Mr & Mrs H Rajabali

Barons Down 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Barons Down Nursing Home is a care home with nursing and accommodates up to 30 people in a purpose-built building. The service supports adults whose primary needs are nursing care although some may also be living with dementia. At the time of our inspection there were 22 people living at the service.

People's experience of using this service and what we found
There was a lack of robust management oversight in some areas of the service. Quality assurance systems did not always identify shortfalls in the service and the provider had not ensured there was a systematic approach to manage improvements. Risks to people's safety were not always monitored, which meant there was a risk they would not receive the care they required. Safe infection control processes were not followed in all areas. In addition, we found that arrangements for activities did not always provide sufficient stimulation for people and opportunities to go out were limited.

People told us they felt safe living at Barons Down and staff understood their responsibilities in keeping people safe from abuse. People received their medicines in line with prescriptions and medicines were securely stored. There were sufficient staff available to meet people's needs and safe recruitment processes were followed. Staff received training and an induction to support them in their roles.

People had access to healthcare professionals and advice provided was followed. People's nutritional needs and preferences were known to staff and people told us they enjoyed the food provided. 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 were supported by caring staff who provided choices regarding their day to day care. People and their relatives were involved in making decisions regarding their care and people's dignity and independence was respected.

The registered manager and senior staff were approachable and responded to any concerns or complaints promptly and in an open and transparent way. Staff were clear about the values of the service and told us they felt proud to work at Barons Down.

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 7 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the management of risks to people's safety, person-centred care, the activities provided and the management oversight of the service. Please see the action we have told the provider to take at the end of this report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Barons Down 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. 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
The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. 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
Barons Down Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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
Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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 spoke with four people who lived at the service and three relatives. We observed the care and support provided to people. We also spoke with the registered manager and nine staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at six care plans, five staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection
The registered manager sent additional information and updates relating to the care records and staff training.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were not always robustly monitored which put their safety and well-being at risk. For example, a number of people required their fluid intake to be monitored due to specific health needs. We found records did not contain target amounts as a guide to staff and that the amounts recorded were lower than would be expected. Total amounts were not consistently calculated or monitored in order for action to be taken where people had not drunk adequate amounts.
- One person required staff to support them to reposition in bed due to risk of pressure damage to their skin. Records did not evidence the person had been supported at the required intervals. Another person required their fluids to be administered through a tube into their stomach (PEG). There were gaps in the recording of when this was completed.
- One person's plan for the management of their diabetes had recently been reviewed although changes to their care plan had not been recorded. Whilst there was evidence that some staff were following the revised plan, records showed that, on two occasions, no actions were recorded by staff when the person's blood sugars had dropped below the new recommended levels. When this was discussed with different staff members and the registered manager the information shared with us was not consistent.
- The registered manager told us they believed the concerns related to staff not recording rather than people not receiving the care they required. They acknowledged the importance of records management. Staff confirmed the registered manager regularly gave reminders to ensure records were up to date. The registered manager assured us they would review these systems.
- Safe infection control practices were not always followed. Areas of the service were worn with age which presented an increased risk of infection. Bathrooms contained cracked tiles and some chairs and carpets were stained. The sluice rooms had an extremely strong odour, rust around the taps and sinks were dirty. The registered manager acknowledged these concerns and informed they saw the refurbishment of the sluice rooms and replacement of carpets as priority areas.
- We observed two staff members carrying red bags, designed for soiled items, to the sluice room. The staff members were not wearing protective gloves and did not wash their hands prior to leaving the room. Although staff were seen to use sanitizer once they had left the sluice room this should not solely replace handwashing following handling soiled items.
- Safe infection control processes were not always followed within the laundry. Staff told us they used standard household rubber gloves for sorting dirty laundry rather than single use gloves. The sink in the laundry room was found to be extremely dirty.

The failure to ensure risks to people safety were monitored and that safe infection control procedures were consistently followed was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

● In other areas we found risks to people's safety were managed well. Where people were at risk of falls, sensor mats were in place to ensure staff were alerted to people moving and could offer assistance. Bed rails were in place where appropriate and risk assessments completed to ensure they were safe for the person concerned.
● People had access to mobility aids and staff were confident about how they needed to support people who required the use of a hoist.
● Fire safety procedures were in place. Regular fire checks were completed and staff were aware of the action they should take should the alarm be raised. Recommendations made by the Fire and Rescue Service following their last visit had all been implemented.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe with the staff supporting them. One person told us, "I've never thought don't let that staff member come near me." A second person said, "I've never felt unsafe, not at all."
● Staff were able to identify safeguarding concerns and understood how to report these. One staff member told us, "We would report anything to the nurse for them to check and we would document it." A second staff member said, "I wouldn't worry about the repercussions of reporting anything if I thought I was protecting the residents."
● Records showed that concerns had been appropriately reported to the local authority safeguarding team. The registered manager had acted in a transparent and proactive manner when information regarding people's care was requested.

Staffing and recruitment
● There were sufficient staff deployed to meet people's needs safely and people told us they did not have to wait for their care. One person told us, "They are usually pretty good and come within a few minutes. Very occasionally they need to ask me to wait for a bit." One relative told us, "On the whole I'd say there were enough [staff], it's a good team."
● Staff told us they had time to support people without rushing them. One staff member told us, "I'd say there were definitely enough [staff]. There are days when it can be hard like any job but I never feel as though we need to rush people."
● Call bells were answered promptly and where staff were delayed due to waiting for equipment they took time to explain this to people. Staff did tell us they felt an additional hoist would be useful to ensure they could always respond to requests straight away although people didn't have to wait long.
● Robust recruitment procedures were in place which included all potential staff completing an application form and undergoing a face to face interview. Disclosure and Barring Service checks (DBS) and references were completed prior to staff starting their employment.

Using medicines safely
● People received their medicines safely and in line with their prescriptions. People's care plans contained guidance regarding how they preferred their medicines to be administered. Where people were prescribed medicines to be taken as and when required (PRN), guidance was in place to inform staff when and how this should be administered.
● Medicines were stored securely and administered by trained staff who had been assessed as competent to do so. Each person had a medicines administration chart in place which contained a photograph, details of allergies and GP contact details. No gaps were noted in administration records and the stock checks reviewed were correct.
● The service was working with the local Clinical Commissioning Group (CCG) to ensure people's medicines

were reviewed and that procedures for ordering, receiving and monitoring medicines were efficient and in line with best practice.

Learning lessons when things go wrong

● Accidents and incidents were recorded and action taken to minimise risks. Staff recorded accidents and incidents which were then reviewed by the registered manager. This showed that where required, action was taken to reduce the risk of the same concerns happening again. For example, assessing people's need for moving and handling equipment following falls.

Good

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 remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to them moving into the service to ensure they could be met. One relative told us, "They came to do an assessment and have continually reviewed everything with us as time's gone by."
- Assessments included information regarding the care people required, medical conditions and health needs in addition to personal information relevant to their care.
- Systems were in place to ensure information was shared with relevant health and social care professionals involved in people's care. Internal communication systems, such as handover between shifts, helped to ensure staff were aware of any important information relating to people's care.
- We observed staff worked well together, they communicated well and helped each other to complete tasks.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were skilled in their roles. One person said, "I hear them talk about doing training and they seem efficient in what they do." One relative told us, "They all seem well trained."
- Staff told us they received an induction into the service which included shadowing more experienced staff members. One staff member said, "Here you get good information rather than having to guess; I wasn't thrown in at the deep end."
- Training was provided to staff in line with the needs of people they supported. Staff completed mandatory training such as safeguarding, moving and handling and health and safety in addition to training to support people's specific needs. The registered manager told us, "We do different training sessions each month and I like to include a slot about a different (health) condition each time."
- The registered manager supported staff to complete training workbooks and the Care Certificate in order to discuss their learning and how this was transferred into practice. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- Staff told us they felt supported in their roles and were able to discuss any concerns openly. One staff member told us, "We can go in to see [registered manager or clinical lead] any time and the staff all support each other."
- Although staff felt supported we found there was a lack of formal supervision taking place in order to discuss performance, training needs and any individual staff concerns. The registered manager told us they were aware this was an area which required their attention and, alongside the clinical lead, were looking at systems to ensure staff received consistent supervisions. We will review this system during our next inspection.

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

● People were able to access all areas of the service. A lift was available to all floors. Corridors and doors were wide enough for people using wheelchairs to access.

● Adapted bathrooms were available to support people with mobility needs.

● Areas of the service were in need of refurbishment and decoration. The registered manager told us this was an area under review and plans to complete work on the building were under discussion.

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

● People and their relatives told us they received support to see healthcare professionals when needed and records confirmed this was the case. One person told us, "They helped me a lot in the beginning. I came in needing a lot of nursing care." The person told us that due to receiving the healthcare they needed they were now more independent. One relative told us, "The GP calls every week and they are very responsive if anything is wrong. They always keep me informed."

● People's individual records contained evidence that healthcare professionals were involved in their care. This included, GPs, opticians, dentist, dieticians and the speech and language therapy team. Where appropriate people were supported to attend healthcare appointments at the local hospital.

● Nursing staff were aware of people's healthcare needs and told us they felt supported by the clinical lead and registered manager. One staff member told us, "I feel very supported here. (Clinical lead) is very good at explaining everything and sensing where support is needed for staff."

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

● People and their relatives told us they had a choice of foods and refreshments which they enjoyed. One person told us, "I eat well. I am quite content with the food." One relative said, "The food is amazing."

● A range of options were available to people at each mealtime. People were asked to make choices in advance rather than being offered a visual choice which may be beneficial to those living with dementia. However, where people did not want their meal, alternatives were offered.

● People's dietary requirements were catered for. Where people required their meals to be of a modified consistency such as pureed, this was presented attractively.

● There was a pleasant atmosphere in the dining area at lunchtime. Staff supported people to eat where required and this was done at the person's own pace. People's weight was monitored regularly and referrals made to healthcare professionals where significant changes were noted.

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 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.

● People's rights were protected and decisions taken in their best interests. Staff understood people's rights to make unwise decisions. One person had been assessed as having capacity to make their own decisions regarding going out although this presented risks to their safety. Agreements were in place with the person to minimise the risks whilst ensuring their rights were protected.

● People were supported using the least restrictive options. One person's capacity fluctuated during times of ill health. The person was at high risk of falls when unwell. Staff supported them by placing sensor mats both under their chair and at the side of their bed to alert staff when they required assistance. When well, the person would ask for assistance from staff to mobilise. They had stated they did not want the sensor mat in place at this time and this was respected by staff.

● People were involved in decisions about their care and their past preferences taken into account. DoLS applications were submitted to the local authority along with detailed information regarding the person's care. The registered manager had worked closely with a number of agencies to ensure decisions were taken in people's best interests with the views of all involved taken into account.

● During our inspection we found some capacity assessments were not decision-specific. We discussed this with the registered manager who responded promptly to our concerns. Following the inspection, they forwarded a range of decision-specific capacity assessments and best interest decisions. They assured us systems would be implemented to address this going forward. We will monitor the effectiveness of this during our next inspection.

Good

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 and their relatives told us staff were caring and treated them with kindness. One person told us, "The girls (staff members) are nice. I've got friends here. Staff are my friends." A second person told us, "They (staff) are almost family. Some of them are funny (humorous)." One relative said, "Staff are kind and sensitive to her needs." A second relative told us, "The staff are just amazing, I can't tell you how kind they have been to us. When (family member) lost their shoes at a hospital appointment, one of the staff bought them a new pair. They didn't have to do that but that's how they all are here."
- Staff offered reassurance to people where required. When people asked for personal items from their rooms staff responded promptly and took time to have a chat with people about what they wanted. When one person was looking confused, a staff member went to them and told them enthusiastically how lovely it was to see them. They put a reassuring hand on the person's back whilst letting them know it was almost lunchtime. The person appeared reassured and orientated as to what was happening.
- One family member told us how the staff had supported their relative to regain contact with them when this had been lost due to them being hospitalised without the family's knowledge. Both the person and their relative told us they would be eternally grateful to staff for going above and beyond to reconnect the family. Both the person's relative and staff described the person as being withdrawn and depressed prior to their family being found. The person was now more outgoing and their health had improved since this time.
- People's religious needs were known to staff. One person's care plan contained information regarding their beliefs and how their care should reflect this. One staff member told us, "We talk to her about her religion and her friends from church come to visit her."

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

- People were supported by consistent staff who knew their care needs. One relative told us, "There's a lot of laughter around, with a nice familiarity between staff and residents."
- Where appropriate, relatives were involved in people's care. Relatives told us they were informed of any changes to people's well-being. One relative told us, "They always keep me up to date so we can discuss any changes. They are particularly good at that."
- People and their relatives were involved in decisions regarding their care. One person told us, "The staff ask if I want anything and know what I need them to do." A relative told us, "We read and updated the care plan recently. We see it quite often, at least every couple of months."
- We observed staff speaking to people prior to supporting them; gaining their consent and explaining what they were doing.

Respecting and promoting people's privacy, dignity and independence

● People were supported to maintain their independence. One person told us, "I'm so independent. They tell me, ring the bell, ring the bell but I don't." They added, "I like the fact that they don't push me (to stop doing things for myself)."

● We observed staff encouraging people to do things for themselves such as eating and drinking independently. One staff member told us, "We let them do as much as they want to do but encourage them to do things for themselves. Being independent keeps them going."

● Staff respected people's dignity and right to privacy. Staff ensured doors to bedrooms and bathrooms were closed when supporting people with their personal care. One staff member told us, "You have to treat people how you'd want to be treated, be respectful and making sure they're not embarrassed." We observed staff using a privacy screen in communal areas when supporting people using the hoist.

Requires Improvement

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People and their relatives told us they did not always feel there were sufficient and suitable activities to meet their needs. When asked about activities, one person told us, "Well, let's put it this way. There's a big TV and people [staff] going in and out of the kitchen all the time." They indicated they would like a more varied programme of activities. Another person told us, "I'll join in if something interests me but that isn't very often." One relative told us, "I'd like to think the one to one time for [relative] was improving but I haven't seen any evidence of it."
- Information about people's life histories, hobbies and interests was not always comprehensively recorded and known to staff. When we asked some staff about people's lives, they described their care needs and were unable to tell us about people's occupations, hobbies or interests.
- Although the activities staff member showed enthusiasm for their role they were limited by the time available for activities. Activity staff covered five hours per day from Monday to Friday. This meant there was limited time for people to be supported with activities and for people to receive one to one support in their rooms where this was preferred. Activities were seen as the responsibility of the activities staff rather than involving the whole staff team in order to create more individualised activity plans for people.
- The registered manager acknowledged the hours dedicated to activities were limited. They told us, "Personally, I think it needs more time and weekends. When I came there was no one (activity staff). We regularly review it but the time for this area (activities) is lacking."
- During the morning of our inspection, we observed people sitting in communal areas had little to do whilst the activity staff member completed one to one activities in people's rooms. We observed a number of people sleeping in their chairs or staring into space. In the afternoon people joined in a game in the communal lounge. The atmosphere was more upbeat, people were awake and sharing jokes about the game.
- Few opportunities were available for people to go out or to access the local community. One person told us the main thing which would improve their life would be going out. The registered manager told us they were exploring different transport options as the location of the service made it difficult to go out if walking or using a wheelchair.
- Daily notes were task orientated, describing the care people had been supported with but little personalised information such as what activities they had participated in, what they had spoken about or how they were feeling.
- People's care records did not demonstrate discussions had taken place with them or their relatives regarding the care they wanted when at the end of their life. One person's records stated, 'Not able to express wishes, hopes or concerns.' The registered manager told us they were aware that end of life care

plans needed to be more personalised.

The failure to ensure people had access to a range of activities which were meaningful to them and that people end of life care wishes were known and recorded was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In other instances, we found some people were supported to maintain and develop relationships and pursue activities of interest to them. One person had a strong interest in Scottish history and culture. We observed they were enthralled by the Scottish music staff had put on for them. Staff supported them to dress in a way which reflected their interests.
● Relatives told us activities had improved since the activities staff member had been in post. They told us, "More people come into the lounge and join in things now she's here." The activities worker and registered manager worked together to look at how activities could improve and be more meaningful for people. Examples of this included spending more one to one time with people and looking at different schools and community groups visiting the service. Themed parties had also taken place such as a country and western day which was a particular area of interest to one person.

● Nursing staff had completed training in supporting people at the end of their life and administering pain relieving medicines. This training was updated regularly to ensure it remained current. Care staff had also completed training in supporting people at the end of their life.
● Staff demonstrated a caring approach to people at the end of their life. One staff member told us they would sit with people coming to the end of their life when possible. They told us, "I don't like to think of anyone dying alone so I'll sit with them and maybe sing to them so they can hear my voice and know someone is there."
● The local hospice was in the process of setting up a befriending service. They had approached the service to ask if they would be the pilot nursing home for scheme.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People, relatives and professionals told us the service responded positively to meet people's individual needs and wishes. One person told us, "The girls will always do anything for me. Whatever I need." One relative told us, "There have been a lot of changes [in their family member's needs] over time. I'm impressed at how quickly staff pick them up and notice things. They always respond and speak to us about them."
● Care records demonstrated that any changes in people's needs were responded to promptly. Where support was required from external professionals, referrals were made promptly.
● Care plans contained details regarding people's care needs and how they preferred their care to be provided. Staff were aware of people's support needs and understood the importance of reporting any changes to the management team.

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.
● Information regarding people's communication needs was available and staff demonstrated an understanding of this guidance. Staff took time to kneel or sit beside people to make eye contact when they were speaking with them.
● Staff were aware of people who had hearing or sight loss and ensured where appropriate they had hearing

aids and glasses in working order.
● One person had difficulty communicating with their family on the telephone. Staff supported them to write text messages to their family, which they enjoyed and found reassuring.
● No one living at Barons Down at the time of our inspection required specialist equipment to aid their communication. The registered manager told us that, should this be the case, they would work with relevant agencies to ensure this was in place.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure in place which gave clear guidance about how complaints could be made and how they would be responded to.
● People and their relatives told us they would feel comfortable in raising any concerns with staff or the registered manager. One relative told us, "You can raise anything with anyone and they will respond. It's important that you know they will."
● The registered manager maintained a complaints log which showed that all concerns had been responded to and discussed with the complainant.

Requires Improvement

Is the service well-led?

Our findings

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

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

- Quality assurance systems were not always robust to ensure concerns were identified and acted upon. For example, audits of records were not completed regularly. This meant gaps in recording, such as people's fluid intake, repositioning charts and diabetes monitoring, were not consistently identified in order to ensure action was taken to minimise risks to people. Audits had not identified concerns in relation to safe infection control practices, handwashing and laundry processes.
- As previously reported, the registered manager told us they believed the gaps identified were recording issues rather than people not receiving the care they required. Staff told us the registered manager regularly reminded them of the importance of accurate record-keeping. However, systems such as staff supervisions and staff meetings did not happen on a regular basis in order to recognise and address this on a more formal basis.
- The provider visited the service regularly and met with the registered manager to review audit information relating to the service. However, they did not complete comprehensive audits of the service in the above areas in order to support the registered manager in recognising and managing improvements.
- The registered manager recognised that an increased emphasis on activities and social aspects of people's care was required. Although they had a number of ideas as to how this could be moved forward the provider had not developed an action plan, ensure sufficient resources were available and set target dates for improvements.

The lack of a systematic approach to quality monitoring and accurate record-keeping was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas quality assurance systems were effective in monitoring the service. Audits and checks of health and safety processes were completed regularly and actions arising were completed promptly.
- The registered manager completed a weekly report to the provider which gave a review of what had happened during the week and how this was responded to. Information included an overview of accidents and incidents, safeguarding, complaints, maintenance and medicines audits.

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

- People and their relatives told us the service was managed well. One person told us, "I'd say they do a

good job. I've no complaints." One relative told us, "They are a good team and they communicate well. They are all kind and concerned (for those living at the service)."

● Staff were aware of the values of the service in creating a homely environment and family atmosphere. One staff member told us, "The best thing about it is the residents, their relatives and staff. We're really like one big family. We try to make it as homely as we can for them."

● The registered manager had a good knowledge of all those living at Barons Down. They were able to share detailed information about each person, the professionals involved in their care and how their care needs had changed.

● Staff told us they felt proud to work at the service. One staff member told us, "This job is so humbling, I absolutely love it." Another staff member told us, "I love working here as a carer. I did try something else but in my heart I'm a carer. I love coming to work. I can't imagine doing anything else."

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

● People and their relatives told us they were able to speak to a member of the management team and they were approachable. One person told us, "I can always talk to one of them if I need to." One relative told us, "It's an open door and if I ask a question I get an answer."

● The registered manager told us it had been difficult to engage people and their relatives in meetings and they were looking at different options for this. They told us, "I think because my office is by the door and it's always open, everyone just comes and talks to me at the time if they have concerns or suggestions." They told us they had recently started a 'Manager's Informal Tea' where people and their relatives could have a get together and raise any discussion points. They were hopeful that attendance would increase so people and their relatives could also develop their own support network.

● An annual survey of views on the service was undertaken. Relatives confirmed they received the survey and were asked for their opinion on the service. Feedback from previous survey's was positive and reflected staff demonstrated a caring approach.

● The registered manager had close links with local services in the area and was continuing to build connections. These included contact with healthcare professionals, the local church, nursery and school.

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

● The registered manager recognised the need to be truthful when something did not go as well as expected. This was demonstrated within complaints responses where apologies were provided when things had not gone as expected.

● Services registered with CQC are required to submit notifications of significant events or safeguarding concerns to us. The registered manager was complying with this element of their registration.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure people had access to a range of activities which were meaningful to them and that people end of life care wishes were known and recorded.

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 to people safety were monitored and that safe infection control procedures were consistently followed.

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 implement a systematic approach to quality monitoring and accurate record-keeping.