementia was an area requiring improvement.

- The environment was pleasant, spacious and decorated with people's involvement. People had free access to a large garden and all areas of the service. People's rooms were personalised to suit their tastes and needs.

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

- The registered manager was responsible to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- One person said, "Very good here. I like the food." Other people said, "There is a lot of food here." And "Food is very nice, and we get a choice." A relative said, "The food is great,"
- We observed that people were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Records relating to food and drinks people had eaten and drunk had been completed accurately.
- A menu was in place so that people knew what meals to expect. We spoke with the chef who confirmed this and said, "Carers take daily menu from residents and pass this to the kitchen." We observed general chatter/conversation throughout the meal between the people and the staff.
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals.
- A healthcare professional said, "We have always found all aspects of the services provided at West Hill to be a very high standard. We have no concerns about any aspect of their service."
- There was a close working relationship with the local GPs, occupational therapists, frailty advanced nurse

practitioner and district nurses.

- People were supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or specialist nurse. People's individual care plans set out for staff how their specific healthcare needs should be met such as assessments of people's oral health and appropriate guidance for staff to follow.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP, dentist, optician or consultants overseeing their specialist health needs. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- Staff contacted services that might be able to support them with meeting people's health needs as required.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the new registered manager had made an application to the relevant authorising body. People in the service were subject to DoLS authorisation, some of which had been granted and others applied for.
- Consent to care and treatment while living at West Hill Care Home was discussed with people. Photograph consent forms were signed by people or their relatives, which indicated consent for the use of their photographs. We saw that the MCA process was followed when necessary. For example, one person required covert administration of medicine. MCA process, which included best interest meetings were held with relatives and healthcare professionals before this was put in place.
- Staff had received training in the MCA and were able to speak to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Healthcare professionals said, "I observed that the residents appeared to be well cared for, all were clean in themselves and their clothing. The interaction between them and the staff was of a very high standard, the staff were friendly and attentive to their needs in a professional manner."
- People commented, "They are 'very kind.'"
- A visiting relative said, "Staff friendly and nice." Another said, "Staff here are very professional and caring. My mum is complimentary of the staff." and "They are so kind. I have never seen the kindness I see here. Staff are very personal, saw staff giving them a hug. It is brilliant here."
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their relatives and friends.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. A visiting relative conformed this and said, "We are involved in conversation about the assessment and medication."
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way. One person with limited verbal communication skills was repeating their words, the member of staff was very patient with the person. They listened attentively to what the person had to say.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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 were assessed prior to moving into the service and had care plans in place, which reflected their needs. A relative said, "They completed assessments before Dad moved into the service."
- People and their relatives were involved in writing and reviewing their care plans. A relative said, "We are involved in Dad's care. We had input into the care plan. They did all we told them."
- People were supported to meet their preferences. Care plans detailed life histories and how people liked to receive support in line with their choices.
- Detailed daily records were kept by staff. Records included personal care given, wellbeing and activities joined in. Many recordings were made throughout the day and night, ensuring communication between staff was good which benefitted the care of each person.
- The provider employed two activities coordinators who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities which were advertised. We saw the activities coordinators encouraging people to take part. People who did not want to join in group activities were offered individual support according to their needs and choices.
- We observed a music session during our inspection. People happily joined and sang. We saw a person playing a piano several times during the day; which was their hobby.
- The service recently had a Summer Fayre, which relatives attended with people who lived in the service. There were live music, food and drinks. After the event, a relative wrote to the provider, 'I just would like to say thank you to you all for a lovely afternoon last Friday.'
- A healthcare professional said, "The residents appear to be well looked after and appear to enjoy living there."
- A relative said, "They have keep fit exercise and they ask us to join in. Fitness exercise is every Friday."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were seen to communicate well with people in line with their specific needs. If a person was hard of hearing, staff were seen to bend down closely to their ear and speak to them clearly and confirm they understood. A relative said, "They are welcoming and caring. Communication is good."
- Care plans contained communication plans. This offered guidance and advice for staff to follow to

effectively communicate in the preferred way for each person.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- Complaints had been responded to and actions had been taken to reduce the risk of things happening again. People were confident to raise any concerns they had. Apologies had been given.
- A healthcare professional said, "We have no concerns about any aspect of their service."

End of life care and support

- The service was supporting one person at the end of their life. Appropriate decisions were made with relatives and recorded. Crisis medicines were in place for administration by the nurses if needed and palliative nurses supported staff when required.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- There was a system in place to monitor the quality of the service. However, despite the audits identifying areas of concern, we found these had not been fully rectified during our inspection. For example, guidance for 'when required' [PRN] medicines did not provide staff with specific information about when and how medicines should be administered. PRN protocols had not always been reviewed. Time specific medicines, such as for Parkinson's, did not include administration times. This meant the provider could not be assured people were receiving the medicine at the same time every day auditing had not therefore been effective in bringing about improvements to some aspects of the service.
- Although the registered manager had identified shortfalls in staff supervision, they had not rectified this at the time of our inspection and provided appropriate support and supervision as is necessary according to the provider's policy, and to enable staff to carry out their duties effectively.
- While the provider had worked with external professionals in making the environment dementia friendly, we found that more work was needed to be fully a dementia friendly environment that meet people's needs as stated in the 'Effective' domain above. Simple changes to create a more dementia friendly care home environment can have a positive impact on a person living with dementia's emotional well-being and independence.
- The registered manager had not fully understood the responsibilities of their registration. Registered bodies are required to notify CQC of certain incidents relating to the service. We found that where relevant, notifications had not been sent to us appropriately. For example, providers must notify CQC of DoLS application authorisations. We found that one person DoLS was authorised in February 2022 but CQC was not notified. We brought this to the attention of the registered manager who immediately sent the notification during the inspection.

Systems were not robust enough to demonstrate risks to people was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When things went wrong or there were incidents, the registered manager was open, honest and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff supported people in a person-centred way. Care plans offered guidance to staff on how to deliver personalised care in line with people's preferences.
- The management and staff included people in the day to day running of the service. An example of this was seen with the regular menu discussed where people would decide what needed to be added to the menu and voice their opinions on the current menu.
- People told us that they felt involved in the service. One person said, "If I ask for something and they haven't got it, they will try to get it for me. They listen to me."
- The registered manager held resident and staff meetings. Action was taken in response to comments made and copies of the minutes were distributed around the service so people could add to them if they wanted to.
- Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The manager helps us and we work together like a team."
- A relative said, "Management is very professional in a personalised way. They look after her [loved one] well. The care provided by staff have remained good. They managed her well."
- The provider had systems in place to receive feedback about the service. Feedback received showed that people were satisfied with the service provided. Comments included, 'I would like to thank you and your lovely staff for the level of care you gave my relative. It was outstanding.'; 'The service is spotlessly clean.', 'I would highly recommend this service to anyone.' and 'Thank you to everyone for making her feel welcome and comfortable s soon.'

Continuous learning and improving care; Working in partnership with others

- Improvements were continuously monitored, and action taken to ensure staff and the management team were always learning. Regular clinical meetings and management meetings addressed any minor improvements required so action could be taken in a timely way.
- The management team kept up to date with developments. The management team had built strong links with other local providers who they gained support and advice from.
- The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The registered manager and staff worked well with other professionals. We saw examples of regular referrals to medical professionals and follow up sought in a timely way.
- Where the local authority had been involved, staff worked well in partnership to ensure all details were shared. As a result, the people received the most effective support to meet their individual needs.

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
Treatment of disease, disorder or injury	<p>The provider failed to follow robust procedures around the management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 12</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure systems were robust enough to demonstrate risks to people was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17</p>