

Bondcare (Henley) Limited

# The Mount Care Home

## Inspection report

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Date of inspection visit:

09 January 2023

10 January 2023

12 January 2023

Date of publication:

03 April 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Mount Care Home is a care home providing personal and nursing care to up to 37 people. The service provides support to people with dementia, older people and younger adults. At the time of our inspection there were 19 people using the service.

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

The provider did not operate effective quality assurance systems to oversee the service. These systems did not identify shortfalls in the quality and safety of the service or ensure that expected standards were met. The registered manager did not ensure consistent actions were taken to reduce risks to people and plans were not always in place to minimise those risks. Effective recruitment processes were not in place to ensure that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. The registered manager did not ensure that clear and consistent records were kept for people who use the service and the service management. The registered manager did not inform us about notifiable incidents in a timely manner. The registered manager did not ensure they maintained clear and consistent records when people had injuries, as per regulation and requirements to evidence they have acted in an open and transparent way. Care plans did not consistently contain information specific to people's needs and how to manage conditions they had. Staff did not always have detailed guidance for them to follow when supporting people with complex needs.

We have made recommendations about the premises to ensure it was suitable for people living with dementia, to comply with the Accessible Information Standard and to bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff. We have made a recommendation about keeping clear and accurate records in line with the Mental Capacity Act 2005.

Staff followed correct infection prevention and control processes. When incidents or accidents happened, they were investigated, with some discussions taking place about lessons learned, or themes and trends reviewed. We noted some forms did not always have full information recorded by the reviewing staff. People's hydration and food intake was monitored and managed, but we noted some improvements to be made. There was an activities programme but there were periods when staff did not ensure people engaged in activities to avoid social isolation.

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; however, the policies and systems in the service had to be improved to continue supporting this practice.

Staff deployment was managed effectively. People's families and other people that mattered felt they were involved in the planning of their care. Relatives said they were kept informed about people's health and welfare. Relatives were positive about staff being kind, caring and respectful. We observed that the interactions between people and staff were positive and caring. Staff upheld people's privacy and

responded in a way that maintained people's dignity. Relatives felt they could approach the registered manager, senior staff or others with any queries or concerns and felt they had good communication and relationships with the service. The relatives felt the home had a positive atmosphere and they were always made welcome and supported as family members.

The registered manager appreciated staff's work, contributions and efforts to ensure people received the right care and support to meet their needs. Staff felt they could approach the management team for support and advice. People and relatives felt people were safe living at the service. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately by the registered manager.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 with us on 15 September 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 October 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 and Recommendations

We have identified breaches in relation to quality assurance; risk management; notification of incidents; record keeping; effective and person-centred care planning and support; management of medicines; duty of candour and recruitment at this inspection. We have made recommendations about the suitability of the environment for people living with dementia; meeting the accessible information standard; assessing, reviewing and recording mental capacity and ongoing staff training to reflect the latest best practice guidelines.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Mount Care 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 Health and Social Care Act 2008.

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 was carried out by two inspectors. An Expert by Experience made phone calls to relatives of the people living in the service. 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

The Mount Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mount Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post and supported us during our inspection.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection of the service, including notifications sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke to the registered manager, the regional support manager, clinical lead, two senior staff, maintenance and housekeeping staff, head chef, and activities coordinator. We gathered feedback from 15 members of the staff team. We observed interactions between staff and people and spoke to 2 people who use the service. We reviewed a range of records relating to the management of the service, for example, records of cleaning, maintenance and premises, medicines management, risk assessments, accidents and incidents, quality assurance systems, and recruitment records. We looked at 6 people's care and support plans and associated records. After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to support our inspection. We sought feedback from health and social care professionals who engaged with the service and received 5 responses.

# 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 inspection of this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- The provider did not establish effective and robust recruitment and selection procedures to ensure they employed suitable staff and did not gather required information before staff started work.
- Of the 6 recruitment files we reviewed, all of them did not have the required recruitment information. Missing information included evidence from previous employment regarding staff's conduct and verifying reasons for leaving, full employment history with explanations of gaps and some incomplete paperwork for staff employed.
- We talked through some issues found and the requirements of the regulation with the registered manager and administration staff. After the inspection, we provided the list of missing information, however, they did not provide evidence they obtained all required information.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered manager had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values to work with people.
- Sufficient staff were deployed to meet people's needs and support them in a safe way. However, organisation of staff could be improved at times. For example, some people had one-to-one care to meet their individual needs. The staff member did not leave these people on their own. However, there were some periods where other staff were not present in the same communal area, leaving the dedicated staff member alone with the person they supported and other 5 people. Two people in the room required support for example requesting to use the toilet or go back to their room, but the staff member was not able to assist. We asked them if they required help from their colleagues and they agreed so we found staff in other part of the building to come and support the people.
- Registered nurses were supported by care staff, some of whom were trained to administer people's medicines. Staff agreed there were sufficient numbers of staff to do their job.
- Agency staff were not used. Staff employed by the care home knew people well and supported each other

in a collegial manner. There was consistency in the staff deployed, which provided reassurance to people and their relatives.

- The management team had a good understanding of workforce pressures in adult social care; they understood how the pandemic and sector specific issues could impact on people's healthcare, and appropriate strategies were in place to mitigate this.
- People told us staff were available when they needed them. They said, "Staff are always available, I have a call bell and I have no qualms with staff" and "Yes they are available when I need them".
- Relatives told us they had no concerns about staff available. They said, "There always appears to be a good number of staff, I see several around on my visits, even on a quieter Sunday", "Yes, I think there are enough staff, never been there when there hasn't been even at the weekend", "Enough staff spread around the building yes" and "As far as I can tell staff numbers are good, may vary a bit at the weekend".

#### Assessing risk, safety monitoring and management

- The management and staff team assessed, and reviewed people's risks and some action was taken to mitigate risk. However, we found some areas needed improvement. We reviewed people's care records and found at times the information around specific aspects of care or risk were not recorded consistently or clearly.
- For example, a care plan noted one person had equipment to support them to safely transfer from one place to another. Further records also noted the equipment was used to help with walking, however the person would refuse to use it. There was no clear guidance to mitigate this risk so the person could still walk but do it safely.
- Another person was assessed as being at high risk of falling. They also had a tendency to go into other people's rooms. The mitigation was to make sure the environment was free from clutter and hazards and engage in activities and the person should have staff with them for their safety. However, we observed this person was alone in their room when we checked on them during inspection days. It was also noted the person was at risk of harm to themselves and absconding. However, there was no further guidance how to manage and mitigate these risks to ensure the person remained safe.
- Some people at risk of skin damage did not have this risk safely managed. We found pressure relieving mattresses set at incorrect settings, meaning they would not be as effective as they should be.
- The registered manager did not always ensure the premises and safety of communal, personal and the living environment were consistently checked and managed to support people to stay safe. For example, people had potential access to harmful substances such as chemicals. We alerted staff that chemicals were not locked away. When we checked later in the day, people could still access the chemicals. We informed the registered manager and locks were placed on the cupboard.
- Oil-filled radiators without guards were used in some people's bedrooms. No suitable risk assessment was in place, which placed people at risk of burns from the hot surfaces. We informed the registered manager so they would take action to mitigate the risks to people.
- Some floor coverings in communal areas were uneven and lifting. We took digital images and provided copies to the management team. They told us they were aware of the issue with the flooring but had failed to take action to mitigate risks of slips, trips and falls.
- The operation of the sluice room required review. We discussed the risks of cross contamination between items within the room. The management team accepted our feedback and explained their plan to mitigate any risks between clean and dirty items.

The registered person did not consistently assess, reviewed and mitigated the risk to health and safety of service users or mitigate such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- There was a business continuity plan in place, which set out steps to follow in the event of emergencies. It was up-to-date and easy for staff to follow. There was always a senior manager on call out of hours.
- Satisfactory risk assessments were in place for the management of fire and related risks. Each person had a personal emergency evacuation plan which could be used in the event of extreme circumstances, such as a fire. They were all up to date and included in the 'grab bag', which would enable emergency services to evacuate people safely in an emergency.
- Food hygiene was rated 'very good' by the local authority environmental health officer in March 2022. The kitchen was neatly stocked, clean and tidy at our site visit.
- The maintenance staff ensured the checks were carried out including equipment, fire safety and prevention, water management including Legionella prevention, electrical and gas safety, window restriction and mobility equipment (such as wheelchairs, hoists and slings). The records and associated documentation were well maintained.

#### Using medicines safely

- People did not always have their medicines managed safely.
- Only trained senior staff who had been assessed as competent supported people with their medicines. However, we found one person had a specific 'when required' (PRN) medicine to help them manage their condition. The medicine was to be administered in a certain way, but the staff had not been trained to do this specific administration. This placed the person at risk of receiving PRN medicine unsafely.
- The registered manager provided further information after the inspection, such as a review of person's condition, and the record noted the person was given PRN medication but there was no record of the administration on the electronic system. The person was given another PRN medication; however, this was also not recorded on the electronic system to note the administration of PRN medication.
- PRN protocols did not always contain enough detail to ensure staff would know when to administer people's 'when required' medicines. For example, they lacked detail about how people might express pain, what support staff should offer before administering a medicine, or details on when to vary a dose of medication. Records we looked at did not demonstrate what support staff had offered people before administering PRN medicines as the last resort.
- We checked medication stock and found one medication that had expired but it was given after the expiry date. We gave the box to one of the registered nurses who disposed of it and completed record for it with another member of staff.
- There was one person receiving medicine covertly. There was a care plan noting some information about the process. Covert administration must be the least restrictive option after trying all other options. The records advised staff to offer medication in the normal way first and if the person refused, only revert to covert administration as the last resort. It was not clear how many times the person should refuse before giving it covertly. Also, one of the reviews of the care plan noted that different staff should try giving medication if the person refused it. However, there was no clear record or evidence to show these practices were carried out by staff administering medicine covertly.

The unsafe management of medicine placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When medicine errors happened, the registered manager and staff completed necessary paperwork to review those errors, including using reflective practice to ensure the risk of recurrence was reduced.
- The service used an electronic system to record administration of medicine. The senior staff felt it was a good system for recording and helped reduce the risk of medicines being missed.
- Staff supported people gently with their medicines, in a calm and patient manner, ensuring people had enough time to understand the process and they had taken the medicines safely. People were supported to

have their medicines at the right times.

- Medicines were stored securely and regularly checked by the senior staff. We reviewed the stock of specialised drugs kept in a separate cabinet and it tallied with the records kept.

#### Learning lessons when things go wrong

- When people had accidents, incidents or near misses staff recorded these on the service's electronic system. The registered manager also discussed these events with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The registered manager and senior management accessed the reports to ensure all the actions were taken to address any concerns and to support people to stay safe.
- We noted some records could be improved to ensure the forms were completed fully to ensure that records of incidents, accidents and any other events were meaningful to support review and analysis of those events.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service, and they would ask staff for help if they needed help.
- Relatives told us they felt people were safe and looked after well by the staff at the service. They said, "Yes, [the person] is kept very safe, [the person] would soon say if not, no evidence of any form of abuse at all", "Very safe, 110%, a brilliant place, and no worries about [person's] care whatsoever", "Very safe, [the person] is in the best hands, [senior staff] are excellent, I have faith in them, no sign of any form of abuse ever" and "Definitely [the person] is kept safe, when I visit there are always staff in the lounge, they phone me if any concerns and [the person] is very happy, security is good...no sign of any form of abuse towards [the person] or any other resident, no other problems with safety".
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff explained how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.
- There were no restrictions on visiting people, and this was in line with government guidance.

# 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 inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff assessed people's care needs to identify the support they required and to ensure the service was meeting their individual needs.
- People's care plans mostly described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences, and their social interests.
- We did not always observe staff following guidance in care plans to meet people's needs and daily records we checked did not confirm staff were providing this support. For example, a person needed a lot of emotional support with their behaviour and the care plan noted steps to take to support this person. During our inspection, we observed the staff failed to support this person in line with their care plan when they became distressed and anxious.
- Another person had a condition that required specific support from the staff if they became unwell, but such training was not offered to staff team. There were issues with the timeliness of providing the medical support when the person became unwell. The protocol did not include clear details of the next steps to take if the person did not improve.
- We noted the care plans had specific information recorded about people, and some good guidance. However, some of the outcomes were not always clearly recorded, detailing what the person wanted to achieve.
- Staff also recorded information about people but did not always complete the guidance on how to support people. For example, one care plan noted that staff should monitor the person for signs of loneliness and depression, however those signs were not described. This meant staff did not have further guidance to pick up those signs early, so they could provide timely and effective support to the person.

The registered person had not ensured people's care and treatment was appropriate and met their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We noted that consent forms were signed by staff members. For example, consent to have photographs taken, care provision and share information with health care providers was signed by the senior staff on behalf of people and their relatives. However, some of the relatives have not been appointed as people's legal representatives. This did not reassure us the staff had considered where people may be capable of making certain choices and give consent to different decisions. This was an infringement on people's human rights.
- The staff completing the capacity assessments for decisions did not demonstrate they fully understood MCA and reasons for assessments. For example, assessment was completed for a decision of 'photography'. It was noted the 'best interest' when to take photos was such as 'wounds/bruises, activities, social media and marketing purposes'. There was no explanation of why it would be in the best interest of the person to take photos for the social media purposes. They asked a relative for consent, even though they had no legal right to make such decision. Some parts of the assessments were left blank, so it was not clear if it was incomplete or not applicable.
- People's records also had conflicting and not always clear information about their capacity to make decisions and how they should be supported. For example, for some people it was noted they lacked capacity to make decisions. However, further records noted that staff should support people's decisions and they were able to verbalise their choices or answer staff's questions about the choices or feelings.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, carrying out assessments and their responsibilities to ensure people can express their views and be involved in decision making.

- We observed staff were polite and respectful towards people and their decisions. People's rights to make their own decisions, where possible, were protected. We did not observe any restrictive practices used at this inspection.
- The provider had made DoLS referrals, where appropriate for people living in the service.
- People agreed staff asked them before providing any care or support. Relatives also confirmed staff were respectful towards people and sought consent. They said, "Oh yes, decisions are always respected", "The staff all seem very knowledgeable and they respect [person's] wishes" and "[Staff] all know and understand [the person] well, they treat [the person] with dignity and respect, and they are very respectful of [person's] thoughts and opinions".
- Some people did not have capacity to make simple decisions, such as what they wanted to eat or drink. We observed staff kindly and patiently spoke with people, and selected options for them based on their known preferences.

Staff support: induction, training, skills and experience

- Not all staff had training to ensure they had skills and knowledge to support people with various condition such as epilepsy, mental health, Parkinson's and learning disabilities. In July 2022, a requirement was made under the Health and Care Act 2022 for all CQC registered service providers to ensure their employees

receive learning disability and autism training appropriate to their role. This is to ensure the workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.

- There were a number of people who had different stages of dementia and needed support with their behaviours or emotions. However, dementia awareness training was completed only every 3 years. It was not clear if staff's knowledge and competencies were checked more often to ensure they followed the most current guidance to support people with various cognitive impairments and related behaviours.
- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics and how often it should be refreshed. The training information showed the mandatory training and updates provided to staff at the service was not always in line with the guidance. For example, basic life support was refreshed every 3 years instead of annually. Staff should receive appropriate and timely training, according to their role and responsibilities to enable them to support and care for people effectively and safely.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- Relatives gave positive feedback about staff's support. They said, "Staff have good skills, the right balance between senior and junior staff", "[The person] has dementia...staff are very well trained and patient, and [the person] would say if [the person] was not happy" and "Staff are well trained, organised and attentive to [the person], positive response, [the person] has different challenges in life".
- Staff completed the Care Certificate as part of their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- When new staff started at the service, they had an induction that included training and a period of shadowing experienced staff. Staff felt they had sufficient training to support them to do their jobs. They also could request any further training if they felt they needed it.
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervisions. Staff felt the training and support they received equipped them to carry out their role.
- After the inspection, the registered manager informed us that the staff team attended the virtual dementia bus and it was very effective experience. The Virtual Dementia Tour (VDT) gives delegates an experience of what dementia might be like by using specialist equipment and creating a simulated environment.

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

- The decoration of the service was appropriate for people who lived at The Mount Care Home. The building design was not in line with current best practice principles for nursing homes. The registered manager explained the provider's intentions and progress at redesigning the building. A rebuilding application was in progress with the local authority and awaiting a decision. In the meantime, there were no changes to the existing design.
- Most areas of the premises were decorated in a homely manner and provided a soothing atmosphere. There were photographs of people and staff enjoying activities, depicting happy memories.
- People's rooms were highly individualised. They contained photographs, trinkets and mementos that were unique to the person. Memento boxes were outside each person's bedroom; most had photographs and ornaments in them to promote familiarity and reminiscence.
- There were large communal and dining areas, and an extensive garden to the side and rear of the building. Indoor communal areas acted as meeting point hubs, where people from different parts of the building could see each other.

- A small number of aspects of the decoration required further improvement to promote a positive environment for people living with dementia. For example, these included the use of clocks and calendars, and seating and dining tables arranged to promote social interaction between people.
- Directional signage and symbols were lacking. The registered manager stated this was listed in their service improvement plan. However, since registration no action had been taken to improve signage to enable people to find their rooms, communal areas or advise the direction of travel. We provided our feedback to the management team who acknowledged our findings.

We recommend the service reviews the decoration of the premises against best practice guidance for people living with dementia.

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

- Food and drink was not always easily accessible to people to promote independent eating and drinking. Small snacks such as fruit, biscuits and bakery items were available, but relied on people asking or staff offering. Snacks were not openly displayed to encourage people to see them, pick them and eat them. One lounge had a kitchenette but did not have a visual display of drinks.
- People in communal areas always had drinks with them and were offered fluids regularly throughout the day. People in their bedrooms all had fluids available to them, however some did not have their fluids within reach in the absence of a staff member. A drinks 'station' was on display in another lounge room. This enabled people to help themselves to fluids as desired. Morning and afternoon tea were available every day with cakes and biscuits.
- Staff did not always ensure people could read the written menu. However, we observed staff verbally offering people choices at mealtimes and explaining options to people. There were plentiful choices of meals and the food appeared appetising and appealing. We observed some people were offered alternatives if they did not want a main meal.
- Condiments such as salt, pepper and sauces were not on display and not offered to people during meals. Research demonstrates taste decreases with age and seasonings are purposeful for encouraging eating.
- One person required repeated prompting to eat their meal. Staff did not follow a consistent approach with the person, such as sitting with them for the entire duration of the meal. Staff prompted the person, then left them. The person did not continue eating. Their care plan noted they needed a lot of prompting to eat meals. This meant the person was at risk of malnutrition, as they were not being actively encouraged to consume as much of their meal as possible.
- The chef explained how meals were cooked from fresh ingredients. The chef told us, "People and relatives love it...they say they love the food being home cooked." The kitchen had a list of people's food and drink likes and dislikes. The chef also had a list of people's food allergies. The registered manager was aware of people's allergies.

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

- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People had medicine reviews carried out by the GP to ensure they were on the right and effective prescribed treatment.
- People were referred to various health professionals in good time to address any health or changing needs. The staff were knowledgeable and informed about people's health and well-being. The care for people's health and well-being was proactive and organised well. During our inspection, some people were not feeling well, and the staff called appropriate professionals to attend them and provided treatment to help them manage health ailments.
- Two community professional agreed the service supported people to maintain good health, have access

to healthcare services and receive ongoing healthcare support in a timely manner.



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

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

- Staff were kind and caring. They treated people well and were compassionate with people. Staff were observed as patient with people who required extra time to achieve their personal care and activities of daily living.
- Staff addressed people by their preferred name. Most staff knew them well and often laughed and joked with them. People smiled and laughed and enjoyed the company of the staff. People said, "[Staff] are brilliant. Absolutely treat me with respect and I am not taken for granted" and "Oh yes, we are generally spoiled here".
- Relatives told us the staff were kind, compassionate and showed kindness to people. They said, "Staff are all kind and caring, very thoughtful and listen and empathise, [the person] always looks clean, tidy and well dressed", "Very caring staff, very kind always, and [the person] seems happy and settled" and "Very kind and caring staff, know all our names as well, good humour and know [the person] well".
- The service received numerous comments in various methods, with many 'thank you' cards. Comments included, "A very big thank you for all the love and care you showed my dear [friend] during the time she spent with you at the home. Despite her dementia, I am sure she was in a safe and loving environment" and "Thank you so much for looking after my [relative] so well for the past year. You have all been so kind and caring and she will miss you all".
- People and relatives agreed staff knew how they liked things done when supporting them and were treated with respect.
- Staff provided support to meet the diverse needs of people using the service. For example, when people had needs related to disability or gender, they were still supported to have own choices, their wishes listened to and treated with respect and dignity.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's and relatives' views were sought through regular communication, meetings, and verbal and written feedback.
- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings and other items important to the person.
- Two community professionals thought the service was successful in developing positive caring relationships.
- People were asked their preferences during care. For example, a care staff said, "What would you like to drink?" and the person replied, "Milky tea with sugar, please!" We observed the care staff make the drink and took it to the person; they said to the staff member it was, "...made just right."



- Positive comments were available on the internet about the service and care. People, relatives and visitors were actively encouraged to fill in comment cards and send them in for review and, with consent, publication on the website.

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

- During lunch, we observed everyone in the communal dining room had a bib applied. This was applied without asking people. People were not offered napkins or serviettes instead, meaning they were deprived of the chance of eating without the bib. We noted this to the registered manager to make improvements to the practice.
- When people received personal care, the doors were closed, and curtains were drawn to protect their privacy and dignity. Staff respected people's privacy and explained how they would support someone with personal care. Staff would knock on people's doors before entering their room.
- People were neatly dressed and groomed. Their hair was styled, some people had makeup on, and people's fingernails were clean and neatly trimmed.
- People and relatives agreed staff protected their dignity and privacy. Relatives said, "[Staff] always show [the person] respect and dignity when undertaking personal care, [the person] always looks clean and tidy", "[The person] is always clean and tidy, treated with dignity and respect. [Staff ask the person] if [the person] wants the light on or off, door open or closed, no assumptions made ever. We are always kept informed by phone of any changes" and "[Staff] are always good with dignity and respect, ask us to leave if they are getting [the person] ready for bed, always looks clean and showered, no nasty smells anywhere".
- Staff supported people to do as much for themselves as possible and explained how they encouraged people to be independent such carry out simple daily tasks, practice a skill and ensure they follow people's choices and preferences. For example, when people had limitations with their mobility or a learning disability, they were still encouraged to be independent in different aspects of their health and wellbeing.
- People's right to confidentiality was protected and records were stored in the offices and password protected computer system. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

# Is the service responsive?

## Our findings

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

This is the first 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

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care.
- People's needs, and care plans were kept under review, but some information was not always accurate or complete. The information from the reviews was not always transferred into the care plan. For example, for one person, the review noted they displayed behaviour of being upset or distressed 'at times'. The care plan then noted this was happening 'frequently'. The actions to support this person with their emotions lacked details. For example, the actions noted, "For [the person] to be supported to maintain good emotional health. For staff to try to prevent [the person] from becoming agitated or distressed but ensuring that [the person] remains safe if this does occur". It did not offer any further guidance how to support this person effectively to maintain their wellbeing.
- Where people received support with transfers, care plans did not always contain specific instructions for staff to provide safe support and to ensure they did not get distressed or anxious whilst the task was being completed.

The registered person did not ensure care and treatment was appropriate and met people's needs. This was a continued breach of Regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff used shift handovers and daily meetings to discuss any tasks to complete or what was going on in the service. Where a person's health had changed it was evident staff worked with other professionals. The registered manager and senior staff monitored the service and practice regularly during the day and ensured appropriate action was taken to address any issues.
- Relatives felt people received support that was individualised to their personal needs. They said, "[Staff's] interactions are really touching, kind and gentle, they behave appropriately to keep residents calm, happy and reassured, lovely staff, and they know [the person] well", "Very helpful staff, they even put up a shelf to put [person's] cards up, anything [the person] asks for [person] gets" and "I am a part of the review process, staff are well trained, very good and kind to [the person] despite the challenges, tolerant, patient, no complaints."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was some guidance in communicating with people in a manner they could understand. For example, there was guidance how to communicate with a person due to their disability and for staff to remain patient and respectful giving time to the person express themselves.
- We reviewed if AIS was applied to ensure all information presented was in a format people would be able to receive and understand. The information about how people received information and how staff should communicate with them was not always clear and not highlighted following AIS principles.
- Staff were aware of different ways of communicating with people, for example, using visual aids, pen and paper, simple questions and observing body language and giving time to respond.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

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

- The service offered an active social programme for people to prevent social isolation and promote inclusion. However, we observed there were long periods of time where people sat with very little interactions or activities to keep them stimulated and avoid social isolation.
- At mealtimes and other times throughout the day, people were not asked what music they would like to listen to. Staff instead chose this without consultation and played it. We observed one set of music was played on repeat, and none of the people engaged with this. In another area of the building, different music was being played during lunch and people enjoyed it and sang with staff while they dined.
- Activities were provided by newly recruited staff who were also deployed as care workers. Although they demonstrated they were enthusiastic and attempting to engage people in activities, they were still developing their knowledge, skills and experience in promoting an active social life for older adults, including those living with dementia.
- There were photographs and pictures of people and staff throughout the building which showed positive engagement and activities previously enjoyed together.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people during inspection. People could stay and spend time with their relatives in their rooms, lounge or outside in the garden.

Improving care quality in response to complaints or concerns

- A robust complaints management process was in place and there was an appropriate underlying policy of how to follow the process. Information about how to make a complaint was provided in several ways to people who used the service and their relatives.
- The service had a list of managers noted so people or relatives could contact if they wished to discuss any issue. This included management and office-based staff names, job titles, role information and contact details. People could make their own decision about who to contact at the organisation if they wished to raise a concern; they could speak with their registered nurse, care staff or contact the management team directly.
- The registered manager told us there were no formal complaints made directly to the service since registration. There was one complaint made via the CQC. When we raised it with the registered manager in May 2022, they demonstrated how they dealt with the concerns and communicated effectively with the complainant.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service.
- The registered manager explained how they support someone with end of life care including to complete an advanced care plan, liaise with family and GP to have necessary medical support to ensure people were comfortable and pain free.

# 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 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

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. This is important as it means we can check that appropriate action had been taken to ensure people are safe.
- During the course of this inspection, we found the registered manager had failed to notify CQC of a number of reportable events including allegations of abuse, police incidents and serious injuries.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had established governance systems within the service. However, we found these were not always used to ensure there was a consistent and comprehensive overview of the service, to ensure people received high quality care and support.
- The registered manager did not ensure all of the concerns we found on the inspection that are described throughout the report, were identified through their own quality monitoring systems.
- Where record keeping were delegated to staff members, it was not always clear if the registered manager checked and reviewed these were done correctly and accurately at all times. Therefore, staff did not have accurate information about people, their support and risks, and the delivery of the service.
- The provider gathered feedback from people, relatives and staff about the service and the quality of care provided. However, we did not receive further analysis or action plan from this survey to show how they used the feedback to develop the service and drive improvements.

The registered manager had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. They had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we spoke to the registered manager, they were knowledgeable about the people and staff at the service. They were able to provide detailed information about the performance of the nursing home, people's medical and social histories, things that were going well.

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

- We discussed with the registered manager the regulation and requirements to follow when notifiable safety incidents happened.
- Since the last inspection, there were incidents where the duty of candour applied. People were supported to receive the required treatment and appropriate care was provided.
- We asked the registered manager to provide us evidence that the regulation had been followed when those incidents happened, and that people were supported accordingly. They were unable to demonstrate staff had followed the regulation and their own policy to complete all the actions set out. We could not be assured the provider acted in an open and transparent way with relevant persons in relation to the incidents.

The registered manager did not ensure they recorded and kept a copy of actions taken as required in the duty of candour regulation when a notifiable safety incident occurred. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the course of inspection, the registered manager informed us they have written to the families of both people that had injuries to provide an apology, inform them of the investigation and outcome of it.

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

- The registered manager expressed a commitment to providing people with quality care and support and to ensure there was a positive culture where staff felt valued and promoted people's individuality. The management team and staff shared responsibility for promoting people's well-being, safety, and security. There was a 'whole team approach' and supportive culture.
- The management team was receptive of our feedback during inspection and started taking actions to rectify the issues.
- People and relatives agreed the service was managed well. Relatives said, "Staff all seem happy, manager is approachable and friendly, as far as I can tell he manages the home well. Atmosphere is homely and friendly", "Manager's door is always open, very approachable, round and about the home, and staff all appear to be happy, atmosphere is really lovely" and "Staff seem happy 100%, smiley, chatty, make us welcome, even the maintenance guys".
- Staff felt listened to and they felt the registered manager was approachable. Staff added, "We work well as a team. We have good relationships with residents and relatives. We provide the best care we can" and "We are a very homely home which puts the staff and residents at ease".
- The registered manager praised the staff team saying, "I am grateful to [the staff team] because they are conscientious and caring, and they want to develop and learn. They are willing to do things, always, always pick up extra shifts; always willing to improve. Staff are open to suggestions...if ever something goes wrong, they will come and tell me what has happened and what they have done. I could not have asked for a better home as my first home as the registered manager".
- The registered manager added they felt supported by their seniors saying, "Yes I feel supported by my managers, and [provider]...They are nice people. I am always heard and supported".
- There was a diverse workforce at the service. The staff team were observed to work well together, respecting each other's differences in sometimes challenging conditions.
- Staff spoke well of each other and of the registered manager. They had positive comments to make of other workers, which demonstrated an open culture and positive workplace morale.

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

## characteristics

- A bar was created by the management team after consultation with a person who loved football. The person wanted to 'go to' a bar and watch the football, without leaving the building. The bar was well decorated, in a separate room, and the furniture layout resembled a pub. The registered manager explained how they engaged with the person and ensured the person's suggestion was realised. The bar was named after the person as a tribute to their idea.
- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They held meetings for relatives and communicated regularly with them. Relatives agreed the registered manager and the staff team were friendly, approachable and always happy to help. They said, "The atmosphere is lovely, friendly as soon as you walk in. I am happy and [the person] is happy" and "The Manager is approachable and friendly, nothing is ever too much trouble, and staff seem happy working there, lovely with each other as well as the residents, [the person] joins in, very hands on."
- The registered manager and the staff team were motivated to provide care and support to people as their needs and health were changing.
- The registered manager told us they had champions appointed to oversee specific aspect of care such as infection control, postural care, falls prevention, dysphagia, and dementia. The champions would support and educate colleagues in these areas, how best to support people until further external referrals would have to be made to professionals.
- The registered manager held staff team meetings to ensure any matters and feedback were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics such as changes in people's needs or care, best practice and other important information related to the service.

## Continuous learning and improving care; Working in partnership with others

- There was excellent evidence of working with the local community to improve people's lives and maintain inclusion.
- The service was frequently featured in local media. For example, they held a bake sale on the street to raise funds for a film projector at the home. The projector was portable so it could be taken to people's rooms to view photos or watch movies in private.
- People were engaged in another event to hand out 'forget-me-not' (flower) seeds. This was to raise awareness of dementia in association with the Alzheimer's Society.
- A local community group, called Blankets with Love was set up during the pandemic. The group delivered 34 blankets to the service during lockdown, plus some extra shawls. The article stated, "The [pandemic] lockdown was an incredibly difficult time for staff and residents at the home. This was a small way of letting people know they weren't forgotten or alone."
- The registered manager explained the good working relationships with the nearby school and neighbours. People from the local community were invited to attend and celebrate planned events with the service. There were also ad hoc drop-in sessions which fostered engagement with locals.

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered person had not notified the Commission about specified incidents without delay.  Regulation 18 (1)(2)
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 registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way.  Regulation 9 (1)
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 registered person did not ensure safe care and treatment. The registered person had not consistently assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The registered person did not ensure safety of the premises. The management of medicine was not safe.  Regulation 12 (1)(2)(a)(b)(d)(g)
Regulated activity	Regulation



Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not operate safe recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred.

Regulation 20 (1)(2)(3)(4)(6)