

Sanctuary Care Limited

Beach Lawns Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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:

Beach Lawns Nursing and Residential Home is registered to provide accommodation with nursing and personal care for up to 82 people. When we visited, 78 people lived there.

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

We received positive feedback from people, their relatives and healthcare professionals. All of the people we spoke with felt well cared for and spoke positively of staff. A resident survey from 2019 reflected this feedback and showed a very high level of satisfaction.

Although people felt well cared for, and we found no current impact to people's health and welfare, we identified risks people were exposed to. We found that known risks were not always comprehensively managed due to inaccurate and incomplete records. Records relating to the level of support people received in repositioning and oral healthcare did not evidence people had received the appropriate level of support. In addition to this, a risk was identified in relation to an out of date medicine held at the service that would have been required in the event of an emergency. We have made a recommendation about the medicine management at the service.

Governance systems included internal and provider level audits and regular checks of the environment and service to ensure people received good care. It was evident these systems were not fully effective, as they had not identified the risks to people we found during the inspection.

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. Provider level policies supported this. However, we found that records did not always contain information about who had been involved in decisions made in a person's best interest when they lacked capacity. We have made a recommendation about this.

Staff received safeguarding training and the service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes and felt confident that where needed, action would be taken by the service management. There were effective systems that ensured the service and environment were safe. Staffing levels were appropriate to meet people's needs and recruitment was safe.

People were supported by staff who received regular training. Staff were positive about the training they received and told us they were supported through a supervision and appraisal process. Staff were positive about the leadership and management of the service. The service worked together with a range of healthcare professionals to support people where needed. Overall the service was well furnished, however we found that in the 'Memory Lane' area of the service, the current decoration could be reviewed to support people living with dementia.

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. There was evidence that where needed, the service supported people to communicate.

People's records were personalised, but we found that some improvements could be made in relation to the depth of detail recorded about life histories and end of life care planning for some people. Where needed, concerns and complaints were listened to and responded to. People and their relatives commented positively about the service management and the quality of care provided. People were positive about the activity provision within the service and the service had been innovative in their approach to the personalisation of some activities or challenges people wanted to partake in.

There were systems to encourage continual improvement. The service had empowered people and their relatives with active involvement in the relative and resident committee meetings and when interviewing prospective new staff members. The registered manager had developed strong links with the local community, including the local church, school, Dementia Friends and with the local hospital.

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 (published July 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to the record keeping to mitigate known risks and we further identified governance systems were not fully effective.

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

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and 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 fully 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 ●

Beach Lawns Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

This inspection was completed by one inspector, an inspection manager, a member of our medicines team, a specialist nurse advisor 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:

Beach Lawns Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with 11 people who lived at the service and seven people's relatives. We also spoke with 11 members of staff. This included the registered manager, the deputy manager, administrative and care staff. We reviewed a range of records. This included some people's care records and medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the service to validate evidence found. We contacted external healthcare professionals who have had contact with the service to gain their views. We received feedback which we have used to support our judgements in the report.

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.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed or not receive care in line with their assessed needs.

Assessing risk, safety monitoring and management

- Whilst we found that people were cared for at the service, inaccurate or incomplete records did not clearly evidence the level care delivery people had received which may place them at risk.
- For example, one person with a pre-existing medical condition had a risk which had been identified. However, records were not accurately completed and evidenced a period of 11 days where no record had been made confirming the person had used the toilet which would identify a reduction in the known risk.
- Where people had been assessed as requiring regular repositioning to reduce the risk of pressure sores, we found records were inconsistent. Some records evidenced care may not have been delivered in line with people's assessed needs. There was no evident impact on any person.
- Some people used an air mattress to support them with the management of pressure sores. We identified one person's air mattress was incorrectly set and was set to support somebody approximately 40kg heavier which may present a risk to their skin integrity. This had not had any impact on the person.
- Where a person had suffered a seizure, the seizure record chart had not been completed. This would identify key information such as the type or length of the seizure to support staff in understanding patterns or seizure trends to support risk mitigation.
- Not all risks had been assessed. One person had a recent fall and was taking blood thinners. Suitable action had been taken following the fall, but a risk assessment was not in place to guide staff around the risks and actions to take. The registered manager told us they would do this immediately.

Whilst we did not find impact to people, current medicines practice and inaccurate records presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service environment and equipment was monitored and maintained. Records were kept of regular health and safety checks. Personal emergency plans were completed to ensure people were supported to evacuate in the event of a fire.

Using medicines safely

- Improvements had been made to the way medicines prescribed 'when required' were managed. There were person centred protocols available to guide staff as to when it would be appropriate to give a dose of these medicines.
- Medicines records appeared well completed and people received their medicines in the way prescribed

for them. Hand-written medicines chart entries were now being signed, dated and checked for accuracy by a second member of staff, in line with good practice guidance.

- Medicines were given by trained staff who had been assessed as competent to administer people's medicines safely. Further training had been booked for staff to learn about a new medicines system being introduced.
- There were systems in place to record the application of topical creams and other external preparations, and records showed these were applied as prescribed. Guidance was available for staff on how and where these products were to be used.
- We found two medicines that were passed their expiry date. A rescue medicine for epilepsy had expired and although this had been marked on the box by staff, further supplies had not been re-ordered or a medicines review arranged. This medicine had not been needed for over two years and staff immediately contacted the GP who arranged to come and review the need for this medicine. The other preparation was a non-prescription medicine kept by the home for the treatment of minor symptoms in line with a policy agreed with the GP practice. Some doses of this medicine had been given since it had expired but no adverse effects had been reported.
- If people were given their medicines covertly (without their knowledge or consent) then mental capacity assessments were made and 'best interest' decisions recorded. The service had confirmed with the supplying pharmacy that it was safe to give the medicines in this way.
- There were suitable arrangements for storing and disposal of medicines, including those needing cold storage and extra security.

We recommend that the provider updates the regular medicines audits to include expiry date checks.

Learning lessons when things go wrong

- There was a clear system in place to record and monitor accidents and incidents to mitigate risks to people. The paper system in use was changing wholly to an electronic system. This identified that the registered manager reviewed all incidents. There was a monthly analysis and an action plan developed if themes were identified to reduce the likelihood of recurrence.
- The provider's falls management procedure included flow charts for staff to follow in specific circumstances with associated observation charts to provide additional guidance for staff.
- Staff we spoke with understood reporting processes to ensure known incidents and accidents were escalated as required.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and no concerns were raised with the inspection team. One person told us, "I feel safe - I have had no falls."
- A relative we spoke with was also positive. They commented, "It feels safe, the family feel someone is around."
- Staff we spoke with said they had received training in safeguarding and records supported this. The staff we spoke with were confident that any concerns raised would be addressed quickly.
- Staff understood safeguarding reporting processes to keep people safe. Staff were aware of the external agencies they could also report concerns to.
- The provider had safeguarding policies in place for staff to access and follow should they be required. There were governance systems that monitored safeguarding referrals made and investigated.

Staffing and recruitment

- No significant concerns were raised by people or their relatives in relation to staffing provision. Feedback about staff availability was positive and we observed staff supporting people promptly during the

inspection.

- A dependency tool was used as an aid to determine appropriate staffing levels.
- A small number of agency staff were used but where possible the service used the same staff to promote continuity. People we spoke with in the service told us there had been a reduction in agency staff.
- Staff we spoke with did not raise any concerns around staffing levels. All told us that staffing levels were sufficient and people's needs were met.
- The service planned staffing in advance using rotas. Staffing numbers were deployed over the four individual units of the service but this could be flexible if required. There was an 'on-call' manager available at all times.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Preventing and controlling infection

- People were protected from the risk of cross infection. The service was clean, and staff used personal protective equipment such as aprons and gloves when providing care or meals.
- We highlighted to the registered manager that additional records were required to evidence and ensure cleaning of some clinical equipment to reduce infection control risks. This included oxygen equipment and specialist feeding equipment.
- Handwashing facilities were available throughout the service. Cleaning staff were observed working throughout the inspection and had a range of equipment and products to use.
- The service had dedicated housekeeping staff to maintain the service environment. The dedicated staff used cleaning schedules in some areas of the service.

Is the service effective?

Our findings

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

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We reviewed the provision of oral healthcare. People told us they felt supported with oral healthcare, however record keeping did not evidence care delivery was achieved in with recognised best practice and standard.
- For example, one person's records only indicated they had been provided oral healthcare on two single occasions in five days. Another record showed a person was to have two hourly mouthcare and no record had been made evidencing this support had been given. Another record evidenced a person had received support on four single occasions in 11 days.
- Whilst we found no impact on people, the standard of record keeping relating to oral healthcare provision did not evidence people received an appropriate level of support.
- People were assessed prior to moving into the service. Following this assessment, the service compiled a care plan on how to meet people's needs. Assessments of people's needs also identified expected outcomes and the level of care delivery required.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet. People at the service felt respected by staff.
- Nationally recognised tools were used during the planning of care delivery in line with best practice.

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 set within authorisations were being met.

- There was a system in place to monitor DoLS applications. There were provider level DoLS policies in operation and a running record of applications made and their current status.
- There was supporting documentary evidence that when an application or renewal had been made, the service had contacted the relevant local authority for periodic updates.
- Where a Lasting Power of Attorney was in place, (where a third party had lawful authority to make decisions on behalf of a person) the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.
- People who lacked capacity had their capacity assessed to make decisions about their care and treatment. The assessments contained the necessary detail about the person's capacity but did not set out clearly the specific decisions to be made in people's best interests and who had been involved.
- People's mental capacity assessments were reflected in care plans although it was not clear who had been involved in any specific best interest decisions. However, the information relating to people's capacity was regularly reviewed. Not all documents had been fully completed to confirm who had been consulted around decisions, for example vaccinations and consent to photographs.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

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

- We reviewed the care records for one person who received nutritional support via Percutaneous Endoscopic Gastrostomy (PEG) feeding. The records were not always accurately completed and did not clearly demonstrate what support or nutritional input the person had received. There was no evident impact on the person.
- Care records included details about people's dietary needs and preferences and were personalised and reviewed. Staff were seen offering choice at lunchtime and ensuring people had drinks when they requested them.
- Within one person's record we found that a known food allergy was not recorded in their nutritional care plan. When we spoke with the kitchen staff they were unaware of the person's allergy. Whilst this person did not eat this food, it was further evidence of inconsistent recording that could place people at risk.
- Most of the feedback we received about the standard of food was very positive. One person we spoke with told us, "There is a choice [of food], if you don't like it you can ask for something different and I got it." A relative commented, "Food is all right, if she doesn't like they will do something else."
- We made observations across all of the different dining areas during the lunch period. People were seen being offered support where needed at the dinner tables and within their rooms.

Staff support: induction, training, skills and experience

- People were cared for by staff that had a continual training programme.
- People we spoke with, and their relatives, did not raise any concerns about the knowledge, skills or ability of staff that supported them.
- Staff told us about the types of subjects they received training in. We reviewed the training record sent from the service that evidenced the training completed and training that was pending completion.
- Staff confirmed they received regular training. Staff also received supervision and an annual evaluation to discuss their performance and to discuss any training needs or employment goals.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were additional communal areas that people could use – each of the four areas of the service had a lounge area and dining area. There was also a safe enclosed garden area and a sun terrace area. There was a passenger lift in operation to support people to access the additional floor.
- The environment in Memory Lane enabled people living with dementia to move around freely and use all areas safely.
- In Memory Lane there had been some adaptations to enable people to live comfortably with the use of colour in bathrooms and a small kitchenette people could use with support. However, there was a long corridor that was not stimulating or lacked additional prompts to help people find their bedrooms independently in line with best practice.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs. Records and care plans supported this.
- People were registered with a GP and records showed the service regularly escalated health concerns when required.
- People said that when required they were supported to see healthcare professionals. One person we spoke with told us, "The GP is on call and comes quickly."
- The healthcare professionals who provided feedback on the service spoke positively about the service and did not raise any concerns. They commented that staff were always welcoming and friendly. They told us that the registered manager was always willing to listen to feedback and was very proactive in investigating any issue and resolving the situation.

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. 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

- Staff were positive about the people they supported, and they wanted to achieve positive outcomes. One staff member commented, "We have to do our best to make people happy." Another said, "I want to make a difference to someone's day."
- We asked people if they felt staff were caring and received positive feedback. One person commented, "Staff work hard, they are kind." Another said, "I get on with the staff, I do not really need them much."
- A relative we spoke with told us, "Staff are good, three staff are particularly good." Another commented, "We are treated marvellous. I feel he is safe, and they couldn't have been kinder."
- We observed friendly and caring interactions between staff and people living at the service. Staff were very engaging with people and supported them to do as much or as little as they wanted.
- The service had received positive feedback on a national website. An extract from a comment posted in January 2020 read, "This is a wonderful, caring, helpful and welcoming home. Nothing was ever too much trouble for them. It is a magnificent building filled with magnificent staff."
- Compliment cards sent to the service echoed the website feedback. One card read, "Thank you to you and your team for the care, patience and support given to [person's name] in the last week of [their] life."

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

- People we spoke with told us they received care how they wished and in line with their preferences.
- People told us they received different levels of support and that they felt staff understood them. For example, one person said, "I get myself up, wash. If I shower or bath they help – have occasionally." Another said, "Staff are fine, they stay the same. I need more help on some days than others. I do my teeth myself. They help when needed but I do some things myself like my teeth and hair."
- When we discussed care plans with people and their relatives we did not receive any negative feedback. Two relatives confirmed they had been involved in care planning and they had also spoken with the registered manager about reviews and the involvement of the local authority.
- Throughout the inspection people were involved in choice about how they spent their day and time at the service. Choices of drinks were offered in communal areas and in the dining areas. The activities staff ensured everybody had the choice to be involved in activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. All of the interactions we observed were dignified and courteous.

- We observed that staff ensured they spoke with people they were in front of them, and at eye level or maintained eye contact. We saw that when staff came into a room they acknowledged people were there and would often stop for a quick chat with people.
- People said staff encouraged their independence but would always support them when needed. One person told us, "Everyone is approachable, [I am] quite independent, they will help with showers if needed." Another commented, "I have support in the morning, not much – they do ask if I want a shower."
- Information about people was kept safe and secure. Information was stored electronically on password protected computers and paper records were stored securely.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time. There was no set visiting times and during the inspection we observed a continual flow of visitors entering and leaving. It was evident staff knew people's visitors well.

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. 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

- Care plans were generally person specific and contained information unique to the person. However, we did find some care plans were variable and others could be further explored and contain more personalised detail.
- The service had an electronic care planning system that had been in operation for about one year. Staff spoke positively of the care plans and how they used them.
- Most of the care plans we reviewed detailed all aspects of people's care, there was a list of people's likes and dislikes and life history. We saw good examples of where this information had been used to formulate a person-centred care plan.
- Some care plans required further development to promote consistency. For example, within one person's plan, areas of the life history section stated for some specific questions, "I can't remember." The service had not explored these questions with the person's listed family. Another person's life history plan contained the words 'Not applicable' to many areas which could have been further explored with listed family.
- People we spoke with felt care was personalised and said they were involved. People told us that staff knew them well and that they felt their care was personalised. Staff were able to demonstrate they understood people's needs.

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

- People had the opportunity to be involved in activities. The service had two dedicated activity co-ordinators who covered all seven days of the week. There was an activity board to show what activities people could be involved in.
- People we spoke with told us they had the choice to attend any activities and this was observed on the day of inspection. Comments from people about the activities were mainly positive. One person said, "It's exciting, lots going on and lots of change." Another said, "I go to 'Flexicise'. Tomorrow it is church service, I will go to that."
- People and their relatives told us activities such as quizzes, bingo, music, animal visits and singing were provided. One person also said, "They do other things – some people do colouring – you just ask, and they will try and do it." People at the service were involved, with one person proudly telling the inspection team they wrote the weekly quiz for people and they enjoyed this.
- On the day of the inspection, we observed people taking part in 'Flexicise' in a lounge area that people appeared to enjoy.
- We spoke with a member of the activities staff who told us how they visited another service in the providers group with people to promote social experience and that a return visit from the other service took place.

- There were regular themed activities for events such as Halloween and Valentines day. People who did not leave their rooms were also supported with one to one care by the activities team.
- The service had been innovative to support people to learn about other food and culture. A 'Cruise Week' was arranged in 2019 where people who wished could be part of a cruise experience sampling different cuisine from the countries the 'cruise' docked.

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.

- People's individual communication needs were assessed and recorded within their care plans in line with the AIS.
- Pictures of the meals being served at the service had been produced to support people in making choices.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively and recorded and reviewed. There was evidence that complainants had been responded to by the registered manager.
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- A monthly analysis was completed of all concerns and complaints received. Outcomes were recorded as 'lessons learned' and shared with staff.
- People felt confident they would be listened to. One person said, "I have not needed to [make a complaint] but I could talk to any of the staff." A relative said, "They fall over themselves to sort out any wrinkles."

End of life care and support

- At the time of our inspection no person within the service was currently nearing the final stages of their life.
- Care records evidenced that people had records relating to their resuscitation status. These identified treatment escalation plans. These records were captured both electronically and in paper format so were easily accessible if needed.
- End of life care records required developing to ensure they were fully personalised, accurate and explore the specific need of the person.
- One person's record had their religion recorded. The service had ensured that following a request from the person's relative, access to regular holy communion had been provided.
- We found that where people were identified to being at the end of their lives, people close to the person had been supported to be with the person within the service environment.

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 now deteriorated to Requires Improvement.

The service management and leadership was consistent. However, governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

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

- There was a range of service and provider level audits in operation to monitor the health, safety and welfare of people who used the service. We found these audits had not been fully effective in identifying the concerns found by the inspection team.
- Medicines governance was not consistently effective. There were regular medicines audits and we saw that some issues were identified, and actions completed to improve medicines management. However, the two expired items that we found had not been identified, removed or an appropriate review triggered.
- Inaccurate or incomplete records to identify and reduce known risks to people had not been identified. Although care record auditing was undertaken, it had not identified concerns in relation to the lack of information in relation to the recording of seizures.
- The absence of an effective audit system in relation to the monitoring of a person's known pre-existing medical condition risk had not been identified or escalated. This placed the person at risk. Current governance arrangements had not identified shortfalls in repositioning records, an inaccurately set air mattress or a recording shortfall in oral health provision.

Whilst we did not find impact to people as a result, current governance arrangements placed the health, safety and welfare of people at the service at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had clearly displayed the current rating at the service location and on their website in line with regulatory requirements.
- Staff we spoke with were happy in their role and understood the management structure of the service and their own role within that structure. All of the feedback we received from staff about the service management was positive.
- The registered manager used an aide memoire to remind them of the daily checks needed, including two daily 'walk arounds' of the service. This system had also been adapted so that each unit in the service carried out specific daily checks to ensure nothing was forgotten.

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

- Through speaking with people and their relatives it was evident there was high satisfaction with the service management. Comments reflected that people and relatives felt the registered manager was approachable and open.
- We asked people and their relatives if they had the opportunity to express their opinion on how the service was run and we did not receive any negative feedback.
- Resident and relative meetings were held. This was confirmed by feedback from people and supporting minutes. One person told us, "There are residents' meetings. Things are aired there like food suggestions, ideas for outings." The service had support of a relative at these meetings who took notes and published the meeting minutes for people and staff.
- People at the service were included in the recruitment of staff, sitting in on interviews and talking with prospective staff members. People were empowered to be involved in the deciding if the candidate was suitable for employment.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. Relatives felt the service were open with them and no concerns were raised about communication.

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

- We observed people were involved in daily choices and decisions about their care. People we spoke with did not raise concerns about being involved or empowered in their daily lives.
- Each day there were three 'residents of the day' when their care records were reviewed. Staff had a hand-held tablet that gave them details of the day and the care plans for people who they were responsible for supporting. They used the device to update people's care records throughout the day.
- Staff confirmed they felt involved and supported. We received very positive feedback from staff about the service management. One staff member commented, "[The] management team are great, very supportive and very understanding."
- A survey of people was completed in 2019 and all 80 surveys were sent out were completed. The feedback received was very positive. For example, all 80 respondents said staff were kind and that they were happy with their care, that the service was clean and that they were happy with the privacy and dignity afforded to them.
- Staff we spoke with felt able to contribute to the running of the service. All commented the service management were always available and all said communication was good. There were staff meetings held to communicate matters at different levels, for example unit meetings, nursing meetings and care staff meetings.
- We asked staff if they would be happy for a relative or somebody they knew to live and receive care at the service. All of the staff asked said they would happily recommend the service to others.
- People were supported to achieve their goals and ambitions. One person had been supported to have a helicopter flight, and another person who wished to do a sponsored walk for Comic Relief was supported to adapt their goal to meet their abilities.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence. This included a system to review and analyse reported incidents. A record of 'lessons learned' was completed where

required and shared with staff.

- The service had evolved community links with the local church. Some people we spoke with told us they attended the church. The local school service as part of intergenerational social activity and played on computer tablets with people.
- A business contingency plan to ensure the service continued to be operationally effective in the event of an emergency such as power or gas loss was in place.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people. The feedback we received from a healthcare professional did not raise any concern.
- The service worked in partnership with the local Dementia Friends group who attended the service every three months for meetings. The meetings were with people from the service, relatives and the local community.
- The service had been heavily involved in the creation of a specialist dementia area in the local hospital, with staff from the service assisting to decorate it. The provider had also provided items to the hospital such as sensory equipment, a television and recliner chair.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks were identified and mitigated.
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 had failed to operate effective governance to identify and manage risks relating to people's care and treatment. Some records were inaccurate or incomplete.