

Underhall Respite and Resource Centre Ltd

# Underhall Respite and Resource Centre

## Inspection report

Underhall  
Chesterfield Road, Two Dales  
Matlock  
Derbyshire  
DE4 2SD

Date of inspection visit:  
26 February 2019  
27 February 2019

Date of publication:  
12 April 2019

### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Underhall respite and resource centre is a residential care home that also provides a short-breaks (respite service) to older adults. The service also provides a day service, which was outside the scope of consideration for this inspection. The home is based on a single level and there is parking outside the premises. The service is registered to provide care and support to up to 14 people.

### People's experience of using this service:

- The service was caring and provided people with person-centred support. However, there were some shortfalls in relation to records and systems and processes to help monitor and improve the quality and safety of the service.
- People received support from a small, consistent staff team. There were numerous examples of where the service had gone 'above and beyond' to provide people with support that met their needs and preferences.
- The registered manager and staff had a good understanding of people's needs and social histories. They used this information to provide person-centred support. However, care plans did not always reflect the information known to staff.
- We found staff took reasonable actions to help keep people safe from harm. However, there was limited formal, recorded risk assessment.
- The registered manager aimed to provide a 'homely' service, and demonstrated caring values that were reflected by the staff team.
- The registered manager had a good oversight of the service. However, this was not always reflected in the records or by systems and processes in place to assist them in monitoring the service. We found this to be a breach of the regulations.
- People received their medicines as prescribed. However, there were some shortfalls in relation to records kept, and requirements in relation to the safe storage of medicines. We have made a recommendation in relation to the management of medicines.
- We identified some shortfalls in relation to the implementation of the Mental Capacity Act (MCA), primarily in relation to records kept. We have made a recommendation in relation to implementing the MCA.
- People were positive about the kind and caring nature of staff. Whilst we did not identify any concerns about the staff employed, we found there were gaps in the processes followed to ensure staff recruited were of suitable character. We found this to be a breach of the regulations.
- We received positive feedback about the food provided. The service took people's dietary requirements and preferences into account when preparing meals.
- The service had good working relationships with other health and social care services. We received positive feedback from social care professionals with recent involvement with the service.
- The provider was not always meeting regulatory requirements. We found required notifications in relation to expected deaths had not been submitted as the provider was unaware of this requirement. Prior to the inspection, the service had breached conditions of its' registration with CQC by admitting more people to the service than it was registered for.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This is the first time we have inspected this service.

Enforcement/improvement action:

Please see the 'action we have told the provider to take' section towards the end of the full report.

Follow up:

- We will request an action plan from the provider setting out how they intend to make improvements to meet the requirements of the regulations.
- We will continue to monitor the service.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service 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** ●

# Underhall Respite and Resource Centre

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Underhall Respite and Resource Centre 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.

Underhall Respite and Resource Centre accommodates up to 14 people in one adapted building. The service provides personal care and support to older age adults for both short-breaks (respite) and permanent placements.

The service also provides a day service to older adults. CQC can only inspect the service being received by people provided with 'personal care' in a place where they are living. Where they receive this support, we also take into account any wider social care provided. This meant we only inspected the service in relation to people who were staying at the home, and not who were attending for a day service.

The service had a manager registered with the Care Quality Commission. 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.'

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service. This included: Any feedback we had received about the service by email, phone or a 'share your experience' form completed on CQC's website; The registration reports completed by a CQC inspector when we registered the service.

We contacted the local authority and local Healthwatch for feedback about the service. The local authority and Healthwatch did not have any feedback to share with us.

The provider completed a provider information return (PIR) prior to the inspection. We reviewed this information to help plan our inspection and make judgements about the service. A PIR contains key information that providers are required to send us about their service, what they do well, and improvements they plan to make.

During the inspection we spoke with three people who were using the service and two visitors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff. This included three care assistants and the registered manager. We also spoke with two visiting social care professionals.

We reviewed records relating to the care people were receiving. This included medicines administration records, four people's care files and daily records of care. We also looked at records relating to the running of a care home. This included four staff personnel records, records of supervision, training records, records of servicing and maintenance of the premises and equipment, and audits.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and processes did not provide assurances about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding concerns at the service since it was registered with CQC in January 2018.
- Staff had received training in safeguarding and were aware of how to identify and report any potential safeguarding concerns.
- The registered manager was aware of local safeguarding procedures. They gave us an example of where they had raised a safeguarding concern with the local authority in relation to the welfare of a person who was not using the service.

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

- We found staff had considered risks to people's health, safety and wellbeing, and had taken reasonable steps to manage such risks. However, this was not always clearly reflected in the records kept by the service.
- Staff recorded any accidents and incidents on an accident report form. However, some of these lacked key details such as the time of day an accident had occurred.
- The registered manager monitored the number of accidents that occurred. The audit they completed did not demonstrate they had considered any potential common themes or trends in accidents. However, when discussing this with them, we found they had good oversight of any accidents and potential contributing factors.
- Through discussion with the registered manager and staff, we were satisfied that staff had taken appropriate action to help keep people safe. For example, the registered manager was able to explain in detail about steps taken to protect people from risks such as falls, malnutrition and pressure ulcers. However, these actions were not always clearly reflected in people's care records.
- The scope of formal, documented risk assessment was limited. Staff completed risk assessments in relation to falls and moving and handling. However, there were no assessments in relation to other potential risks such as malnutrition or skin integrity. Having these assessments in place would help staff monitor and recognise existing or changing risks.
- On the first day of our inspection we found some hazardous substances (COSHH) such as cleaning products were not stored securely. We raised this with the registered manager and found staff had locked away all COSHH on the second day of our inspection.
- On the first day of our inspection we found the doors to the cupboard containing the electricity fuse box was not locked shut. We made the registered manager aware, and these doors were locked by the second day of the inspection.
- A competent person had completed required checks and servicing of equipment and the premises. This included checks relating to the electrical system, water system and lifting equipment.
- There was a fire risk assessment in place, and the service had acted on any recommendations made within

this risk assessment. Staff had received training in fire safety.

#### Staffing and recruitment

- The provider was not always meeting requirements in relation to the recruitment procedures they were following.
- We checked four staff personnel records and found three staff members did not have a full employment history recorded. Whilst the registered manager was aware of the reason for some of these gaps, they had not made a record of this.
- Three staff members had started work prior to the service receiving a disclosure and barring service (DBS) check. DBS checks provide information on whether an applicant has any previous convictions or, dependent on the type of check, whether the applicant is barred from working with vulnerable adults or children. The registered manager had risk assessed allowing these staff members to work under supervision prior to receipt of a DBS check, and for two staff, they had obtained a copy of their DBS check from their former employer. However, this practice did not meet the requirements of current guidance and regulations.
- The service did not always have adequate evidence of employees conduct in previous jobs, including those where the employee worked in health and social care. Some employees were known to the nominated individual, which would reduce potential risks. However, references were not always obtained or documented. For references that had been received, it was not clear who had provided them, and what period of former employment they covered.

Recruitment procedures were not always operated effectively to ensure required information about employees was obtained, and to help ensure staff were of suitable character. This was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found there were sufficient staff to meet people's needs in a timely way.
- No formal assessment was used to help the provider work out how many staff they would need on duty. The registered manager told us they would vary staffing levels dependent on how many people were using the service and their level of need. This included considering how many people were visiting the home for a day service.
- Staff told us they found there were sufficient staff on duty to allow them to meet people's needs and spend time with them. This was also our observation during the inspection. They confirmed the registered manager would increase staffing levels if there were more people using the service, or if they had a higher level of support needs.
- The registered manager told us they, or the nominated individual would help provide care as needed to provide additional flexibility. During the inspection we saw both the registered manager and nominated individual providing support, and staff told us this was normal practice.
- Staff were responsible for both care and domestic duties. Staff were given allocated roles for the day, and we found this did not impact on the care people received. However, the registered manager told us they intended to employ an additional member of staff to take a lead working in the kitchen and carrying out domestic duties.

#### Using medicines safely

- Some improvements were required to ensure medicines were managed safely and according to good practice guidance.
- People's medicines were stored in locked drawers in their rooms. The registered manager told us they were changing this system to the use of a medicines trolley as few people wanted to take their medicines in their bedrooms.
- The registered manager told us people were encouraged to manage their own medicines if they could do so safely. This was good practice that would help ensure people did not lose this area of independence.



- Staff kept records of the medicines they administered to people on medication administration records (MARs). However, additional detail was needed on these records in some cases. For example, one person had not been administered an antibiotic on one occasion and a code was used that meant 'other'. However, there was no record on the MAR or this person's daily notes to explain why this person had not taken that medicine, or whether staff had considered seeking advice from a health professional about this.
- Some people were prescribed medicines, such as pain relief to be taken 'when required' (PRN). There were no recorded plans or 'protocols' to inform staff when they should administer these medicines and what their intended effect was. Whilst the registered manager told us these people were able to tell staff when they needed these medicines, having a PRN protocol in place would help ensure these medicines were managed safely and consistently.
- Improvements were needed to ensure the safe storage of medicines. The temperature that medicines were stored at was not monitored. This is important to ensure medicines are kept in accordance with manufacturers guidelines, and to ensure they are not affected by hot temperatures. A domestic fridge was used to store medicines needing to be kept cold, and the temperature of this was also not monitored. The registered manager told us they had bought thermometers to carry out temperature monitoring during our inspection.
- Some people using the service were prescribed 'controlled drugs'. These are medicines that are subject to additional legal requirements in relation to their storage, administration and destruction due to the risk of their misuse. Staff kept appropriate records in relation to these medicines. However, these medicines were not kept as securely as required as the controlled drugs cupboard was not attached to the wall.

We recommend the provider reviews and implements recognised good practice guidance in relation to the management of medicines.

#### Preventing and controlling infection

- The home was clean and tidy, with no malodours.
- Hand sanitiser was placed by the sign-in book, which would encourage visitors to use it.
- We saw personal protective equipment (PPE) such as gloves and aprons was available for staff use.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an initial assessment before people started to use the service. This covered relevant areas of potential support need such as mobility, physical health, mental health, personal care, communication and continence.
- The registered manager told us they would seek updated information from the person and others involved in their care between stays for short-breaks. They told us they would use this information to update people's care plans.
- During the inspection we heard the registered manager having discussions about arranging a re-assessment for a person following a recent hospital admission. This would help them ensure the service was still able to meet their needs.
- Information to guide staff how to meet people's care needs was gathered from sources including, social services assessments and their medical records.

Staff support: induction, training, skills and experience

- Staff received sufficient training, induction and support to help them undertake their role effectively.
- Staff who were new to working in care were supported to complete the care certificate. The care certificate outlines standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care.
- Staff told us they felt they received the training and induction they needed to provide care competently to people. One staff member talked about completing their induction training at the same time as shadowing the registered manager (whilst providing care), which they had found helped their understanding.
- The service used an external training provider. We saw staff had received recent training in topics including, safeguarding, moving and handling, medicines, infection control and first aid. The registered manager told us some staff had completed training in dementia and end of life care, although this was not reflected on the training matrix.
- Staff told us they received regular supervision, which they found useful. We looked at records of supervision and competency assessments, and found most staff had 'reviews' after two weeks, one month and then two months of employment. The provider told us ongoing supervisions would be held quarterly. However, the provider was not able to find any records of supervision for one employee who had worked at the home for over one year. They told us they were confident that this staff member had received supervision, but we were not able to confirm this.

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

- People told us they liked the food prepared at the home. Comments included, "The food is wonderful",

"The food is very good, we had salmon the other day" and "The food is very good. It's all done on the premises and you can request alternatives."

- Staff were aware of people's dietary requirements and how to meet them. Health professionals such as GPs and dieticians had been involved in people's care where there were concerns about weight loss or their dietary intake.
- Staff told us they tried to provide people with varied diets that met their preferences. They told us people were given choices around the meals prepared. For example, they told us one person had requested rabbit and a rabbit dish had been provided recently. During the inspection people were given a choice of sweet and sour chicken as another person had requested this meal.
- During the inspection we saw that staff encouraged people to eat and drink sufficient amounts. Staff offered alternative meals if people did not want the choices on the menu that day.
- We observed the mid-day meal on the first day of our inspection. This was a relaxed and social event. Whilst most people were able to eat and drink without assistance, staff were attentive and offered people any help they might need.

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

- The service was of suitable design to meet the needs of people using it.
- There were two lounges, one of which was a quiet lounge. During the inspection we saw this lounge was used by a person who did not want to join in with activities taking place and wanted to sit somewhere quieter.
- The service had a wet room and toilets that were accessible to wheelchair users or people with limited mobility.
- There was an enclosed garden that people made use of during the inspection.
- The layout of the home had been recently changed to provide two additional bedrooms. The provider told us one smaller bedroom would only be used for people staying for a short break.

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

- People were confident that staff would help them access other services they needed to meet their health care needs. One person told us, "If you're not feeling up to scratch they'll [staff] ask what they can do for you." Another person said, "The staff are on the ball. If you are not feeling well they make it their business to do something about it."
- We spoke with two visiting social care professionals. They told us they had a 'really good relationship' with the service and registered manager, and said staff would make them aware of any concerns in relation to the people they were working with.
- The registered manager told us they had a good working relationship with the local GP practice, which was located next door. Feedback from the social care professionals we spoke with supported this.
- We found a range of health and social care professionals had been involved in people's care. This included district nurses, GPs, dieticians and physiotherapists. Whilst the registered manager and staff had good knowledge of the advice from healthcare professionals, this was not recorded in a way that was easily accessible within people's care records.
- Staff supported people to appointments when possible, and the registered manager was supporting a person using the service to attend a hospital appointment when we arrived for our inspection. This would help ensure people received effective, 'joined-up' support across services.
- The registered manager told us they registered people staying at the service for a short-break as temporary patients at the local GP practice. This would help ensure they continued to have access to timely care and support if required.
- The registered manager recognised some people had preferences about who their GP was, and that some people might be reluctant to change to a new practice. However, people's preferred GPs were not always

able to carry out home visits if they moved further away. They told us to overcome this, they had continued to take one person to appointments at their preferred practice.

- Some people using the service also used a local domiciliary (homecare) service that shared the same nominated individual. This relationship meant both services were able to share information such as assessment, when appropriate. This helped the service provide consistent and effective support to people using the domiciliary service that came to stay for a short break.

#### 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.
- Staff had received training in the MCA, and during the inspection we saw they supported people to make day to day decisions, such as what they had to eat, or whether they wanted to wear a clothing protector at meal times. People told us staff provided care with their consent. When asked if staff asked for their agreement before providing any care, one person responded, "Oh yes, it's sort of smooth going."
- The registered manager told us no DoLS application had been made. They told us no-one was subject to any restrictive practices, and that those people who may lack capacity in relation to decisions about receiving care at Underhall appeared happy to be there, and made no attempts to try and leave.
- External doors to the home were not locked, and the registered manager understood that staff may not have legal authority to restrict people from leaving without an authorised DoLS. We discussed this with the registered manager and asked them to consider whether it may be necessary, in the best interests of anyone lacking mental capacity, for staff to impose restrictions that could amount to a deprivation of liberty to keep them safe. If this was the case, a DoLS may need to be applied for whether or not the person was actively making attempts to leave the service.
- Staff had considered people's capacity to consent to care. People were asked to sign consent forms in relation to the care they received and assessment of their needs unless there was reason to expect they lacked mental capacity.
- In some cases, staff had recorded that people lacked mental capacity. However, it was not clear how they had made these decisions. The assessments documented did not follow the 'two-step' capacity assessment process outlined in the MCA.
- Where people lacked mental capacity, the forms used provided the person opportunity to 'give permission' to a nominated advocate, such as a relative to sign consent forms on their behalf. If people did not have mental capacity, they would not have been able to provide such permission. Whilst it is good practice to include others involved in people's care in decisions about their care, we discussed with the registered manager the importance of ensuring it was clear whether 'advocates' had legal authority to consent on behalf of that person (such as a lasting power of attorney for care and welfare), or whether they were being consulted about decisions.
- We recommend the provider reviews recognised guidance in relation to the implementation of the MCA and DoLS.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were able to talk to us in detail about people's social histories and interests. They used their knowledge about people's social needs and preferences to provide person-centred support.
- For example, we heard staff talking to one person about their former occupation and staff told us they took this person out to walk round local areas they were familiar with through their former work.
- The registered manager was able to provide numerous examples of where the service had gone 'above and beyond' for people living or staying there. This had included supporting people to have romantic anniversary meals with their partners when this would otherwise not have been possible, holding birthday parties and parties for significant events, and purchasing fish and chips for people at the service's expense.
- Two people we spoke with talked about enjoying fish and chips from the local 'chippy', and one person told us the registered manager had cooked them potatoes and bacon fried in butter at their request a previous night.
- One person's visitors commented, "They always have a celebration for birthdays. [Person] had a birthday party. The room was decorated and full of friends."
- The registered manager talked about taking a person to the cinema as they had said they had not been in years. This demonstrated the service took a person-centred approach to meeting people's holistic needs.
- People received support from a consistent staff team that knew and understood their needs and preferences well.
- People's feedback was consistently positive about the kind and caring nature of staff. One person told us, "Nice staff and good people" and another said, "They look after us very well. The staff are wonderful".
- The registered manager aimed to create an environment where people would feel relaxed and at home. People spoke positively about the relatively small size of the home, and how this created a homely feel. One person's visitor told us, "There is very little difference visiting [Person] here than when they were at home, other than that there are people here who keep her well and cared for." A staff member told us, "[Registered manager] just wants it to be like someone's own home."
- When asked what they felt the service did particularly well, the registered manager told us, "I look every relative in the eye and tell them we will look after their family member. Everyone says they feel very welcome, safe, and they want to come back."
- Staff were attentive to people's needs. Staff used appropriate touch to help reassure people when needed, and talked with people in a natural and respectful way that made them feel at ease.
- We saw compliments that people had sent to the home that praised the staff and registered manager for their compassion and reassurance.
- The registered manager told us they would consider any needs people had in relation to equality and

diversity as part of the assessment process. The service had a policy that supported staff to deliver care in a non-discriminatory way that respected people's equality, diversity and human rights.

#### Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of supporting people to retain their independence. Staff told us they would encourage people to make their own choices, and to do what they could for themselves.
- One staff member spoke about having supported a person to gain confidence in relation to their mobility. They told us this had allowed the person to return home with help from a homecare agency.
- People told us staff respected their privacy and dignity. Staff told us they would keep people covered during personal care, and ensure doors and curtains were shut.
- Staff signed confidentiality agreements, and were aware of the need to protect people's personal information. One staff member told us they would speak with people in a private area about anything confidential, and said, "What happens here stays here."

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

- During the inspection we observed staff took time to spend interacting with people. This included discussing things that were important to them, and providing choices in relation to their day, such as what they wanted to eat. When asked if staff had the time to sit and chat with them, one person replied, "They make time."
- We observed staff supported one person to use the 'quiet lounge' as they were not keen on the noisier environment in the main lounge where activities were taking place. A staff member sat with this person and was talking about their past occupation and interests.
- People told us they were involved as much as they wished to be in decisions about their care and support.
- The registered manager talked about working with a person to help them make decisions in relation to their care. They told us they had previously not wanted to follow the advice of some health professionals, but then agreed to the changes in their care after they took time to explain the reasons for the recommendations, whilst respecting that person's right to make their own decisions.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans were limited in their scope and detail. Despite this, we found multiple examples of where the service had gone 'above and beyond' to provide people with excellent quality person-centred support.
- People's care plans consisted of one or two pages of typed notes about their planned care. These plans incorporated information about all areas of people's needs, and to varying extents, information about their social histories, interests and preferences in relation to how they received their care.
- Care plans did not always clearly describe people's support needs (and areas of independence) in relation to key aspects of care such as sleep, oral hygiene and eating and drinking.
- Aspects of people's care that were described in care plans were variable in the level of detail they provided to staff. For example, in relation to personal care support needs we saw care plans that indicated staff needed to provide support, but without further details provided about how support should be provided in a way that met that person's needs and preferences. We have considered issues in relation to records further within the well-led section of this report.
- Despite these limitations in relation to care planning, we found staff (including the registered manager) had an in-depth knowledge about people's social histories, care needs and preferences.
- The service supported people to maintain relationships with those important to them. People told us there were no restrictions on visiting. The registered manager told us some people had come to stay for short-breaks when their family had been away on holidays. To help them keep in touch and feel more comfortable about their stays, the registered manager told us they had arranged with these people's families to stay in contact with them using internet video calling facilities.
- We observed that staff encouraged people to sit with and interact with others using the service that they had become friends with. This would help reduce the risk of people becoming socially isolated.
- We saw people taking place in a range of activities during the inspection that were led by the staff-team or part-time activities co-ordinator. This included quizzes, singing and seated exercises. Staff also supported people on trips out from the home and to access the local community.
- People's communication support needs were identified in their care files. Detail was also provided in relation to how staff should meet these needs.

Improving care quality in response to complaints or concerns

- The provider listened to, and acted upon people's complaints or concerns.
- People felt able to raise any concerns they might have. They told us they were confident that staff would take any concerns or complaints they raised seriously. One person told us, "I've nothing to complain about. If we have anything to worry about, we only have to tell them [staff]."
- Staff gave people staying for a short break (respite), a form at the end of their stay that asked for feedback about their stay. One question asked about whether people had experienced any problems during their stay,

to which one person had responded, "None that weren't immediately dealt with."

- The registered manager recorded feedback they received about the service, along with the actions they had taken as a result. For example, we saw they had put up canvases of photos from the local area and purchased a raised toilet seat as the direct result of feedback they had received.
- We received positive feedback from a social care professional. They told us, "They listen to people, they listen to families. They are flexible and person-centred."

#### End of life care and support

- The evidence we reviewed indicated the service provided effective end of life care. However, documentation did not always support this.
- We saw the service had received written compliments from relatives in relation to the support they had provided to their family members at the end of their life. Relatives had complimented the service on their 'devotion', 'dedication', 'kindness' and for 'going the extra billion miles'.
- We received positive feedback on the provision of end of life care from a social care professional we spoke with. They told us the service had worked well with district nurses, 'encompassed the family' and that nothing was too much trouble.
- The service had not recorded people's wishes in relation to their care at the end of their life, nor produced care plans (when relevant) in relation to provision of effective care at this stage of life.



## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider was not always aware of and not always meeting all regulatory requirements.
- The service had a registered manager as required. The registered manager was supported in the day to day running of the service by the nominated individual.
- Whilst both the nominated individual and registered manager had experience in health and social care, neither had worked in or run a care home before. The registered manager acknowledged that they were learning about some of the requirements in relation to the running of a care home as they went along.
- Prior to our inspection the registered manager had allowed the admission of a person to the home, which took the service over the maximum number of people it was registered to provide support to. Whilst they had done this with good intentions, this had put the service in breach of its' conditions of registration. In this instance we reminded the provider of their obligations and decided not to take further action in this instance.
- Services registered with CQC are required by law to send us notifications about specified events that happen whilst providing a service. We found the provider had not sent us notifications about expected deaths as required. This was because they were not aware of this requirement. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were motivated and told us they felt well supported by the registered manager. They told us they would feel comfortable raising any concerns they had with the registered manager and said they would be listened to. One staff member said, "[registered manager] is very approachable and listens to staff."
- Staff felt confident to act openly and transparently. When asked if they would be treated fairly if they made any mistakes one staff member told us, "I would tell [registered manager] straight away [of any issues]. I wouldn't be made to feel uncomfortable."
- Staff told us they thought the service was well-led, and both staff we asked said they would be happy for a loved one to use the service. One staff member said, "You walk in here and it's so calm and relaxed. I think it's [registered manager] that makes it that way. They want to make everything homely."
- Care staff were clear about the purpose of the service and the responsibilities of their job roles.

Continuous learning and improving care; Engaging and involving people using the service, the public and

staff, fully considering their equality characteristics

- Some improvements were required to systems and processes to help the provider and registered manager monitor the quality and safety of the service.
- Staff felt engaged in the running of the service and felt the registered manager listened to them. We saw there had been recent staff meetings in October and December 2018 where the registered manager had talked about her expectations in relation to how the service was run.
- People using the service and relatives were able to provide feedback to the registered manager. We saw evidence that action had been taken to improve the service based on people's feedback.
- The registered manager completed several audits relating to service provision. This included a weekly count/stock-check of medicines, a quarterly audit of medicines records, a care file audit, accident/incident audits and a cleaning schedule audit.
- These audits were limited in depth and contained limited details about what was checked. For example, the medicines audit did not demonstrate that procedures/requirements relating to the safe storage of medicines had been considered, and this was a shortfall we identified during the inspection. The cleaning audit did not consider aspects relating to infection control such as hand hygiene or the cleaning/condition of equipment. The falls audit did not allow for the identification of trends or patterns in incidents relating to individuals or across the service.
- Despite the limitations of these audits, we found the registered manager had a good, detailed understanding of factors affecting the quality/safety of the service. For example, we saw there was an increase in the number of falls one month and the registered manager was able to talk in detail about the reasons for this and the actions they had taken, although this was not reflected in the records.
- Whilst the registered manager had a good oversight of the service, the systems, processes and records did not support this. This had the potential to affect the monitoring and running of the service if the registered manager was absent.
- Systems and processes had also not ensured relevant requirements of the regulations were met, including in relation to the submission of statutory notifications and meeting requirements in relation to staff recruitment practices. We also identified shortfalls in relation to care planning, the recording of risk assessments and medicines management.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The registered manager told us they had a good relationship with the local GP practice. The social care professionals we spoke with confirmed this.
- We received positive feedback from two social care professionals about how the service worked in partnership with them. One professional told us, "As the service has evolved, [registered manager] has made positive changes on the back of working with us and others. We have a really good relationship and they feedback about any concerns."

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	<p>Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services</p> <p>The provider had not submitted notifications of deaths as required.</p> <p>Regulation 16(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating effective systems to assess, monitor and improve the quality and safety of the service. Accurate and complete records were not always maintained in relation to decisions about people's care.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not operating robust procedures to ensure staff recruited were of good character. Information required under schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not always held.</p> <p>Regulation 19(1)(2)</p>

