

Marches Care Limited

The Uplands at Oxon

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Uplands at Oxon is a care home providing nursing care to a maximum of 81 people. At the time of the inspection, 79 people were using the service. Accommodation is provided in one purpose built building consisting of four units over two floors.

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

Some risks to people were not always considered. Some items, which could cause significant harm if ingested, were not securely stored. People's medicines were not always managed or administered in a safe way. Good infection control procedures were followed by the majority of staff.

People felt safe living at the home and with the staff who supported them. The provider's procedures for staff recruitment and training helped protect people from the risk of abuse. There were sufficient numbers of staff to meet people's needs in a safe way. Regular health and safety checks were carried out on the environment and equipment used by people to ensure they remained well-maintained.

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. People said staff always asked for their consent before helping them.

People's nutritional needs were assessed, and care plans were in place to manage risks however these were not always followed by staff. People who were living with dementia did not experience a positive meal-time experience.

People were able to personalise their bedrooms. Systems were in place to ensure staff received the training they needed. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed.

People were supported by kind and caring staff. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible. Staff understood and respected people's right to confidentiality.

There were opportunities for social stimulation and people could see their friends and family whenever they wanted. People were treated as individuals and chose how they spent their time. People and their relatives felt confident and comfortable to discuss any concerns with staff. People could be confident that their wishes for end of life care would be respected by staff.

There were systems to monitor safety and the quality of the service people received however these were not always effective. Staff felt well supported and motivated. The service worked in partnership with other professionals and the local community to achieve good outcomes for people.

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

Rating at last inspection

The last rating for this service was good. (Report published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

Follow up

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

The Uplands at Oxon

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

This inspection was carried out by one inspector, an assistant inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team also included a specialised nurse advisor who specialised in the care of older people with general nursing needs.

Service and service type

The Uplands at Oxon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the

service and made the judgements in this report.

During the inspection

We met with 22 people who used the service, 17 relatives and a visiting healthcare professional about their experience of the care provided. We met with the nominated individual, registered manager and spoke with eight further members of staff. These included registered nurses, care staff, domestic staff, administrative staff and members of the quality monitoring team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records which included seven people's care records and medication records. We looked at records in relation to recruitment, supervision and training. A variety of records relating to the management of the service, health and safety and quality monitoring were also reviewed.

After the inspection

Following the inspection the registered manager provided us with information about the actions they had taken to address some of the shortfalls found during the inspection.

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 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.

Assessing risk, safety monitoring and management

- Some risks to people were not always assessed or mitigated.
- On the two units for people living with dementia we found items were left out which, if ingested, could pose a risk to people's health and safety. For example, a large bottle of washing up liquid and a tub of thickening powder was left out in the communal lounge/diner on one of the units. Staff were not always present in this communal area meaning people could access these substances without the knowledge of staff. We observed a twenty minute period where staff were not present in the communal area.
- Three further tubs of thickening powder were found in an unlocked cupboard in the communal lounge/dining area.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were in place to manage or mitigate risks relating to people's health. These included, reducing the risk of pressure damage to the skin, falls and risks associated with eating and drinking.
- The service had wound care specialist nurses to monitor and reduce the incidents of pressure sores or damage to the skin.
- Following the inspection, the provider informed us that the service currently had a 0% pressure ulcer rate in comparison to the national average of just over 6%. They also informed us people who lived at the home experienced a falls rate of 16% against a national average in England of 60%.
- People were provided with call bells which they used to summon staff assistance. Door sensors and pressure mats were in place for those people who were assessed as being at high risk of falls.
- Regular health and safety checks were carried out to ensure the environment remained well-maintained.
- Equipment used by people was regularly checked and serviced to ensure it remained safe and well-maintained.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved with minimal risk to themselves or others.

Using medicines safely

- Time specific medicines being used to control either pain, or the symptoms of Parkinson's disease were

not being administered at the prescribed times. As a result, this could lead to poor pain control and the poor management of Parkinson's disease.

- The provider had a system for recording where on the body analgesic skin patches were being applied. However, patches were not being rotated on the body in accordance with the manufacturer guidance. This could lead to sites on the body being used too often which could lead to these people experiencing unnecessary side effects.
- Checks of the controlled medicines failed to identify that an analgesic solution, which had a short expiry date when opened, was out of date. The records showed that this medicine had been administered past its expiry date. We brought this to the registered manager during the inspection and they removed the medicine from use.
- Medicines administration records (MAR) did not always demonstrate people received their medicines as prescribed. On one of the units MAR charts showed some discrepancies between the quantity of medicines found and the administration records. These discrepancies showed the provider was unable to demonstrate people had received some of their medicines as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- To maintain people's health and wellbeing the provider was administering some medicines by disguising them in either food or drink, this is known as covert administration. We reviewed the information and found the provider had all the necessary measures in place to ensure these medicines were administered safely.
- For people who wished to administer their medicines independently the provider had processes in place to ensure risk assessments were completed, which explored the risks to them and other people using the service. There was also a system in place to monitor the compliance with the prescribing instructions.

Preventing and controlling infection

- Staff did not always follow good infection control practices.
- Whilst there were sufficient supplies of personal protective equipment (PPE) such as disposable gloves and aprons, these were not always used by staff appropriately. On one of the units, we observed three members of staff carrying dirty laundry through the corridor. Staff were not wearing any PPE and the laundry had not been placed in a bag.
- Staff on the other three units followed good infection control practices.
- People lived in a home which was clean and fresh smelling.
- The home had infection prevention control nurses who had received additional training to oversee infection control practices in the home.

Staffing and recruitment

- There were sufficient numbers of skilled and experienced staff to meet people's needs.
- One person said, "I get the care I need and never have to wait long for help." Another person told us, "They [staff] help me get dressed as soon as I am ready for them they are here to help me. I never have to wait."
- The provider's procedures for staff recruitment helped to protect people from the risk of harm or abuse.
- Recruitment files showed that all required checks had been made to ensure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said,

"I've never seen or heard anything that made me feel uncomfortable." A relative told us, "I know my [relative] is safe here. I don't have to worry."

- Staff had been trained to recognise and report any concerns or abuse.
- A member of staff said, "If I saw a bruise on someone I would tell the nurse straight away. I know how to report any concerns; I would tell the nurse, or the unit manager."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's nutritional needs and preferences were assessed, and plans were in place to manage risks, however these were not always followed by staff.
- One person living on one of the dementia units had been assessed as being at high risk of malnutrition and had lost weight. The care plan stated they should be provided with fortified meals and regular snacks. We were unable to ascertain whether the lunch provided had been fortified and records of their daily intake did not demonstrate that additional snacks had been provided.
- People on the two general nursing units experienced a positive meal time experience however this was not the case for people who were living with dementia.
- For example, tables had not been laid with cutlery, condiments or napkins. This would help people living with dementia to understand that a meal was about to be served.
- On one of the dementia units, some people had to wait half an hour before their lunch was served. Three people were sat at a table, one person was provided with their meal and had finished before the other two people were given their meal 20 minutes later. Another person who was sat in a chair near the table, was not provided or assisted with their lunch for another 10 minutes.
- One person was assisted to sit at another table however the chair was low, and food dropped on to the table and their lap when they were eating. This went unnoticed by staff.
- Some people were informed of the lunch choices and others were provided with their meal by staff. When asked, a member of staff told us, "We know what they like." We did not observe staff show people plated meals which would help people with a cognitive impairment to make an informed choice.
- On both units for people living with dementia, there was little interaction from staff other than when they were assisting a person to eat.
- A member of staff who was assisting a person with their meal, left them part way through their meal to serve some puddings.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate person-centred care was effectively managed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were positive about the meals provided. One person said, "The food is lovely." Another person told us, "They [staff] ask me the day before about what I want to eat. The food is good."
- Following the inspection, we were informed that the service had a malnutrition rate of 20% of service users, despite the advanced stages of many service users' dementia. This compared to the national average

in excess of 30%.

Following our inspection, the registered manager provided us with information which detailed the action they had taken to address these shortfalls. These included discussions with staff. The mealtime experience had also been monitored over several days and it was reported that people experienced a pleasant and sociable meal-time.

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 make 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there were concerns about a person's capacity to consent to their care and treatment assessments of their capacity and discussions had taken place to ensure decisions made were appropriate and in the person's best interests. This related to the use of bedrails, lowered beds and the use of stairgates on some people's bedrooms in the two units caring for people living with dementia.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were respected.
- The provider had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.

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

- Care plans to meet people's physical and psychological needs provided staff with the information needed to meet their needs and preferences.
- People were assessed before they used the service to ensure their needs and preferences could be met.

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

- The home was purpose built and accommodation was provided over two floors. Stairs and a lift provided access to the first floor. Grab rails helped people mobilise around the corridors and there were raised lavatory seats and assisted baths. Each bedroom had a wet room. On the dementia units, there were contrasting coloured handles on lavatories and bathrooms to assist people to orientate themselves.
- On one of the dementia units there was no signage in corridors to assist people. We also noted that corridors appeared bare and there were no sensory items for people to touch or fiddle with. We discussed our findings with the registered manager and nominated individual who told us some items had been removed due to the behaviours of several people who lived on the unit.
- People had their own bedroom which they could personalise in accordance with their tastes and preferences.
- In the bedroom of a person who was nursed in bed, a mural of their favourite singer had been placed on the ceiling along with soft sensory lights. We also saw murals on the walls of other bedrooms.

- People had access to landscaped gardens, the provision of outside space on the first floor and an extended reception and café with seating areas for people and their visitors.'

Staff support: induction, training, skills and experience

- Staff received training to make sure their practice was in accordance with up to date practice and legislation. A member of staff said, "The training is good." Another member of staff told us, "The training is good and there is lots of clinical skills and knowledge updates and it is all paid for by the home. We get support with revalidation too." Revalidation is the new process that all nurses need to go through in order to renew their registration with the Nursing and Midwifery Council.
- Newly appointed staff received a thorough induction to provide them with the skills and training to meet people's needs.
- There were effective systems in place to ensure staff received refresher training when needed.

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

- People saw healthcare professionals when they needed. One person told us, "The doctor calls here on a Monday and Friday and they are very good. This home has such a good relationship with the surgery. It isn't my regular surgery, but they look after me whilst I am here. They are really good."
- The home commissioned the services of a local GP to visit the home each week to ensure people's health care needs were identified and met in a timely manner.
- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs.
- A visiting healthcare professional told us staff were proactive and asked for regular reviews where required. They said, "I trust the nurses here. If they say they need something, then they need it."
- Care records showed that staff followed the recommendations made by healthcare professionals.
- The service used NHSmail to communicate with NHS providers regarding the admission of people from their home or hospital. This helped to avoid unnecessary delays. NHS mail is a secure email service approved by the Department of Health and Social Care for sharing patient identifiable and sensitive information.

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 remained the same. 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

- People told us they were treated with kindness and respect by the staff who supported them.
- One person said, "The staff are nice. I like them." Another person told us, "The staff here are all very kind." A relative said, "It's marvellous here and the staff are wonderful."
- Following the inspection, the registered manager sent us further feedback from a relative who commented, "Excellence all round. I cannot put into words the warmth, love and professionalism by everyone who cared for not only my [relative] but us as a family too."
- The service supported a person who lived at the home to renew their wedding vows at the home's day centre.
- Annual memorial services were held at the home where relatives could come together and remember their loved ones. Staff were also invited to attend so they could remember the people they had cared for. The home also supported bereaved families by holding wakes at the home.

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 told us staff respected their privacy and dignity and they were supported to maintain a level of independence.
- One person said, "The staff are very respectful. They help you any way they can, and they help me stay independent."
- Following the inspection, the registered manager told us how they had supported a person who was living with dementia to write their own care plans. The service worked with the person and they achieved their wish of returning to their home.
- We heard staff talking to people in a kind and respectful manner. For example, we heard staff offering gentle reassurance and praise when assisting a person to get ready for the day.
- People told us they were never made to do anything by staff. One person said, "I can get up and go to bed when I want." Another person told us, "My room is large, and I like looking outside. I like the privacy of my room and I like to see and hear everything going on in the corridor. It suits me like this. I wouldn't want to go and sit with all the others, I am a very private person."
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.
- The home had introduced an electronic signing in system for all visitors to the home. This system ensured personal information was handled in accordance with the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and/or their representatives were involved in planning their care to make sure they received support which met their individual needs.
- One person told us, "They [staff] talk to me about the help I need and want." A relative told us, "They [staff] keep me involved and I am involved in the care plan reviews."
- People received a service which was responsive to their needs and preferences.
- One person told us, "Initially I had been unable to walk without someone with me but now I am able to walk independently using a wheeled Zimmer frame. Everyone has looked after me really well and I am looking forward to going back home soon."
- Another person said, "I have the freedom to do what I like in my room. The French doors are lovely at letting all the light in. The staff regularly pop their heads around the door and have a word with me."
- A relative told us, "My [relative] was getting uncomfortable sitting out all the time so we [and staff] decided they would try spending one day in bed and one day up in their chair. Look at the chair they gave them; it is fantastic it's so comfortable for them. Since they have been doing alternate days my [relative] is totally at ease and comfortable."
- People's preferences and social history was discussed with them before they moved to the home and through regular reviews of their care.

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

- There were opportunities for social stimulation. These included visiting entertainers, animals and visits to local places of interest. The home employed a person who offered gentle hand, face and leg massage to people. Other activities such as arts and crafts were provided by staff on the units.
- Volunteers provided people with a shopping trolley service and social support such as reading to people.
- People's spiritual needs and preferences were discussed with them and people could attend religious services at the home.
- People's relatives and friends were welcomed and could visit whenever they wanted. A relative told us, "We pop in at any time and are always made to feel welcome."
- The home supported people to keep in touch with family and friends through the use of email and video calls.

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.

- The provider and staff were aware of the AIS and information was produced in accessible formats for people as required.
- Large print books and 'talking' newspapers were available for people.
- The home was fitted with a hearing loop system to assist those with a hearing impairment. People with a hearing impairment were provided with earphones which enabled them to enjoy the television or radio without impacting on others.
- People's communication needs were assessed and recorded in their plan of care.
- Visual signs were placed on bedroom doors to discreetly remind staff of people's communication needs. For example, an eye symbol for people who were visually impaired and an ear symbol where people had a hearing impairment.
- People had clean spectacles and working hearing aids where they needed them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident action would be taken to address any concerns they may have.
- One person said, "I am happy. No complaints at all. I wouldn't have a problem telling staff if I wasn't happy." A relative told us, "I know how to make a complaint and I would do without hesitation. I have never had anything to raise a concern about."
- Records showed complaints had been fully investigated in line with the provider's complaints procedure.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.
- The provider had the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care. The service had been accredited platinum status and moved up from gold. Platinum status recognises the sustained practice to maintain GSF.
- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- Staff had received training in end of life care and spiritual awareness and worked with other professionals to make sure people were comfortable and pain free.
- Staff had received several thank you cards from relatives for the care they had provided at the end of people's lives. One relative wrote, "We feel that [relative] could not have lived as long as they did without the caring staff at The Uplands. Thank you all from the bottom of our hearts."

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 good. At this inspection this key question has deteriorated to 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; Continuous learning and improving care

- There were checks and audits in place to monitor quality and safety however, these had not always been effective in identifying areas for improvement. For example, quality monitoring systems had failed to identify the shortfalls we found at this inspection. These included the safe storage of substances which could pose a risk if ingested, the safe management and administration of medicines and the mealtime experience for people who lived with dementia.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that action had been taken to address some of the immediate shortfalls identified and additional audits and checks had been put in place.

- Since the last inspection the service had introduced a quality assurance and control system with dedicated staff. This included clinical audits, facilities management systems and audit, staff rostering and a human resource system.
- There was a manager in post who was registered with the Care Quality Commission.
- There was a clear staffing structure in place and staff understood their role and responsibilities.
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training. A member of staff told us, "I have supervisions and appraisals with the unit manager, and they are ok. They are frequent enough and we have a hand over each day, so communication is good."
- Registered nurses and senior care staff were provided with additional training opportunities through a leadership academy training programme, to develop their leadership skills and confidence and to progress further within the home.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose. A member of staff said, "I would whistleblow if I had to; I am here for the residents first."
- The provider had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff were positive about working at the service. One member of staff said, "The staff here do very well and the care is good. I have never had any concerns about the care here. We work as a team. Staff morale is good and we support each other."
- Another member of staff told us, "I love it here. It's the first home I have worked in where I you can go to the manager. I see them on the units and they know all the residents"
- A relative said, "I cannot commend the care that my [relative] receives here too highly."
- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities such as the local authority safeguarding team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.
- People, their relatives and staff were supported to provide feedback through surveys and informal discussions. These had been analysed to look at where improvements could be made.
- A computerised care planning system had been introduced which, following consent from people, their relatives were provided with unique log in details which enabled them to review and contribute to their relative's care plan.
- The registered manager had worked to establish positive links with the local community. For example, there was a lunch club each month which local primary school children attended. We heard that this was thoroughly enjoyed by people who chose to attend.
- People also enjoyed weekly visits and chats from students from a local secondary school.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's, district nurses, hospice nurses and speech and language therapists.
- The service also worked closely with healthcare professionals to reduce hospital admissions and to enable people to return home where appropriate. Twenty five percent of the home's beds were dedicated to providing an intermediate care service to people. An intermediate care service is provided to people after leaving hospital or when they are at risk of being sent to hospital. This helps people avoid going into hospital or residential care unnecessarily. The registered manager told us this had been very successful having achieved a sixty percent discharge home rate.
- The Service had led the adult social care sector in developing guidance and training for the completion of the Data Security and Protection Toolkit, working closely with NHS Digital and colleagues from NHSE and NHSmail. The Service was a pilot care home testing the completion of the DSPT and had achieved Standards Met.

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	People living on the two dementia units did not experience a positive mealtime experience. Records failed to demonstrate that people at risk of malnutrition received a diet in accordance with their needs. Regulation 9(3)
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	Items were left out on the two dementia units which, if ingested, could pose a risk to people's health and safety. Regulation 12(2) Medicines were not always safely managed or administered. Regulation 12(2)
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	Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements. Regulation 17(1) &17(2)

