Zeenat Nanji & Tasneem Osman

Highbury House Nursing Home

Inspection report

Steyning Road
Rottingdean
East Sussex
BN2 7GA

Tel: 01273309447
Website: www.southcarehomes.com

Date of inspection visit:
09 July 2019
10 July 2019

Date of publication:
14 October 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Highbury House Nursing Home provides accommodation, nursing and support for up to 30 people aged 65 and over at the time of the inspection. At the time of our visit 26 people were living at the service.

Accommodation was provided over two floors in one adapted building. There were communal areas, including a lounge, a family meeting room, a dining room and an activities room. People had their own rooms. People had access to gardens at the rear of the home.

We received mixed feedback about staffing levels and people gave us mixed feedback about how responsive staff were to call bells. At the time of the inspection, the provider used agency nurses and carers to make up the numbers for staff to ensure safe staffing levels. The provider demonstrated in action plans and resident and relative meeting minutes that they were aware of the need to have a permanent staffing. People, relatives and staff told us they felt confident that recruitment is ongoing and that the provider was aware of the staffing issues. Following the inspection, the provider told us that recruitment continued to be carried out with the majority of posts filled by permanent staff.

The manager was newly in post and was well regarded by people and staff. Staff told us they had already made improvements to the way the service was run. The home manager told us that during the transition the group manager continued to have a regular presence at the home to support them.

We saw that formal complaints were recorded and investigated. People and relatives told us they knew how to raise a complaint. Despite this, we received mixed feedback about whether complaints resulted in consistent and sustained action or improvement.

The premises were clean and well presented. People were able to move freely around the home and enjoyed using the garden. People were protected from infection by staff that kept the premises clean and used appropriate protective equipment when needed.

Staff were knowledgeable and experienced to deliver care. New staff completed an induction with mandatory training and continued to have access to training and continued professional development opportunities.

Care plans did not always reflect people's current needs and the food people received did not always meet their dietary needs. We told the provider about this and they agreed to take immediate action to address these issues identified on inspection.

Staff gave people choices and supported people to make decisions about their care. We observed positive interactions between staff and people. People's equality and diversity was respected. Staff knew how to meet people's religious, spiritual and cultural needs and preferences.

Staff supported people to maintain their privacy, dignity and independence.

A structured activities programme was available for people to take part in. A person told us, "I enjoy the activities and I take part in all of them."

Visitors continued to be welcomed and interactions between staff and visitors were warm and friendly.

People were supported to access health and social care professionals when needed. A GP told us, "Over the past few years I would be able to say that in my experience the service is safe and effective with a caring ethos."

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

The service met the characteristics of Requires Improvement in three key question and Good in two key questions. More information is in the 'Detailed Findings' below.

Rating at the last inspection: The last rating for this service was Good (published 19 October 2016).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Requires Improvement' services. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Highbury House Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector for one day and the morning of the following day.

Service and service type:
Highbury House Nursing Home provides accommodation, nursing and support for up to 30 people aged 65 and over at the time of the inspection. At the time of our visit 26 people were living at the service. People who lived at the home had varied needs associated with old age and frailty, some people were living with Parkinson's, dementia, mobility needs and conditions such as diabetes. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have a manager registered with the Care Quality Commission (CQC) but there was a home manager who was in the process of registering with the CQC at the time of the inspection. Where there had been an absence of a manager the group manager and provider stepped in to make sure disruption to the service was minimised for example the Group Manager had submitted an application for registered manager during the interim period whilst recruiting a manager. The provider had taken steps to recruit a new manager within a reasonable timescale.

Notice of inspection:

The first day of inspection was unannounced and the second day was announced where the inspector visited for the morning only.

What we did:
Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports, the provider's annual information return and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all of this information to plan our inspection.

During the inspection we looked at:
•□Audits and quality assurance reports
•□People's care records for three people and medicine records for two people
•□Records of accidents, incidents and complaints
• Training and recruitment records
• We observed an activity and the lunchtime experience

During the inspection we spoke to:
•□Ten members of staff (activities coordinator, home manager, the director, two carers, four nurses (two of whom were permanently employed and two who were employed through an agency) and the chef.
•□Four people using the service and four relatives.

After the inspection;
• We spoke with one further relative after the inspection visit by telephone, this relative was from the same family as another relative we spoke to during our visit.
• We contacted health professionals and commissioners to seek their feedback and received feedback from a GP. They gave us permission to quote them in this report.
• We received and reviewed further evidence from the provider on training, staffing and responses to call bells.

Requires Improvement

Is the service safe?

Our findings

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

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

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection not all staff had taken part with fire drills and received the appropriate training for this. At this inspection records showed that fire drills and fire risk assessments took place.
- People's needs, and risks were assessed before moving in to the home.
- Risks to people were minimised. People were protected as risks were assessed and managed. Risk assessments such as falls, and choking were completed.
- Records of maintenance and fire safety checks and daily cleaning records were kept up to date.

Staffing and recruitment

- We received mixed feedback about staffing levels from people, relatives and staff. The provider used agency staff to cover vacancies and ensure safe staffing levels. Relatives and staff told us that agency staff have become more regular and consistent in the last four weeks before our inspection and this was having a positive impact for people and staff.
- People, relatives and staff told us they felt confident that recruitment was ongoing and that the provider was aware of the staffing issues. The provider demonstrated in action plans and resident and relative meeting minutes they were aware of the need to have permanent staffing. Since the inspection, the provider confirmed that permanent staffing levels had increased.
- We saw surveys that relatives and people had completed. A survey completed by a relative said, "Only time <Relative> has had problems is with agency staff. Full time staff are great." Another survey said, "large numbers of staff leaving, and staffing levels being maintained at the minimum possible….it was inevitable care would suffer."
- A person said, "Things have improved but staffing has been a bit low." Another person told us, "Staff have brought me my breakfast, but I can't get up on my own, I've been waiting for an hour to get up, I often have to wait in the mornings." A third person said, "I feel safe because staff come when I need them."
- A relative said, "There is a high use of agency. At weekends the staffing is poor, I have had to come back at weekends because I've been worried. <Person> can be left to sit on the commode waiting for staff, we have had to wait for 15 minutes. I visit at lunchtime to make sure <Person> gets a meal. Things have improved and the two agency nurses on today are good. The care workers are very good, but they're rushed off their feet."
- A second relative said, "There's not enough staff and they've been short staffed for a long time. There is a slow response to the call bell especially at night. We visit so much at mealtimes because we don't have faith

in the service. The staff that know her can anticipate needs, that's not possible with agency staff." A third relative said, "Staffing has been difficult in the last six months."

● A staff member told us, "I know we're recruiting but we could do with more staff, weekends could be better. Agency staff now tend to be familiar and consistent." Another staff member said, "There was a loss of staff and since then we've been short staffed and that has had an impact. We've started using consistent agency staff in the last four weeks. Weekends are always under staffed so there's more agency at weekend which is harder if the agency staff aren't as familiar with the place. At night when there's two care workers and one nurse it means if one person needs two care workers then everyone else has to wait. If a senior care worker is taken away to do reviews or paperwork we are one care worker down on the floor and that does have an effect." We shared feedback from staff with the provider about staffing numbers at night, the provider told us following the inspection that if two carers are with one person, the nurse on shift was available to answer other call bells.

● A staff member told us, "I've worked here for a few months through an agency, but shifts have become more regular in the last three-four weeks. That benefits me and the residents because I get to know how things work here and I get to know people much better"

● The group manager had an improvement plan which staffing was part of. The home manager had taken this action plan on and were recruiting to several vacancies. A relative said, "I do like the home and feel it genuinely could be great if they got the staffing, I know they are recruiting, I met with the group manager, they're aware of the problem and I do feel hopeful with the new manager being in post now."

● Management staff used a staff dependency tool and NHS validated tool to assess people's needs.

● People had given us mixed feedback about how responsive staff were to call bells. At the inspection we recommended to the provider that their monitored responses to call bells to check that call bells were responded to promptly. Following the inspection, the provider shared a call bell audit showing that they reviewed response times and took actions where response times were not prompt. For example, the manager and provider told us that they have allocated a staff member at lunchtime to support people to answer call bells and support people while staff are supporting people with their meal.

● Staff consistently told us they attended handover before a shift. We observed all permanent staff attending a daily meeting.

● Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC) before and during their employment, for example the home manager identified that one nurses registration had expired, once this was recognised the staff member was signed off until they had resolved their registration and refreshed their training. Staff were supported by the provider's equality and diversity policy.

Using medicines safely

● At the last inspection we noted medicine competencies as an area of improvement. At the last inspection not all nurses giving medicines had had their competency to give medicine checked every year. At this inspection we saw medication competency and training records for all staff including agency nurses and the manager told us that staff were having their competency checked annually.

● Nurses, including agency nurses we spoke with, told us that on an agency nurses first shift they received an induction of medicines management and storage. An agency nurse told us they worked with a permanent nurse on their first shift who knew people. A staff member told us, "the agency staff have an induction, they take part in handover and get shown the medicines. Agency nurses we've had have been good."

● We observed nurses giving medicine to people. Staff were caring and patient with people. People told us they receive their medicines on time. A person told us, "Yes, I always receive my Parkinson's medicines on

time." A relative told us, "Medicines are always on time."
● Medicines were stored and managed safely, including medicines that needed special storage arrangements.
● Medicines audits were carried out monthly and near miss errors were recorded and investigated. Where an error had occurred, staff acted to liaise with GP and pharmacy to make sure the person was safe and well and investigated to ensure the near miss error did not occur again. Records showed communication that had gone to all staff responsible for medicines following any near miss errors.

Preventing and controlling infection
● The premises were clean, well presented and people were protected from infection. Equipment was serviced and kept clean.
● Staff were trained in infection control and were seen using protective personal equipment when serving food or giving medicines.
● Housekeepers were seen cleaning people's rooms. A relative told us, "<Person> is always clean." A second relative said, "The cleaning staff do a great job, they're spot on. The maintenance staff can't do enough to help. I complained that <Person> hadn't had a bath in some time and two care workers found a way to bathe <Person> safely and <Person> helped to wash his own hair."

Systems and processes to safeguard people from the risk of abuse
● People we spoke to told us they felt safe, a person told us, "Yes, I do feel safe, I've never had any concerns about my safety here." Another person said, "I do feel safe, I've never had any concerns or worried about abuse. I've not had to make any complaints, but I have told permanent staff about agency staff who haven't been good, and I've never seen those particular agency staff again, so I do think they listened."
● Staff had an awareness of safeguarding processes. Staff were trained annually. Staff knew what to do if they had concerns and how to report it. A staff member said to us, "If I was at all concerned, I would tell the manager or a nurse straight away if I had concerns or I'd report it externally."
● Staff knew how to keep people safe in an emergency such as a fire. All people had personal evacuation plans and an emergency grab kit was accessible to staff.

Learning lessons when things go wrong
● Records showed that the provider had carefully analysed accidents, such as falls, with root cause analysis, so that they could establish how and why they had occurred and took steps to prevent further falls. People also had falls diaries to record when falls had happened and what staff did to keep the person safe such as calling their GP or emergency services.

Requires Improvement

Is the service effective?

Our findings

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

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

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

- Care plans did not always reflect people's current needs, but the home manager had a plan to restructure people's care records. This did not have an impact on people's safety. We have talked about this further in the well-led section of this report.
- People had care plans for specific conditions such as Parkinson's. These specific care plans gave staff consistent guidance about how to meet their needs. People's personal care and nursing needs were assessed before coming to live at Highbury House Nursing Home.

Staff support: induction, training, skills and experience

- Supervision records showed gaps in the frequency of supervision due to changes in staffing such as the clinical lead role becoming vacant and changes in management. The provider's policy aimed to carry out supervision every two to three months. Staff gave mixed feedback about whether they had received supervision. Despite this, staff told us they felt well supported. A staff member said, "I have supervision from one of the nurses, I feel well supported, I can ask anyone for help, all the staff get on well and are willing to help each other." We told the provider this, they agreed that due to the transition in manager and vacant clinical lead role there may have been gaps but told us this would be addressed by the manager.
- We looked at staff training records. In these records we saw some gaps in training in topics considered mandatory by the provider, gaps were seen in topics such as dignity, equality and diversity, pressure care and end of life care. Despite this, staff were booked on to training and new staff completed an induction with mandatory training such as fire safety and manual handling. Staff completed the Care Certificate as part of their induction. The Care Certificate is a work-based, vocational qualification for staff who had no previous experience in the care sector.
- People and relatives told us that staff received training. A relative told us, "Staff know what they're doing, such as with thickening <person's> fluids and using the hoist."
- Staff told us they had access to training and training took place on one of the days of our visit. A staff member told us, "I had an induction when I started and then did more training, there's mandatory training and the care certificate, further training in house such as oral hygiene and dignity, and I'm being supported to do my level three diploma."

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

- People were referred to a speech and language therapist (SALT) when needed. Despite this, not all people

were receiving meals that met their SALT assessed needs. The kitchen had a system where people's assessed needs from dietitian or SALT and their preferences or allergies were documented and well known. Despite this, one person had been assessed by SALT due to oral needs, but the kitchen staff were not aware of this. Care staff knew of people's consistency of food needs and knew if people needed thickeners including the person who was not receiving food that met their SALT assessed needs. The person's relative visited daily to support the person to eat and told us they only gave the person food from the plate that was the right consistency. The home manager and provider agreed to address this immediately with the kitchen and to request another SALT assessment, so that staff are guided by up to date guidance that reflected the person's current needs. Ensuring that where people were assessed by SALT that all staff had consistent guidance to meet the people's eating and swallowing needs was an area of improvement.

● Two people whose care we tracked we saw that they received meals that met their SALT assessed needs and that met their preferences. A relative said, "<Person> has been assessed by speech and language, the chef's know this even the weekend chef, who makes the food appetising, all the chefs have started improving the presentation of soft or pureed foods, there hasn't been variation of food in some time but I know they are changing the menus."

● Another relative said, "Staff know <Person's> diet and thickened fluid needs, <Person> was assessed by SALT and staff accommodate their needs well." We saw one person who needs thickened fluids consistently having their fluids thickened by staff that knew their needs well.

● People and relatives had given feedback about meals in a relative and resident meeting. The home manager and chef had listened to this feedback by arranging a tasting afternoon and revised the menus. A person told us, "We have had some resident meetings, I went to one about the menu recently where we were asked about what we would like to have on the menu, some new meals and foods which was good." Following the inspection, the provider shared a menu with us showing a variety of meals offered.

● At lunchtime we spoke to four people who told us they enjoyed the food and that they had a choice about they have. We observed the chef visiting people to ask what they would like for lunch during the morning.

● People's nutritional needs were assessed, and preferences were recorded when the person first moved to the home. People's preferences were reflected in the meals they were provided, for example, one person was vegetarian and was consistently provided with vegetarian meals.

● People's allergies and dietary needs were accommodated. For example, one person was lactose intolerant. Dietitians had recommended that four people received fortified meals due to being at risk of malnutrition, staff monitored the effect of the fortified diet by monitoring their weight and worked closely with the dietitian.

● The chef had a system to ensure that people that received their meal in their room and coordinated for staff to have time to support people to eat their meal where support was needed.

● Kitchen staff received specific training in food hygiene and fortified diets.

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

● Records showed people have input from a range of health and social care professionals such as GPs, community psychiatry team and speech and language therapist. Despite this, relatives gave us mixed feedback about whether staff know people well enough to spot changes in their needs.

● A relative said, "Staff understand <Person's> needs. When anything has happened like a fall they do call me straight away. But things aren't always picked up, she had a urine infection and staff didn't pick that up." A relative said, "A care worker goes with her if she goes to hospital, this is really helpful because Mum can't speak, staff know her well and anticipate her needs."

● A GP gave positive feedback about the responsiveness of staff, they told us, "Staff are responsive and able to receive support for patients over the phone when appropriate which would lead me to assume there is good quality clinical leadership and indicate the staff there feel well supported."

● We saw records of referrals made by staff to health and social care professionals. We saw records of medicines reviews for two people that helped them to achieve good outcomes. A relative and person told us how the person's communication abilities had improved after changing one medicine.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the time of the inspection there were appropriate DoLS authorisations in place and applications for others had been made for other people who did not have capacity and were under constant supervision. The home manager and provider tracked these and ensured that action was taken to review DoLS before they expired.
● Where possible people were involved in decisions about their care and where relevant relatives were involved in decisions that were important for a person. Records confirmed this. A relative told us, "<Person> has a sensor mat, staff asked me about that before they put it in, we discussed it and they explained clearly why it would help to keep her safe."
● We saw records where people had been supported to write a living will and/or an advanced care plan so that their wishes and preferences were clear and recorded.
● Care staff told us they were trained in MCA and we observed staff giving people choices throughout our visit. A staff member told us, "I seek consent from the person, I discuss decisions with the person, the person's relatives or make best interest decisions with professionals. I always assume people have capacity and give them choices."

Adapting service, design, decoration to meet people's needs
● The home is an adapted building across two floors, people were seen moving freely around the home. The home was kept clean and fresh smelling.
● People were supported by adaptations made to the home, for example we saw people using a family room that could be private and garden to meet with relatives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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
● Peoples' equality and diversity was respected. Activities staff and care staff knew how to meet peoples' religious, spiritual and cultural needs and preferences. Staff were supported by the provider's policy.
● We observed positive interactions between staff and people and staff knew people well. A relative told us, "Staff have a good relationship with her, they are patient. Staff gently encourage and protect her and themselves when she has some challenging behaviours. Staff don't give up on her, they keep trying." Another relative told us, "The girls are lovely and caring."
● People were supported to maintain relationships that were important to them. For example, visitors could come to the service at any time and could stay as long as they wanted, and we observed staff delivering people's post to them.
● Rooms were personalised. People were encouraged and supported to bring personal items or furniture with them when moving in to the home.

Supporting people to express their views and be involved in making decisions about their care
● We observed people being offered choices and staff talking any tasks through with them. A staff member told us, "I ask people what they want to do and give them choices, if their communication is limited or if they're living with dementia and we're choosing what to wear that day I'll show them different things from their wardrobe so I'm supporting them to choose."
● Another staff member told us, "All people have preferences, I ask people what they would like to do, they choose their clothes, choose what they would like to do and how they would like to spend their time. One person uses communication cards to make choices."
● A relative told us that although they lived abroad they were kept up to date with their relative's care through emails and telephone calls. They said, "My daughters visit, and staff update them, and staff write things down in her butterfly book in her room, we can read that to see what activities she's done or what time staff have spent with her."
● People and relatives told us they were involved in developing and informing a care plan. The provider also used information they gathered in an assessment before the person moved to the home to inform the care plan. A relative told us, "I was involved in the care plan in the beginning and they asked me questions."
● Staff told us they respected people's right to refuse. A staff member old us, "I respect people's right to refuse, I try to reassure the person and if that doesn't work I go away and come back to try again, if that doesn't work I'll tell my senior and record it." Another staff member said, "If a person wishes to stay in their

room that's their choice and we respect that. The activities coordinators visit people in their rooms, they'll chat, play cards and spend time with them how the resident chooses."

Respecting and promoting people's privacy, dignity and independence

● Staff supported people and encouraged them, where they were able, to be as independent as possible. A staff member said, "I try to encourage independence, everyone is different and has different needs and abilities, but I try to encourage independence and to support a person to maintain their independence where they can."

● Staff informed us that they always prompted people to carry out any personal care tasks for themselves. During our visit, staff knocked on people's doors before entering their room and introducing themselves.

● A staff member told us, "I always knock the person's door and introduce myself." Another staff member told us, "If I'm going to help a person to wash for example I maintain their privacy by drawing the curtains, close the door and I use two towels so that one can be used to hide the areas we're not washing." A relative said, "They do uphold his privacy and dignity."

Good

Is the service responsive?

Our findings

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

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

Good: This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

● We saw that two formal complaints received since the last inspection were recorded, investigated and resolved. People and relatives told us they knew how to raise a complaint and had met with the provider if they had concerns. Despite this we received mixed feedback from relatives about whether complaints resulted in consistent and sustained action or improvement.

● A relative said, "Staff are very professional, every issue I've had they've dealt with." Another relative told us, "We have been to meetings, but no changes happen even if there's concerns, carers are responsive and do what they can, but it can be defensive when a complaint is raised." Another relative told us, "Management is defensive and unhelpful if a complaint is raised. Saying that, carers are responsive and do what they can."

● We fed back to the provider about the mixed responses from relatives about complaints not always resulting in consistent and sustained action or improvement. The provider agreed to continue addressing this and shared their action plans which showed actions they were taking following feedback received from people and relatives. The provider had taken actions such as holding specific meetings with relatives to resolve issues or to share the actions they were taking. Following the inspection, the provider had started using 'we are visiting today' cards at the home entrance to let relatives know that they are available should they wish to speak to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● A structured activities programme was available for people to take part in, for example musical bingo, workout sessions with ball games and chair aerobics, arts and craft and quizzes. A person showed us the activities programme in their room and told us, "I enjoy the activities and I take part in all of them." A relative said, "There are activities on in-house, we tend to take <Person> out, the activities staff do a lot."

● Activities reflected people's interests, for example one person liked singing, two people wanted to visit the garden centre and one person who was an aeroplane enthusiast was supported by staff to attend a local airport with their wife.

● Activities coordinators held events such as Ascot Day, where people had made betting slips, wore hats and pinned up bunting they had made in previous arts and crafts sessions. Several people told us about this day and told us how much they enjoyed it. The activities coordinator told us, "Doing days like the Ascot Day are important for people, we aim to make a different atmosphere and to do big events that try to be inclusive to everyone and that people will talk about after. In June we did Ascot Day and in July we did a Sports Day which was fun and encouraged people to be active."

● The activities coordinator told us they set up activities that were inclusive and reflected people's diverse

needs. For example, the activities coordinator told us that for people living with dementia or for people with visual impairment they set up activities that were sensory such as tastings and musical bingo.

● Activities staff coordinated additional opportunities for interaction for people who were at risk of social isolation. Where a person had additional needs, or stayed in their room due their health, staff held 'butterfly moments' where any member of staff could spend extra time with the person in their room. A staff member told us, "With <Person> we sing together, watch videos, do whatever she needs to calm her and help her to settle as she can be distressed."

● This time was in addition to the activity's coordinators having dedicated one to one time in people's rooms where they were cared for in their room or chose to stay in their room or for people who did not have many visitors. Where people did not want to have this additional visit to their room this was respected by staff.

● Activities staff met across the provider's other services to learn from each other and share ideas.

● Care plans and 'This is Me' documents were personalised to record people's preferences, interests, hobbies and social history.

● People's religious and cultural needs were known and understood by all staff. Activities coordinators spent time to ensure these needs were met. For example, one person followed a spiritual practice and staff supported this by reading from a specific book that was meaningful to the person. Two people were supported to attend their places of worship.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were recorded, and staff knew how to meet those needs. Staff were informed and supported by the provider's AIS policy.

● A person who enjoyed activities was visually impaired, the person enjoyed bingo and staff had made activities materials in a larger format, such as a larger font bingo card so the person could take part. A relative told us that their relative communicates with eye movement and gestures, they said, "The care workers are great, it's taken a while for care workers to get to know <Person> and how they communicate but they have started to understand them."

End of life care and support

● Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) this was recorded.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

● At the time of the inspection the service did not have a manager registered with the Care Quality Commission (CQC) but there was a home manager who was in the process of registering with the CQC. A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided. Where there had been an absence of a manager the group manager and provider stepped in to make sure disruption to the service was minimised, for example the Group Manager had submitted an application for registered manager during the interim period whilst recruiting a manager. The provider had taken steps to recruit a new manager within a reasonable timescale.

● From the feedback we received and our observations the service was in a period of transition. The manager was new in post, was well regarded by people and staff and had already made improvements to the way the service was run. The home manager told us that during the transition the group manager continued to have a regular presence at the home to support them.

● Staff we spoke to felt confident in the new manager despite only being in post for four weeks. A staff member said, "I feel confident in the new manager." A carer told us, "We're quite fond of the new manager, she's already made some good changes." Another staff member told us they felt confident in the new manager and felt they needed time to make and embed those changes.

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

● Care plans did not always reflect people's current needs. For example, one person's care plan had three documents that were contradictory and did not give consistent guidance to staff about the person and their current needs. For example, one document said the person could not administer their own medicines and other documents that said the person could self-administer certain medicines including a capacity assessment. These documents did not reflect staff members understanding of the person's needs or the person's medicine administration records.

● Two people had monthly observation charts with gaps, but these were not used by staff to monitor the persons health or to use to refer to a dietitian or other health professional. We told the provider about these documents and the home manager and provider agreed to remove these and to only include documentation that staff were using.

● On the first day of our visit, care staff did not have access to people's care records excluding daily records

kept in people's rooms. The home manager addressed this at the time of the inspection and gave care staff access. This showed that care plans did not reflect people's current needs and that care plans were not used by care staff. However, that this did not impact on people's care as care staff knew people's needs well and agency staff told us they were well supported by permanent staff.

● The home manager had a plan to restructure people's care records and showed us an example of the new care plan structure they aimed to implement. Ensuring that care plans reflected people's current needs and gave staff clear guidance about how to meet those needs was an area of improvement.

● Staff we spoke to were committed and enjoyed their roles. One staff member told us, "We're a friendly group of staff, welcoming and nice. I love it here. We're like one big family." Another staff member said, "Staff are really helpful, if you ask them they're always helpful and open."

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 saw records of where the provider had followed their duty of candour, for example when there was an incident with a medicine the provider took immediate action to keep the person safe, informed the next of kin and wrote an apology to the person and their family.

● The rating achieved at the last inspection was on display in the home. Notifications that the registered manager was required to send to CQC by law had been completed.

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

● Daily staff meetings were held, and handovers before shifts supported open communication. A staff member old us, "It's good that the manager is here at handover, I feel supported that the manager attends."

● The home continued to encourage people to maintain relationships with their friends and families. Visitors continued to be welcomed and interactions between staff and visitors were warm and friendly.

● Questionnaires were sent out to visitors and relatives. We saw records of questionnaires for people, to visitors and specific questionnaires sent out about food and menus.

● We saw records of two resident and relatives' meetings. Minutes showed that people and relatives had raised concerns about staffing numbers and the provider had an action plan including recruitment, that was informed by the concerns or issues raised at the meetings.

● When recruiting a new manager, the provider asked people to interview a candidate. The provider told us that to ensure the right manager was recruited to the service. People were involved in the interview process, asking questions and giving feedback to the provider about their views of the potential manager.

Continuous learning and improving care

● A range of audits monitored and measured the quality of care and used to improve the service.

● The group manager had met with relatives and people and assessed improvements and had worked to an improvement action plan. The plan identified issues that relatives shared concerns about such as staffing, the temperature of food and variety of menu options and reviewing care plans with people. The provider monitored improvements using the action plan.

Working in partnership with others

● Records showed that staff liaised with external professionals to meet people's needs. We received positive feedback from a GP about how the service worked with them.

● The provider and staff were involved in networks such as Golden carer members and attended local authority forums.