

# Affectionate Healthcare Limited

# Barons Down Nursing Home

## Inspection report

Brighton Road  
Lewes  
East Sussex  
BN7 1ED






Date of inspection visit:  
21 May 2021  
24 May 2021  
25 May 2021

Date of publication:  
06 July 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

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 are living with dementia. At the time of our inspection there were 20 people living at the service.

People's experience of using this service:

The providers' governance systems had not identified the shortfalls found at this inspection. Records were not always clear and accurate regarding people's care and support. For example, oral care, communication needs and daily records. There was also a lack of supporting evidence such as whether it was their choice or for a medical reason for those people who were cared for in bed..

Care delivery was not person-centred. The care had not been designed to ensure that people's independence was encouraged and maintained. People were not always offered the personal care they wanted or required consistently. People were not encouraged to be involved in activities and there were no planned activities in house to encourage people to come out of their rooms and meet other people. Activities for those who remained in their rooms were not planned for.

People received safe care and support by enough numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel safe here, they look out for me." Another said, "I feel safe." Care plans and risk assessments meant people's health, safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

Staff had all received essential training to meet people's support and care needs. Further service specific training was being arranged by the registered nurses as requested by care staff. There was an induction programme to introduce new staff to the service and during this process they got to know people and their needs well. One new staff member said, "It's really lovely here, the people are all individual and characters and the staff team have been really supportive." People's dietary needs were assessed, and people were provided with a choice of cooked meals each day. Feedback about the food was positive and most people said they enjoyed the meals. People's health needs were consistently met with involvement from a variety of health and social care professionals.

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.

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One health professional said, "The atmosphere is more positive, there

have been improvements, especially in the leadership, communication has improved." People were relaxed, comfortable and happy in the company of staff and engaged with in a positive way.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Further training in end of life care was being sought from the local hospice.

Complaints made by people were taken seriously and investigated. There was a need for clearer recording which the registered manager was aware of and taking steps to address.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "We have definitely moved forward, we are having meetings and sharing information. We all feel we can contribute, and our views are respected."

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

Rating at last inspection:

This service was registered on the 26/03/2020. We undertook a focussed inspection in July 2020 due to concerns received, but did not rate the service. This is the first inspection rating all five key questions.

Why we inspected:

This inspection was prompted in part due to information of risk and concern and to follow up on actions we told the provider to take at the last inspection in July 2020.

CQC received concerns in respect of staffing levels, lack of leadership and poor infection control measures. The concerns raised were looked at during this inspection and have been reflected in the report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement:

We found two breaches in relation to person centred care and good governance at this inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was 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 well-Led 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors.

#### Service and service type

Barons Down 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 the information we held about the service and the service provider. The provider completed an

action plan after the last inspection to show what they would do and by when to improve. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service 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. We used all this information to plan our inspection.

#### During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, and 8 members of staff, including registered nurses, senior care staff and housekeepers. We were able to speak with three visitors during the inspection.

We reviewed the care records of eight people and a range of other documents. For example, medicine records, four staff recruitment files, staff training records and records relating to the management of the service. We also looked at rotas, training and supervision data.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four professionals who regularly visit the service.

We were able to speak with four family members who contacted us following the inspection.

# Is the service safe?

## Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured that systems and processes had been established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We have had safeguarding training, and we discuss safeguarding procedures at team meetings. Our manager updates us of any changes to the procedures." Another staff member said, "I wouldn't hesitate to report anything that is poor practice or abuse, the residents are all very vulnerable." People told us they felt safe. Comments included, "We are looked after well", "the staff make sure we are safe, good security," and "I feel very safe here."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- The service used an electronic care system. Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with mobility problems had clear guidance of how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were in place. However, we did find some air mattresses were incorrectly set against the

persons weight. The registered manager has taken immediate action and checked all air flow mattresses and going forward the registered nurses will take on the responsibility of checking and recording settings of air flow mattresses.

- Peoples' past medical health and current mental health needs had been considered when developing care plans and included in risk assessments if it might impact on their care. Shortfalls were found in care records and these have been reflected in the Well-led question.
- Staff training and competencies had progressed and we found that there were sufficient suitably qualified staff on duty to meet people's individual needs.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Not all PEEPs were accurate and these have been reflected on in the Well-led question.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. There had been issues with the passenger lift breaking down over the past few months and a stair lift had been installed so as not to impact on people's freedom of movement within the premises.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and have no worries."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. However, these were not in place for everyone following changes to the medicine management systems. During the inspection process we received confirmation that everybody had a protocol for their as required medicines. We saw that people had received pain relief when requested.
- Medication audits were completed on a daily and monthly basis.

#### How well are people protected by the prevention and control of infection?

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning had improved at the service and records reflected that frequently touched areas were being cleaned on a regular basis. However, some weekend records were incomplete. The registered manager had identified this and was supporting the weekend cleaning teams to improve their record keeping.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were clear systems in place for visitors to follow. Visitors had lateral flow tests, and temperature checks before entering the communal lounge and to a designated visitor area. Visitors were provided with hand gel and personal protective equipment (PPE) and the area was cleaned between each use. Visits to people receiving end of life care had been supported throughout the pandemic.



- We were assured that the provider was meeting shielding and social distancing rules. Plans had been produced to support people to isolate in the event of COVID-19 in their bedrooms as the layout of the premises could not be converted into different zones.
- We were assured that the provider was admitting people safely to the service. People were supported to self-isolate for 14 days in their bedrooms. If the isolation was impacting negatively on the person a risk assessment was undertaken and the staff would support the person to take a walk or spend time in a communal area with the necessary precautions.
- We were assured that the provider was using PPE effectively and safely. Improvements had been made since the last inspection and staff were wearing PPE in line with government guidance. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly. PPE stations had been instated around the home.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff worked exclusively at the home and agency staff were block booked to minimise the risk of cross contamination. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly, and actions taken as a result were clearly recorded.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have signposted the provider to resources to develop their approach.

#### Staffing and recruitment

- People received care and support in an unrushed way and call bells were answered promptly.
- Comments from people about staffing included, "Staff are really great, kind," and "The staff are all nice, there are some times that we have to wait but that's understandable isn't it?"
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. We looked at accident and incident records, and there was no indication that staffing levels had affected peoples' safety at this time.
- Staff shortfalls had been planned for and regular agency staff booked. There has been a decrease in the amount of agency staff used over the last few months. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)- which are police background checks. Staff told us "It has been difficult with working with a lot of agency, but we have regulars now and not using as much."
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

#### Learning lessons when things go wrong

- Improvements had been made, and accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, one person a sensor mat had been placed in their room so staff were alerted when the person stood up and started to move, so they could go and support them and keep them safe.

# 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.

This is the first rated inspection for this newly registered service. This key question has been rated Good.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line."
- Clinical staff had access to professional development. A registered nurse said, "We can have access to a range of training, we also have competency assessments to ensure our practice is of a good standard." Registered nurses were preparing their own in-house training sessions for care staff. We were shown the epilepsy training which was just rolling out. People told us, "They seem to know how to look after us." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "I have never seen any poor practice and believe me, I would notice, staff seem trained."
- The registered manager told us the organisation was committed to support staff to develop and attain further qualifications. Staff told us, "It's great to be offered the opportunity to do further training, exciting," and "The support we get to be able to get qualifications, from the manager and all the staff is great, I'm learning so much."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor and shadowing staff."
- Staff received regular supervisions. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.
- One staff member said, "I have received support from everyone." Another staff member said, "It's my first job in care but everyone has been really supportive."

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

- People told us they enjoyed the food provided by the service. One person said, "Lovely food, there are always snacks and cakes, I never feel hungry here." Another person said, "Good food." Visitors told us, "From what we see, it looks nice," and "My relative likes the food."
- People were offered choices of food and drink. One person said, "Yes, they offer me choice at all mealtimes and there's always something I like, but we can have anything."
- Staff knew people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. However food and fluid charts were not consistently completed and this has been further reflected on in the Well-led question.
- If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them.

Staff working with other agencies to provide consistent, effective, timely care

- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the tissue viability nurses, dieticians and speech and language therapists (SaLT). One health professional said, "Staff are knowledgeable about their residents, communication is better."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do. Each care plan was accompanied by an MCA assessment and contained details of how decisions for each task was made.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- Barons Down Nursing Home is a purpose built home with accommodation on three floors, there were several communal areas which included, a large communal lounge with a separate dining area. Redecoration was on-going. Improvements had been made in the ground floor communal areas.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The registered manager was looking at developing the signage as they redecorate.
- People's bedrooms were personalised. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests, for example, one person had their own fridge and another a superhero theme on their wall.
- The first and second floor was accessible, by stairs, stair lift or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and visitors consistently described staff as kind and caring. Comments included, "Staff are lovely, good fun and kind", "The staff are nice, can't do enough for us," and "It's a very caring environment here, I can't fault it." A family member said, "There are some wonderful staff here" and "Can't fault staff kindness."
- The professionalism of the staff team was commented on by a visiting health care professional who told us, "Polite and welcoming." Another health professional said, "Always helpful when I visit, and I have no concerns."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated. During the inspection, one person was celebrating their birthday, a birthday cake and tea was presented by the chef and staff ensured that the person had a special day.
- Equality and diversity were embedded in the principles of the service. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager told us of their intention to use team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed some evidence that they participated in reviews of their care. Comments included, "The staff talk to me about my care and I get my say about things, but they can forget things but I expect they have a lot of things to remember," and "The staff explain any changes to me usually about my medicine ." A relative said, "Communication is pretty good during the pandemic and now we visit as well so it's getting better."
- Some people's views were included in care records. The registered manager was aware that this was an area to further develop and review and were taking steps to address this. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and supported with the procedures currently needed during the Coronavirus pandemic. A relative said, "The staff are good about keeping me up to date and will ring if my relative is unwell."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind. We were also told, "Very polite and kind," and "Not always time to chat

but they are nice to us all."

- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to leave their room, or just for a walk in the garden. For example, one person told us they had been encouraged to walk to the lounge every day to 'keep them mobile'.
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in a password protected computer. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

# Is the service responsive?

## Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Meeting people's communication needs

- The provider had not ensured each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.
- Care plans and treatment plans had not all been fully developed to reflect people's individual care needs. For example, one person who lived with a learning disability, had an assessment of their how their mobility was affected by pain from a physical condition, but there was no reflection how the weakness had affected their capability of managing everyday activities, such as washing and dressing and how staff could support them to maximise independence.
- People who were usually clean shaven had hair growth and there was no indication that this was their choice. One person said, "I would like a shave, but I'm not offered a shave every day." Their care plan stated that they liked to be clean shaven.
- There were several people who were cared for in bed. The reasons for this decision was not documented. Staff told us "They are frail," and "It's difficult for some to be comfortable due to contractures." We acknowledged these reasons however there was also no reflection and observations of how this might impact on their eating and drinking, muscle weakness and mental health.
- There was little guidance in people's care plans about oral care and how staff could assist them to keep their mouths comfortable and clean. We found some people had no toothbrush or toothpaste, other people's toothbrushes were dry and dirty. Denture pots and dentures were also not clean. For one person they had been given breakfast and lunch but had not been given their dentures to eat their meals.
- Management of people's pain was not planned for in care plans and related to aspects of daily life. For example, people who experienced hip pain or leg pain were not offered pain relief before being moved or stood. This meant that it affected their ability to move and impacted on their independence. There were no pain charts used to monitor the effectiveness of pain relief or any thought to other methods of relieving pain.
- The management of people's topical creams was inconsistent, and we found that people had creams with other peoples' name on them. We ensured that this was not a medicine error and the cream was prescribed during the inspection, but this practice lacked a person centred approach to care.
- Care plans contained very little information to show what activities people enjoyed and had enjoyed before coming to live at Barons Down Nursing Home. There was no guidance about how to support people, or whether people needed support, to maintain activities and interests important to them whilst they were on cared for in bed due to health needs or by choice, or isolated due to the pandemic. Daily notes did not include specific details of activities people had engaged in during the day, which may also have provided important insight for staff. There was however evidence of activities in the communal areas and plans for



events now that restrictions were being lifted.

All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- Staff had not received any specific training on the accessible standards, there was little guidance in care plans about people's communication needs. For example, people with speech difficulties did not have clear guidance for staff to communicate effectively. There were no aids used to enable people to communicate and we saw someone trying to express their needs, but staff spoke over them trying to finish their sentence which caused the person to get frustrated.
- Clocks in peoples' rooms were not all set to the correct time or were not working, which meant that people were not orientated to the correct time. This could impact on the persons mental well-being and add to feelings of isolation.

The provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found some shortfalls in care documentation, there was also some well-written care plans that contained guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, diabetes and wound care.
- The provider had invested in technology for care delivery, training and running the service.
- Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.

#### Improving care quality in response to complaints or concerns

- There were processes, forms and policies for recording and investigating complaints. However, there was no clear audit trail of how complaints were dealt with and not always an outcome recorded. The records of meetings were inconsistent. The registered manager acknowledged these shortfalls as they had been focussed on other areas and agreed to take steps to address this shortfall. This was an area that requires improvement.
- There was a recent addition of a happy box in the main corridor inviting people for their comments, good and bad. This was to encourage communication.
- People told us they knew how to make a complaint. One person said, "I would tell the nurse or ask for the manager." Visitors said they would ask to speak to the manager. One family member told us, "I would ring and ask to talk to the manager."

#### End of life care and support

- Care staff demonstrated compassion towards people at the end of their life. They told of how they supported people's health and comfort.
- Families were supported during this time and we were told they could stay with their loved ones.
- There was a provider policy and procedure containing relevant information about care at the end of people's life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative

care in the care home when this was the person's wish.

# 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.

This is the first rated inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to access, monitor and mitigate the risks relating to the health, safety and welfare of service users and to maintain accurate, complete and contemporaneous records which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At this inspection we found the registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, further improvements to record keeping, including care plans, needed further time to be completed, fully implemented and embedded into every day practice. Discussions with the registered manager showed they understood that further work was needed.
- We found records relating to individual care delivery were not all complete and up to date. For example, one person with weight loss had not had their risk assessment for using a hoist updated to consider the need for a smaller sling to be used.
- Food and fluid charts were not all consistently completed for those people at risk of weight loss and dehydration. One person's care plan stated that fortified snacks should be offered but records did not show that this happened.
- For one person there was conflicting information regarding swallowing of tablets. Different parts of the care plan differed in whether the person struggled to swallow little or big tablets. The risk scores for choking risk also differed in whether they were a medium or high risk.
- Not all personal emergency evacuation plans (PEEPS) were correct. One person's PEEP stated, 'should use a hoist to a tip and tilt chair to assist to evacuation assembly point in car park'. As this person was on a first-floor room this would not be a safe and archivable option.
- There have been no surveys sent out to people, visitors and health professionals since the provider took over the service in March 2020. However following the inspection the registered manager sent us examples

of computerised face to face feedback regarding the service undertaken in February 2021. However this was completed by staff in their voice not by people and visitors in their voice in private.

- Fire protection certificate of maintenance was dated 16 January 2019 and expired 16 January 2020. We have asked for verification that this has been updated. We received evidence following the inspection of the fire alarm system check undertaken on the 01 February 2021.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since the last inspection, the provider had ensured staff had regular supervision and new staff had completed an induction on joining the service. One staff member said, "felt the induction was good, felt very supported."
- Wound care documentation had improved and there was clear guidance for registered nurses to follow in monitoring wounds.
- Accidents and incidents were now followed up with an action plan to prevent a re-occurrence. We found repeated injuries were investigated and cross referenced into the care plan to prevent further injuries. Staff told us they documented and reported any unexplained marks or bruising and this would be discussed at handovers and staff meetings.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager has informed the CQC of significant events including significant incidents and safeguarding concerns.
- There has been an improvement to the culture of the service. Staff talked positively of the improvements since the registered manager arrived in August 2020. Comments included, "We work as team now," "The manager is a breath of fresh air," "We feel supported, the manager works with us," and "If its someone's birthday, the manager comes in even if their off duty."

#### Working in partnership with others

- The provider was working with external professionals from health and social care services to improve and develop the service. This included the Continuing Health Care (CHC), local authority and the medicines optimisation for care homes team to make and embed improvements in the home.

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; Continuous learning and improving care:

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations. One health professional told us, "The registered manager has been very accommodating and regularly updates us with any news via phone or email."
- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. Staff told us, "We are informed of safeguardings and complaints and we work as a team to improve."

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 not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences.

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	<p>The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people.</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.</p>