

Primrose Hill Limited

# Primrose Hill Nursing Home

## Inspection report

99 A Old Fallings Lane  
Wolverhampton  
WV10 8BJ

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Primrose Hill Nursing Home provides personal and nursing care for up to 50 younger or older adults who have a variety of needs due to their mental health, physical disability, or sensory impairment. There was 30 people living at the home on the first day of our inspection.

Primrose Hill Nursing Home which was built for purpose has three units across three floors, At the time of our inspection the ground floor was in use as a dementia care unit. The first floor was a nursing unit with the third floor in use as staff training and accommodation.

The inspection was conducted over three separate days. The third day of the inspection was prompted by concerns received about a safeguarding alert that was initially raised by the provider. A decision was made for us to inspect and focus on interviewing staff and to look at their support, and how there would not be a repeat of these risks. This incident is subject to a possible criminal investigation. As a result, this inspection did not examine the circumstances of the incident, but we did consider the provider's initial responses and how these would ensure people's safety. We found no evidence during this inspection that any people were at an ongoing risk of serious harm from this concern. The provider had taken steps to reduce the risk to people following learning from this incident and was making some significant changes to improve people's safety that were in the process of implementation on the last day of our inspection.

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

The service had not had a consistent manager on site to provide leadership at the home since it was first registered, and home manager had only been appointed a few months before. People's feedback about the new manager was positive and the wider senior management team were open and honest about the improvements that were needed. This included better leadership, more consistency with staffing, improvement in record keeping and care planning and better risk assessment. Quality monitoring systems were being developed but there was further improvement needed so these were more effective. Work on these systems was underway during the inspection.

People's care plans and risk assessments did not always reflect people's needs and preferences although staff demonstrated an awareness of people's needs, likes and dislikes. Staff were able to explain, or we observed them provide appropriate, safe care that reflected people's needs and preferences.

People were not consistently safe although staff had a good awareness of what to do to minimise risks of harm or injury to people as far as possible without infringing their rights. There were occasions though where documentation to ensure staff were well informed of all potential risks to people was not fully completed.

Most people were satisfied with how their medicines were managed, but there had been occasions where systems had not ensured people's medicines had always been available. Further consultation with

stakeholders and other health care providers was needed to avoid any repeat of these incidents.

There was enough staff available to keep people safe and staffing levels were reviewed and changed to reflect changes in people's needs, although reliance on agency staff to maintain staffing levels had impacted on the consistency, and safety of care at times. The provider was committed to stopping the use of agency staff for these reasons and was recruiting staff and limiting admissions to ensure this was achievable.

People were supported by care staff who had the skills and knowledge to meet their needs. People expressed confidence in staff skills and knowledge and staff understood, felt confident and well supported in their role. People's health was supported as staff worked with health care providers, whether on or off site, as needed to support people's healthcare needs.

People were supported to have choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice, although their consent to restrictions was not always recorded.

People had access to food and drink, with most people enjoying their meals, and the service offered specialist or culturally appropriate diets when needed.

People were supported by care staff that overall were caring and expressed interest in people and the support they provided them. This had not been consistent though with some occasions where people had not received a caring or safe response from staff. Staff were knowledgeable about people, their needs and preferences and used this to develop good relationships with the people. People's privacy, dignity and independence was respected by staff.

We saw the service was responsive to information from people and relatives. People could complain, and concerns were listened and responded to by the staff. Complaints and comments were recognised as a useful tool to drive improvement of the service.

People, relatives and staff were able to share their views and where people were involved in planning their care, although there was not always a clear record of this process. People said they enjoyed living at Primrose Hill Nursing Home and said their care usually reflected their needs and preferences. People were able to follow their chosen routines and had access to a range of activities.

People said the manager and staff were approachable, listened and responded to them and acted on feedback when they shared this with them.

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 24 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of the provider's initial registration.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

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 not always caring.  
Details are in our caring findings below.

Requires Improvement ●

### 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 ●

# Primrose Hill 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 completed by one inspector and a specialist advisor who was a trained nurse. An inspector and assistant inspector were involved on the third day of the inspection.

#### Service and service type

Primrose Hill Nursing Home Nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. A manager based at the home has applied for registration with us. This means that if there application is successful they will be, and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day of the inspection and announced on the second. The third day of inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed notifications the provider was required to send us by law. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Over the three days of our inspection we spoke with seven people who used the service, eight relatives and one visiting health care professional about their experience of the care provided. We spoke with fifteen members of staff including senior managers, a quality and compliance nurse/manager, the manager, nurses, senior care workers, care workers, and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and systems to ensure people's safety was assured were still developing but would be expected to decrease the risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- One person had been subject to alleged abuse by staff. The provider had responded appropriately as soon as they became aware of this matter to remove the source of risk (specific staff) and they informed the local safeguarding authority. This incident is subject to ongoing investigation.
- The provider had systems in place to safeguard people from risks of abuse which were not consistently effective. Systems were in place to monitor incidents/accidents and identify matters that compromised people's safety and there were good examples of analysis of these incidents. However, some records related to injuries people sustained due to, for example, walking with purpose, were not always easy to find and in a clear chronological order. Consistent analysis of all incidents and identification of any potential trends. For example, a person having repeated bruises in a similar area, may have helped identify further learning. Further information in respect of some specific incidents discussed during our inspection was sent to us post inspection.
- Staff were able to describe the systems in place to protect people from abuse and what may lead them to have concerns. One member of staff told us, "If there was a safeguarding matter, I would tell the manager, but if no action would whistle blow. I am aware I can contact CQC".
- Staff had received safeguarding training. From discussion with staff on the third day of our inspection we found they had a clearer understanding of how to raise safeguarding concerns, and some told us how they had revisited their safeguarding training information following the allegations of abuse that had recently arisen.
- People told us they felt safe at the home. One person told us "I'm ok when I need the staff to help me".

Assessing risk, safety monitoring and management

- Risk assessments were inconsistent. Whilst we saw instances where these assessments were in place, in other instances they were not or did not contain the level of detail necessary to ensure staff knew how to keep people safe.
- On the first two days of inspection we found some people's risk assessments lacked some detail of as to how risk to people should be mitigated, for example what specific slings should be used for transfers. When asked staff were however aware of this information and when we returned on the third day of inspection, we found work had been undertaken to update people's risk assessments so that they reflected people's needs.
- Staff demonstrated awareness of potential risks to people, through how they provided care and interacted with people who lived at the home. For example, we saw people transferred safely with use of hoists. One person we spoke with told us they were comfortable with the way staff transferred them with a hoist.
- There were systems in place to ensure the premises and equipment were checked for safety on a regular

basis by maintenance staff and/or external service personnel.

### Staffing and recruitment

- People told us there were enough staff available to meet their needs. During the time of the inspection staff were attentive to people and responded to requests for assistance in a timely way.
- On the initial days of inspection the provider had vacancies for nursing staff which were covered by agency staff. The manager and provider acknowledged this was not ideal and told us they were recruiting nurses to fill these vacancies. This included training overseas nurses (already employed) so they would have a full complement of permanent nursing staff. On the third day of the inspection the manager and provider told us they would be in a position where they would only need to use agency nurses in extenuating circumstances as all the nurse vacancies would be filled by the end of week of the last day of our inspection.
- Most relatives commented they felt staffing levels were appropriate for people's needs. A relative commented, "Staff do not leave people on their own, there is always someone around".
- The manager told us, and staff confirmed, staffing levels were always under review and they told us they would change based on people's dependency, this with use of a dependency tool.
- All required pre-employment checks for staff were completed. We did however discuss validation of one staff member's references when we found one without any evidence of the referee's status. For example, no company headed paper and contact details not matching the employer's address. The manager stated they would ensure these were validated from that point on, as required.

### Using medicines safely

- We heard mixed views from people and relatives in respect of the regular administration of medicines. Several people and relatives told us they had no concerns with the management of their medicines, but one relative told us their loved ones, "Medication was allowed to run out on two occasions resulting in them not taking it for several days". The relative told us this issue was raised with the manager and resolved. Information shared with us by the provider post inspection indicated this had been an individual staff member not administering medication as prescribed rather than a lack of stock. The provider had since identified learning from this incident.
- There had been previous occasions where staff had identified the stock of medicines had run out. The manager told us this was due to difficulties with the response to requests for prescriptions from some GPs. On the third day of our inspection a unit manager told us how they were working with their pharmacy provider and this had helped as they would chase requests for medicines stocks. There was however a need to work with health care professionals that prescribed people's medicines to resolve these issues and the management told us they were keen to resolve these issues.
- Improvements were required in respect of medication administration records (MARS). For example, handwritten entries of the directions for medicines were not always counter signed by staff, some MARS lacked photographs of the person to whom they related, and not all 'as required' medicines were recorded on the MARS in accordance with the home's policy.
- A nurse we spoke with was unaware of the risk in respect of the flammability risk of petroleum-based creams and no risk assessment was present. The provider told us risk assessments would be completed and staff reminded of these risks.
- Observation of nurses administering medicines showed these were given in a safe way with consideration given to how people wished to take their medicines.
- Medicines were stored safely and temperatures in storage areas monitored.

### Preventing and controlling infection

- People and relatives told us the home was always clean.
- The environment was visibly clean and smelt fresh. Staff were knowledgeable about protecting people

from the risk of infection, for example, by use of disposable gloves and aprons when required.

- Methods to prevent cross infection were employed, for example people had access to individual hoist slings where they required this equipment for transfers.
- The home had been awarded a five-star food hygiene rating by the Food Standards Agency.

# 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.

- People's needs were usually assessed before they moved into the home, although this was not consistent. For example, for people admitted from hospital a trusted assessor (a staff member from the local clinical commission group/health authority) assessment should have been completed prior to a person's admission. The provider told us they will no longer admit people until the trusted assessor assessments had been completed. However, care plans and assessment tools did not always accurately capture people's care needs and dependency levels, and in some instances people's assessments were not used to inform people's care plans.
- The Home Manager told us that commissioners' assessments (through the trusted assessor scheme) were not always accurate in capturing service user's needs, and they told us they had been attending a provider forum called 'Walk in our Shoes' since December 2019 to support the communication between services.
- Staff were knowledgeable as to the level of support people needed, and what their needs were despite the lack of information in some care records. The manager recognised the need to ensure all care plans were reviewed and updated. On the third day of inspection there was improvement in how people's needs were recorded, with information about people's essential needs documented. Work to progress the quality of people's care records was ongoing. A senior manager was reviewing people's records to ensure there was identification of where improvements were needed to ensure staff always had access to the information they needed.
- People's protected characteristics under the Equalities Act 2010, for example disability and gender were identified within assessments.

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

- Whilst people's access to a GP varied on occasions the provider had attempted to access external medical support as quickly as possible when needed. The manager told there had been some issues, for example, when people had needed to attend hospital as the GP had not visited when requested, although these were due to factors outside of the providers direct control. The manager was working with other agencies to address these issues as they arose to improve access for people using their service.
- Relatives told us they were informed by the manager of any difficulties with access to health care professionals and took the view that the provider had tried to resolve these issues. The provider was aware consultation with other health care agencies to improve any potential impact on the effectiveness of people's health care continued.
- People were supported to visit appointments with professionals outside the home, such as hospital

appointments, but also had access to visiting professionals such as speech therapists and opticians.

- People's oral health was assessed, but this information was not always carried through to people's care plans to clearly show what people needed to promote their oral health. The manager said they would review this information as part of the ongoing review of people's care records. A relative told us the staff had arranged dentist visits for a person promptly when needed however.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as safeguarding, infection prevention and moving and handling. One staff member said, "There are good [training] opportunities for staff". Nursing staff told us they were supported to maintain their professional registration. The home manager was a dementia specialist nurse, and they told us they wished to achieve a high standards of dementia care throughout the home. This was to be assisted by the manager developing person centred dementia training for staff.

- Observations during the inspection confirmed staff had received training, for example, we saw people being moved safely with lifting equipment and staff intervened appropriately when people were anxious.

- Some staff told us they had been encouraged to pursue additional training beyond the core training all staff were expected to complete. The manager told us they were looking to offer further training opportunities for staff, for example a training room was available at the home for overseas nurses that were recently employed, although this facility would be available to all staff when needed.

- New staff completed an induction programme that included the care certificate. 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. A newer member of staff told us, " I have been given a lot of training including the care certificate".

- Staff received supervision with their line manager and felt confident that any identified training needs would be addressed.

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

- People told us they were satisfied with the food and meals they had, and they confirmed they had a choice of meals. A relative told us people were given a choice and they were given foods in a way that allowed them to eat it easily, for example finger foods like chicken nuggets. Another relative told us their loved one, "[Person's name] has put weight on. While the food is quite plain, staff do ask people what they want and would change if they wished".

- The chef told us they had recently introduced a new menu and two choices of main meal were always available, but they offered alternatives if requested. The chef told us they did have some time available to talk to people about the food and they were kept informed by staff of any special requirements people had, for example gluten free or due to religious requirements.

- Staff were informed at handover of people who had not been drinking very much. We saw people were being encouraged to drink little and often during the day. People's fluid intake was documented although there was no assessment to identify a person's optimum fluid intake over 24 hours, which would have helped staff identify if a person was drinking enough to stay hydrated.

- People who were at risk of declining health due to poor food and fluid intake were monitored on a regular basis. People who required modified diets had their needs met and staff were aware of the correct way to thicken fluids.

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

- People's bedrooms, when they had moved into the home permanently were personalised and individually decorated to their preferences if wished.

- The ground floor dementia unit (called Forget-me-not) was decorated and laid out in a way that was

dementia friendly. For example, there were numerous points of interest and items that we saw drew people's attention and provided enjoyment. We saw one person visited a sweet trolley in the lounge on numerous occasions and told us how they enjoyed helping themselves to sweets. Staff were always available in the area by the sweet trolley to ensure people were safe if eating these sweets.

- The building was designed to allow easy of access for people, who for example used wheelchairs.

#### 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.

- The provider had a set format for recording people's ability to make specific decisions. On the first day of inspection these forms had not been consistently used to assess people's capacity, although the staff were able to tell us which people had capacity. On the third day of inspection we sampled people's records and these forms had been completed.
- Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles, for example staff interaction with people demonstrated that people's choice was sought in respect of their day to day care.
- The manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

# 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 requires improvement. This meant people were not consistently well-supported, cared for or treated with dignity and respect.

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

- A recent alleged incident was reported to the local authority safeguarding team and us (CQC) by the provider in respect of a person who had received care that was abusive. This incident is subject to a criminal investigation. The provider has taken steps to remove the risk of this reoccurring. This included dismissal of the specific staff involved.
- A relative told us about another incident that was indicative of poor care. The provider told us they had followed up on these concerns and spoken to staff, some of whom were agency. They told us these agency staff were not to be used again. Relatives told us that most staff were very caring.
- Several people told us they were well- treated by staff. We saw frequent interactions between staff and people that were warm, friendly and showed staff were caring and considerate. For example, when staff provided personal care, they involved the person consistently asking if they were alright, and what their preferences were.
- Staff treated people in a dignified way and understood the importance of doing so. A relative told us, "Staff are always pleasant and appear to treat (people) with dignity and respect". Another relative told us staff "Are very friendly".
- Staff were aware of people's diverse needs and were conscious of the need to be aware of the impact this may have on the care they received.

Respecting and promoting people's privacy, dignity and independence

- Several people told us staff showed them respect. One person told us how they liked to have a laugh and a joke with staff. Another person told us their privacy was respected. They said, "I can lock my bedroom door from the inside and did have a key".
- Staff demonstrated they were caring, for example one person was seen to become upset and staff responded quickly and offered tissues and spent time consoling them. Staff hugged them and gave reassurance and the person was seen to cheer up quickly.
- People were able to choose where they spent their time and could use their bedroom if wished. Staff were conscious of the need to ensure people's privacy was promoted and we saw people were spoken with discretely when needed and encouraged to go in a private area if they needed to change.
- One person told us how they were able to dress how they wanted, and we saw people were appropriately dressed and well groomed.

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

- People told us they were able to make choices. A relative told us they and their loved one were, "Fully

involved and kept up to date".

- Staff offered people numerous choices routinely, for example when asking about their care, what drinks they wanted and whether they wished to participate in activities. Staff demonstrated they were knowledgeable about the importance of offering people choice.
- A relative told us how staff would listen to their loved one's choices, for example, "They can have a lie in, and staff will let them but keeping popping in to check on them".
- The manager told us no-one used an advocate at the time of the inspection but said they would facilitate access if needed.

# 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

- We found the quality and content of people's care plans was inconsistent. In some instances, people's care needs were quite detailed whereas in others we found very limited information about people's individual needs and preferences, these where people had been admitted to the home from hospital. However, staff were able to tell us about people's needs and preferences with some confidence despite the lack of written information
- Staff told us they felt people received personalised care although some told us the consistency of care was compromised on occasions where agency staff were employed. The manager was aware of the impact of using agency staff and planned to fill staff vacancies to limit their use.
- People were involved by staff in the day to day care choices and there were some instances of people or their representatives being involved in their care recorded. People and relatives, we spoke with confirmed they were involved and kept up to date and told us they had been involved in reviews of the person's care.
- The manager confirmed there was improvement needed to ensure people's care plans were of better quality. From sampling of people's care records on the third day of inspection there was evidence that these were improved compared with what was found on our initial visits. The provider's compliance manager was in the process of auditing all care records with staff and was able to share their initial observations with us about where improvements would be made.

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.

- Staff were aware of different methods of communication and gave examples of how people could be supported if they were unable to express themselves verbally, for example one member of staff told us how they were developing use of non-verbal language to improve communication with one individual.
- Communication between people and staff was positive and considerate of sensory loss, with staff facing people with hearing loss when talking to them.
- Notice boards provided information in different formats about activities, events, religious services and complaints procedures

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

- Care plans related to people's preferences and hobbies were completed by activities co-ordinators and

these were completed with the person or/and their relatives to build up a pen picture of the person's past life and current preferences, for example religious beliefs.

- People were able to access planned activities during the inspection that they were seen to enjoy. There was also access to individual stimulation that was centred around people's past life. For example, we saw staff give one person blank 'payroll slips' as the person had worked with these in their past employment. These were meaningful to the person and reduced their risks of anxiety.
- Relatives told us how the staff had supported them to maintain contact with their loved ones and told us about a birthday party that was organised where the person's friends were invited, and a buffet was put on. They also told us they were able to come and have Christmas dinner with the person.
- People and relatives told us activities were available and this included time in the community. A relative told us, "Since they have been here, they have taken them out, for example to the pub and one night they expressed an interest in fish and chips. One of the staff went up the road to the chippy for them".

Improving care quality in response to complaints or concerns

- People and relatives told us they were able to complain. Relatives comments included, "I know how to but have no complaints" and, "I can feedback and complain and feel able to, I don't feel I can't approach staff".
- There was a system in place for dealing with complaints and the manager handled complaints appropriately. When a complaint had been received, we saw this was documented in a log and outcomes were recorded, as well as any learning from the complaint.

End of life care and support

- There was no one at the home that was receiving end of life care at the time of the inspection.

# 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 had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- The service, since first registered had been run by a number of managers, none of whom had stayed in post long which had impacted upon the direction and leadership staff had received. The provider acknowledged this, although told us despite thorough selection processes found previous managers were not able to lead the service in the way the company expected. The provider terminated these managers contracts as it was judged by them to be a greater risk to allow them to remain in post and potentially develop a culture of poor leadership.
- The manager had recently applied to CQC to become the registered manager for the service. Two unit managers had also been employed to free up the manager's time as at the time of the inspection they were open they were responding to issues in order of priority, this now with support of the recently employed quality and compliance manager.
- There were reviews of the quality of the service although some of these needed development. For example, better recording was needed in some people's care records and medicines management needed improvement. We saw there was some improvement in record keeping on the third day of the inspection, and we spoke with a quality and compliance manager who was in the process of completing a through audit of all the home's systems so areas where improvement was needed were identified and actioned.
- The majority of the issues were highlighted by the manager and provider during day one and two of the inspection as areas that needed to be improved. The manager and operations manager were aware of the need to improve the service in these areas but had not had time at this point to implement these changes but were determined to move the service forward. We were also made aware some of the areas of improvement needed continued dialogue with partner agencies, for example GPs.
- On the third day of our inspection we saw the provider and manager were making improvements, these as outlined on the initial days of inspection which evidenced their commitment. The employment of more senior staff and nurses was allowing a more proactive response to any issues. A recently employed quality and compliance manager was on the third day of our inspection in the process of reviewing all care records as well as other areas, this so a targeted improvement plan could be produced.
- People and relatives were positive about the new manager. One person told us, "I hope she stays, she bends over backwards for you". Relatives comments included, "The manager is excellent", "They are absolutely wonderful" and, "[the manager] is an order of magnitude better than the previous manager".
- The manager and provider demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by law.

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

- People and most relatives we spoke with offered positive feedback and felt that overall the service they or their loved ones received was good.
- The management team, whilst realistic about the challenges the service faced were enthusiastic about the service and had a clear vision of how they wanted to develop the service.
- The manager and staff were enthusiastic about improving the service to provide high quality care and support and achieve positive outcomes for people.

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

- People told us if there were any concerns, they were able to raise these with staff and they would do their best to resolve them. A relative told us the provider's response to concerns they had raised was open and honest and apologies had been given.
- The manager and senior managers understood they were required to be open about anything that may go wrong with people who used the service and their relatives. Management were open and honest about areas where they felt the service needed to improve, for example improving care records, filling staff vacancies and improving the consistency and safety of care.

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

- People's feedback about the management was overall very positive and many people and relatives said they were easy to approach.
- An activities co-ordinator told us how they were working to involve the wider community within the home, for example involving local schools and making use of resources that people could visit, including dementia cafés.
- Relatives told us the manager engaged with people and relatives through meetings, reviews and through day to day discussion. They all told us they felt they were listened to.
- Whilst several staff cited the need for better leadership, they all felt the new manager was working with the provider to offer this. All staff said they were able to approach the manager or area manager with ease. All the staff spoke of good team work with one member of staff stating, "I've got a fantastic team, we all have one goal, and we get on well".
- Staff told us they were able to share their views and we saw there were systems in place to assist with regular communication such as handovers, daily heads of department (flash) meetings and staff meetings.

Continuous learning and improving care

- The provider had learnt from a recent allegation of abuse and had recently instigated night checks with a move to put more experienced staff on days and nights to ensure there was great consistency in the quality of care provided. These were recognised by management as checks that should have happened before the allegation of abuse been identified and they were committed to continuing these.

Working in partnership with others

- The manager and area manager both told us of some difficulties they had encountered with some other health care providers and told us how they had raised their concerns with the local health care commissioning groups to look for resolutions. There was acknowledgement from the provider that further consultation was needed with stakeholders.
- The provider also told us they had asked to be involved in a GP pilot scheme advocated by the local health care commissioning group as they felt this would benefit the home as well as the wider local authority area.

