Barchester Healthcare Homes Limited

Wykeham House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Wykeham House is registered to provide accommodation and personal care for up to 76 people who may have a nursing need, a disability or may be living with dementia. There were 63 people living at the service at the time of our inspection.

People's experience of using this service and what we found
There were not always sufficient staff to support people when they needed care. Although staff received training and supervision, this was not effective in ensuring good practice within the service. Staff were not always maintaining good infection control. Risk assessments were not always up to date or accurate and staff were not always moving and handling people in a safe way.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. People did not always have access to meaningful activities and people in their rooms were at risk of social isolation. Care plans did not always have accurate information about people's care and staff did not always understand people's needs.

Quality assurance was not always effective. Where shortfalls in care had been identified with staff this had not been addressed robustly. The leadership on each unit needed to be more effective in ensuring staff were delivering appropriate care. There had been several changes in management and the provider had failed to maintain robust oversight of the service. As a result, the level of care had deteriorated from the last inspection.

Recruitment records lacked detail around staff's previous employment. People told us that they did not always feel safe as action had not been taken to ensure other people did not wander into their rooms. We found that staff did not always interact with people whilst going about their care duties. We have made recommendations around these three areas.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. Relatives and visitors were welcomed as often as they wanted.

People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service had improved. Staff told us that they felt listened to and were encouraged to be involved in the running of the service.

Previous Inspection
The last rating for this service was Good (Report published 1 November 2017)

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Wykeham House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by three inspectors, a nurse specialist 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.

Service and service type
Wykeham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the service had recently recruited a manager who was present at the inspection. They had submitted their application to register.

Notice of inspection
This inspection was unannounced. We inspected the service on the 14 September 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We gained feedback from the local authority and professionals who work with the service. On this occasion due to us inspecting sooner that was planned we did not ask the service to complete a Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
We spoke with 12 people who used the service, three relatives and one visiting healthcare professional about the experience of the care provided. We spoke with the registered manager, and members of the senior management team. We spoke with eight members of staff including nurses and care workers. We also observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. We viewed records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received feedback from two health care professionals.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

● People and relatives fed back that at times there were not enough staff. One person said, "There are never enough staff. We have to wait for a long time." We asked if it was different at weekends or different times of the day and they told us, "No, it's always like this. "A relative told us, "Sometimes there is no one around. I think they could do with an extra carer on this floor as two is sometimes not enough."

● On the day where we found that there were insufficient staff to meet people's needs. In the morning staff were still providing morning personal care at 11.30am. Staff did not always have time to spend with people who were cared for in their rooms. One person told us that they got lonely at times and that, "They talk to me when they're doing [personal care] but they haven't got time otherwise."

● In the afternoon we noted that staff were not visible on one of the units. One person told us that they had asked a member of staff to assist them to the toilet. They said, "I'm trying to find someone to help me." It was another 17 minutes before staff were available to support them.

● Staff fed back that there were not enough staff to support people appropriately. One member of staff said, "Something could happen (when people are in the lounge) and we don't know because we're in people's rooms." Another member of staff told us, "I don't think we have enough time to get to know them [people]."

● The manager told us that there needed to be one nurse and three care staff on each floor during the day. However, on one of the units in the afternoon the staff levels often reduced to two care staff in the afternoon. One member of staff on this unit said, "It's three carers in the morning and goes to two in the afternoon."

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Improvements were needed to ensure that recruitment was robust so that the provider could satisfy themselves that only suitable staff were employed. A full employment history was not always obtained from potential staff despite the provider's policy stating that this needed to be done. However, all other aspects of recruitment were robust. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

We recommend that the provider follows their own policy in relation to the recruitment of staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

● Care plans did not always contain up to date and relevant information concerning the risks associated with people. For example, one person had a mental health diagnosis. The registered manager told us the person experienced hallucinations. There were no risk assessments around this or guidance for staff on how best to support the person.
● Another person was losing weight. Staff had been recording their food intake however this had been stopped despite the person continuing to lose weight. There was no record in their care plan to reflect the reasons why the food recording had ceased. The manager addressed this on the day of the inspection and asked for the GP to be consulted.
● Where other risks had been identified, staff were not always following the guidance suggested. For example, according to their care plan, one person needed to be repositioned in bed every four hours. The care plan stated that the person was at risk of a chest infection as they were immobile. Staff were to, "Encourage and support [person] to mobilise and stand up with support of two carers at least twice a day." The daily notes indicated that this was not taking place and entries just stated, "Remained in bed, relaxed and comfortable."
● One person had a bacterial infection that was infectious to other people. The inspection team were not made aware of this before entering the person's room. We also observed a visitor entering this room and then entering another person's room without being prompted by staff to wash their hands. Nursing staff were also unclear on how best to clean the person's breathing equipment to reduce further risks to them. We raised this with the manager who advised us that they would address this.
● Where people's skin integrity had been assessed this was not always up to date or accurate. One person had a wound which was being managed well. However, they were at a greater risk of skin breakdown. This was not reflected in their skin care risk assessment which stated they were at medium risk when in fact they were now at high risk.
● Staff were not always using moving and handling equipment in a safe way. We observed one person required to be hoisted however staff were not familiar with the type of hoist the person needed, initially bringing the wrong one. When staff did bring the correct hoist, they failed to put the brakes on. Each time the person placed their foot on the hoist, it moved forward. When the person was seated in their wheelchair, the member of staff proceeded to move them without placing their feet on the footplate, putting them at risk of injury.

Failure to provide people's care in a safe way was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe in the event of an emergency, such as fire or flood and staff were aware of these. There was a service contingency plan so that in the event of an emergency people could be evacuated to neighbouring services. All staff had received fire safety training.
● Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. Where people had frequent falls, they were referred to the falls team for review. We saw that sensor mats had also been placed in people's rooms where there was a risk of falls.
● There were aspects of risk management that were safe. For example, one person was at risk of injury as they self-propelled in their wheelchair. Staff were to ensure that all areas, particularly in the person's room, were clutter-free and to remind the person to propel with the wheels. We saw that this was taking place.
● There were aspects of infection control practice that were good. People and relatives fed back that the service was clean. One person said, "They [staff] are always wearing aprons and gloves when they clean up to a good standard." A relative said, "It's always very clean." On the whole the service was clean and tidy, and we saw staff wearing gloves and aprons when supporting people with personal care.

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

● People were not always being protected from the risk of abuse. There were mixed responses about whether people felt safe. One person said, "They [staff] make me feel looked after, safe." However, another person told us, "I don't see any staff at night. Last night [a person] was getting in my room. I was in bed, I shouted get out and they did. I don't know who they were."

● We had been informed that one person had been regularly going into people's rooms at night. People had not come to any harm as a result however three people advised us that this had happened to them and that this left them feeling vulnerable. The manager was aware of the risks of this and were taking steps to try and address this.

● Safeguarding incidents were being reported appropriately and investigated by the manager. Staff had received training in safeguarding and told us what they would do if they suspected abuse. One told us, "I would report it straight to the nurse and (if they did nothing) I would go straight to the manager."

We recommend that staff understand their responsibility to protect people from the risk of abuse.

Using medicines safely

● Medicines were managed in a safe way and people told us that they received their medicines when needed. One person said, "They tell me and explain before I take my medicine."

● People's medicines were recorded in medicine administration records (MARS). There was evidence that medicines prescribed for use 'as required' (PRN) were being given appropriately, for example when people were in pain.

● The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe temperature.

● Medicine competency checks took place to ensure that staff were appropriately administering medicines.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were not protected because staff did not always act in accordance with the MCA and DoLS. For example, one person was deemed not to have capacity in relation to living on a unit that required a key pad to leave. However, an application for a DoLS authorisation had not been submitted to the local authority.
- According to a note in the care plan another person was deemed to lack capacity. There were no capacity assessments or evidence of best interest decisions that related to the person living at the service and living on a unit that was locked.
- There was contradictory information in another person's care plan related to whether the person had capacity. Throughout the person's care plan it stated that they had full capacity to make decisions. However, there was also a capacity assessment that related to living at the service which stated they lacked capacity. The reason stated for the lack of capacity was that they were unable to verbally communicate. Their care plan stated that they could not communicate due to a medical procedure on their throat. There was no evidence that the person had an impairment of the brain that would support the person's lack of capacity. Steps had not been taken by staff to look at other ways to determine whether the person understood and was able to consent to care other than them being able to verbally respond to their questions.
- Staff had received training on MCA and DoLS however they were not putting what they had learned into practice. This was reflected in the lack of assessments that took place where a person's capacity was in doubt.

Failure to gain appropriate consent to care and treatment was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We did see instances where MCA capacity assessments were taking place in relation to people's care. These were supported with best interest meetings and appropriate DoLS application. For example, in relation to bed rails and the locked doors on two of the units.

Staff support: induction, training, skills and experience
● Although training, including clinical training, was provided to staff this was not effective in ensuring that staff understood what they needed to do. During the inspection we found shortfalls in practices around infection control, MCA, moving and handling and the safe delivery of care.
● Care staff had not always received appropriate support to promote their professional development and to assess their competencies. We asked the manager to provide us with a record of the supervisions that had taken place, however to date this has not been provided. We were unable to determine how many staff had received their one to one supervision.
● The nursing staff on each of the four units were responsible for undertaking supervisions with the care staff. We identified that on one unit supervisions forms had been signed and pre-populated with information in advance of the supervision taking place.
● Staff told us that they had supervisions with their manager and discussions took place about the care that they were delivering. One member of staff said, "We have supervision with the nurses. They talk about how we're doing personal care and serving at mealtimes." Despite supervisions taking place there was insufficient evidence that the shortfalls in the care that was being provided were discussed.

Failure to appropriately train and supervise staff in their role was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The manager told us that reflective practice sessions took place with the nursing staff. They provided us with evidence of this and we saw that discussions about people's clinical care were taking place. The manager said, "I have been supporting the nurses to get back on track. We are getting there now."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People needs were not always accurately assessment before they moved in to the service to ensure that their needs could be met. For example, one person displayed behaviours that challenged. Although the funding authority had carried out a detailed assessment of the person's needs, this was not viewed before they moved in to Wykeham House. The manager told us that had they known about the behaviours beforehand they felt the service would not have been an appropriate placement for them.
● Another person's pre-admission assessment was not completely filled in. There was missing information that related to medication, their life history, communication (other than to say the person was unable to 'verbalise') and what assistance they needed to mobilise. A lot of the form stated, "Assess" once the person had moved in.

Failure to assess and plan care and treatment before people moved in was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The environment was designed to meet people's needs. There was appropriate signage on the bathrooms and toilets. The corridors were wide to allow easy access for people that were wheelchair users.
● Chairs were arranged in clusters in the communal areas to encourage conversations. Each room had an

en suite and people were able to have personal effects, including their own furniture, in their bedrooms.
● On the units where people were living with dementia there were sensory items for people to interact with.

Supporting people to eat and drink enough to maintain a balanced diet● People told us that they enjoyed the food at the service. Comments included, "The food is good. I like the chicken salad which they serve", "The roast was beautifully cooked. Lovely food as always" and "The food's always beautiful."
● We noted that one person's care plan stated they did not like soup and should not be offered this. On the day of the inspection the person was offered soup, which they declined. Although staff did offer the person an alternative they did not follow through with this. When we checked later in the day we were informed by staff that the person had not had lunch. The person however had not been losing weight. We raised this with the manager who assured us that they would address this with staff to ensure that the person was offered foods that they liked.
● People had access to drinks throughout the day and there were drinks stations at the service for people to help themselves if they wanted. We saw people accessing these. One member of staff said, "We make sure they're hydrated and promote fluids."
● Other than the incident mentioned, people were offered a selection of hot meals and alternatives were offered if people wanted something different.
● The chef was provided with information about people's dietary needs including whether meals needed to be modified, for example pureed meals and those that had allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us that they had access to healthcare professionals and this was evident in the care plans we reviewed. For example, one person developed a rash on their skin. The person was referred to the GP and prescribed medicine for this. Records showed that staff followed the guidance from the GP on the appropriate care to be delivered.
● Staff worked with healthcare professionals in delivering people's care. We saw evidence of involvement from the GP, dentist, tissue viability nurse (TVN), physiotherapist and nutritionist. One healthcare professional told us, "I was very impressed with all the staff that I met during my visit."

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

● We received feedback from people that staff were kind with them. One person said, "They [staff] look after us best they can." A relative told us, "They are so lovely. [Staff] on this floor are fabulous." Another relative said of staff, "They are so kind and caring. They are very good."

● This was also reflected in some of our observations throughout the inspection. However, there were instances where staff were not as interactive with people as much as they could have been. During lunch one member of staff greeted a person when they first sat down with them however they did not then engage with them at all whilst assisting them with their meal.

● Another person was sitting in one of the lounges between 11.10 and 12.20. The person was not spoken to by staff during this period. On another occasion a member of staff went into two people's rooms while they were in there. The member of staff hoovered the rooms but did not speak with either person. One of the people was reading a book and the member of staff gave no notice of the noise from the hoover or asked them for permission to be there.

We recommend the provider reminds staff of the importance of interacting with people when undertaking their duties and then checks regularly that this is happening in practice.

● When staff did interact with people it was done in a caring and respectful way. On one occasion when a person became upset, a member of staff went and sat with them and placed their arm around them. The person appreciated this gesture and said to the member of staff, "Thank you, you have been very kind."

● We saw that staff had developed good relationships with people. When proving drinks, a person was offered a biscuit by a member of staff. The person said to the member of staff, "Oh thank you beautiful, chocolate too." Another member of staff was seen chatting with a person and sharing jokes with them.

● When personal care was being delivered staff, ensured that the doors were closed. One member of staff said, "When I'm doing personal care, I close the door and draw the curtains. I tell them what I am going to do and ask if it is okay."

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

● People told us that they were given choices about the care they wanted. One person said, "When I do stay in my room they ask if you would like your door open or closed." A member of staff said, "I give people choice. What they would like to wear, what colour they want to wear."

● When people became disorientated due to their dementia, staff were calm, reassuring and listened to

what the person had to say.

● People's friends and family were welcomed to the service. During the inspection visitors were greeted with warmth by staff. One visitor told us, "Everyone who walked past me said hello and I was offered a cup of tea while I was waiting."

● People's religious and cultural needs were considered and respected. For example, one person wished to have food that was specific to their culture. The chef took steps to ensure that they were offered appropriate meals.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- We asked people whether there were sufficient activities on offer. One person said, "They try to do things here, but you just get so fed up." Others told us that they were bored and that there was never enough going on.
- There were people who were cared for in their rooms, either through personal choice, illness or infirmity. There was no evidence that activities had been planned to ensure these people did not experience social isolation. One person who was cared for in their room said, "I very often feel lonely."
- One the day of the inspection an outing had been cancelled due to the weather. Instead the activities coordinator spent time knitting with three people. There was no other activity planned in the event of the outing being cancelled. Staff tried to engage people living with dementia with interactive boards and arts and crafts, but this was limited to when they were available to assist outside of providing care.
- Staff told us that there were not sufficient activities for people. One member of staff told us, "The activities could always improve. They try to do their best." Another said that more activities were needed to, "Stimulate people's brains."
- The provider's website stated, "Our activities team are great at building the activities programme around the likes and interests of the people we care for." However, we found that this was not always taking place.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- There was not always sufficient guidance in the care plans around the specific needs of people. This meant that there was a risk that staff would not deliver the most appropriate care. For example, there were people that were living with Parkinson's disease. There was no guidance for staff on how best to support them with this.
- Staff were not always aware of people's medical conditions and were not always reading people's care plans. One member of staff was not aware that one person had a terminal condition. They told us, "I think [person] has a problem with her back." They did not know what this problem was despite this being in the person's care plan. They told us, "Sometimes we don't have time to read the care plans."
- Another person had a mental health condition and preferred to have the curtains pulled in their room. A member of staff that provided care to the person was not aware of the mental health diagnosis or the reasons why the person preferred to have their curtains pulled. There was no care plan that related to the mental health diagnosis.
- The manager told us that one person at the home was receiving end of life care. However, the person's preferences and choices around their end of life care were not recorded.

Failure to plan care and treatment around people's needs and to provide meaningful activities was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● Complaints and concerns were reviewed by the manager and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. One person said, "I think I would be listened to, I would complain to one of the nurses." Another person said, "I know to complain to the boss."

● Complaints had been investigated and people and their relatives were satisfied with the response. For example, one relative had complained that pictures had not been hung in their family member's room. The manager ensured that this was done, and a letter was sent to the relative apologising for the delay.

● Compliments were also received into the service. One feedback form stated, "You have put our minds at rest that he [their family member] is in a safe place and being well cared for."

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

● Each care plan detailed how best to communicate with the person. One person's care plan stated that the person would attract staff attention by tapping on their meal tray with their cup. We saw staff responding to this. The manager told us, "Staff here at Wykeham House use other methods of communicating such as gestures, touch (with consent), writing and using communication props such as pictorial prompts for the resident to interact with and indicate their needs or want by pointing to a picture." We saw this took place. For example, during lunch people were shown plates of the lunch on offer so that they were able to make choices.

● Information was available in large print and where necessary, interpreting services were available for people whose first language was not English.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- Since the last inspection there had been a high turnover of managers at the service. This has impacted on the morale in the staff team. One member of staff said, "We don't get supported because we never know if the manager is going to stay. They come, and they go."
- Leadership on the units was not always effective. The manager told us that the nurse on each floor was responsible for managing the unit. The nurse's office on each floor had frosted glass which meant that nurses were not able to observe how the floor was being run. We often saw the nursing staff sat in the offices completing clinical records.
- Where senior staff had given guidance to staff around changes in care, this was not always recorded in people's care plans. For example, one person's food was being recorded, a nurse had given instruction to care staff to discontinue this but had not recorded in the care their rationale for this.
- The audits that took place were not always followed up to ensure that the actions identified had been addressed. For example, in a provider audit in April 2019 it had been raised that information on the DoLS tracker was not up to date or accurate. This was still a concern at the time of our inspection. It was also raised that end of life care plans were not always present. We found that care plans still did not always contain sufficient information relating to end of life care.

Failure to adequately assess, monitor and improve the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager who had recently joined the service told us, "Whenever a manager leaves the morale dips because of the uncertainty. I feel quite positive to say that I have brought the morale back up." This was reflected in the comments we heard from staff. One member of staff told us, "[The manager] is doing a very good job. She's very open and shares her experience and is very knowledgeable. They haven't had good leadership for a while, but they are now getting better." A person told us, "The manager is a lady, she is very polite."
- There were aspects to the clinical governance that were effective. Meetings took place to look at the clinical care being provided that included people's skin integrity, medicines, falls and wound care management.
- Provider audits had identified shortfalls that had been addressed including improvements around completion of the records that were in people's rooms and information on 'as and when' medicine for

people.

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

● People were invited to attend meetings to feed back on any areas they wanted improvements in. This included feedback on the food, laundry and maintenance of the building, all of which had received positive feedback from people.

● Regular staff meetings took place to discuss any concerns they had or raise useful suggestions to make improvements. Staff told us that these meetings had improved, and staff felt listened to. One member of staff told us, "Things are brilliant. It's improved so much, and we're listened to now. The residents are happier because the staff are. If we raise any concerns, they're addressed." Another member of staff told us, "[Manager] is very good. She is very knowledgeable and has a lot of experience. She discusses things with nurses. No one has been able to show the nurses examples, but [the manager] is showing them."

Continuous learning and improving care; Working in partnership with others; 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

● Where incidents had occurred, staff had discussions to look at ways of improving the quality of care. The manager told us that they were, "Kept abreast of all day to day activities and any difficulties that may have arisen are discussed by the multidisciplinary team at a daily meeting and actions identified."

● The provider and registered manager worked with external organisations. For example, a local nursery school attended the service monthly to sit with people to do, "Creative activities."

● The provider and manager ensured that they shared information with people and their families. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.

● Duty of candour reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted. The manager told us, "Where we are made aware that something untoward has happened, the allegation is treated seriously, and immediate consideration for whether the incident is a notifiable safety incident and if so appropriate action is taken and apologies are made if the responsibility is ours."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to plan care and treatment around people's needs and to provide meaningful activities

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to gain appropriate consent from people that related to their care and treatment.

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	The provider failed to provide people's care in a safe way.

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	The provider failed to adequately assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	The provider failed to deploy sufficient

Treatment of disease, disorder or injury

numbers of suitably qualified, competent, skilled and experienced staff.