The Abbeyfield (Maidenhead) Society Limited

Nicholas House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Nicholas House is a residential care home in south Buckinghamshire. At the time of the inspection 19 older people, some of whom were living with dementia, lived at the home.

People's experience of using this service:
People and their relatives gave us positive feedback about the care and support they received. Comments included "Neither of us could speak highly enough about the staff we met during our visits," "Nicholas House is a first class residential home and I would highly recommend it,'' "During this period we always felt she was very well looked after, treated with dignity, and in very safe hands," "We visit frequently and there is always a very open, calm and friendly welcome for us when the front door is opened at Nicholas House" and "The staff were incredibly sensitive and caring in the last few weeks of her life. Really, we feel so much gratitude for the amazing staff."

There was a lack of good governance at the home. There was a lack of formal quality assurance processes in place. Records relating to people's care and treatment lacked details on how to minimise risks to them.

Environmental risks were not always assessed within the timescales recommended by national guidance.

The service did not ensure there was a robust recruitment process in place for new staff. New staff had started to work unsupervised without a full criminal record check by the Disclosure and Barring Service (DBS) being carried out. This placed people at risk of unsuitable staff supporting them.

People were cared for by staff who felt supported. However, records did not demonstrate staff were given appropriate opportunities to discuss their performance. We have made a recommendation about this in the report.

Staff were unsure if they had completed training in supporting people who required end of life care. We found there was mixed understanding from staff about what end of life care was. We have made a recommendation about this in the report.

We found the home to be light, clean and consideration had been given to the environment so people living with dementia were easily able to find their way around the home.

People were supported to receive their prescribed medicines on time.

People were supported by staff who demonstrated compassion and were kind. People's dignity and privacy was maintained.

People were supported to maintain important relationships with family and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to engage in meaningful activities both within the home and the local community. The home had forged links with local schools and other care homes.

Rating at last inspection:
The previous inspection was carried out on 9 June 2016 (Published on 7 July 2016). The service was rated Good at the time.

Why we inspected:
The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

We identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. Details of action we have asked the provider to take can be found at the end of this report.

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?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

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.

Nicholas House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had knowledge about the support of older adults within residential care settings.

Service and service type:
Nicholas House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

The service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out on the 12 February 2019.

What we did:
Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

Prior to the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We sought feedback from health and social care professionals who had worked with the service.

We spoke with 11 people living at Nicholas House who were receiving care and support and two relatives. We spoke with the registered manager, the general manager, deputy manager and eight staff. We reviewed four staff recruitment and training records. We looked at five care plan records and cross-referenced practice against the provider's own policies and procedures. While at the care home we spoke with one healthcare professional who visited the home regularly.

We observed people receiving their prescribed medicines and checked storage and stock of medicine. We made general observations of people and how staff supported them. We checked records relating to environmental safety within the home. Following the visit to the care home, we sought further feedback from relatives and staff.

Requires Improvement

Is the service safe?

Our findings

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

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:

- People were not always supported by staff who had been recruited safely.
- Recruitment files we reviewed were not compliant with the service's own recruitment procedure. For example, the recruitment policy stated, "All potential staff must provide at least 10 years employment history and explain any gaps. The management should check this information is correct and record any findings in the interview notes." We found this was not happening. One member of staff had a gap of four years and no explanation was sought or recorded.
- The service did not ensure new members of staff were suitable to work with adults at risk. Three of the four recruitment files we looked at showed a criminal history check from the Disclosure and Barring Service (DBS) was made after the new member of staff had started working at the service. This meant the service had not assured themselves staff had the right attributes to work with people.
- We discussed this with the general manager, registered manager and deputy manager. They told us new staff had been working alongside staff for at least two weeks. One member of staff had been employed for eight weeks before their DBS check was completed. We were not assured the member of staff worked alongside existing staff for this period of time. No risk assessment had been completed.

The lack of robust recruitment processes meant people were at risk of receiving poor care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us and we observed there was enough staff to support people. We noted when people requested support from staff by pressing their call bell, these were responded to quickly. Comments from people included, "I have a buzzer ... used twice ... came quickly," "help me ... very quickly" and "Staffing ratio is excellent."

Assessing risk, safety monitoring and management:

- The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for skin integrity and risk of falls. However, no information was available for staff on how to reduce the risks. We discussed this with the general manager and registered manager. We were provided with assurance this would be addressed.
- Environmental risks were not routinely assessed. For instance, a fire risk assessment was dated July 2016 with a recommended review date of July 2017. We found the risk assessment had not been reviewed. We discussed this with the general manager and registered manager who confirmed they had identified this and a visit had been arranged to review risks associated with fire.
- The local fire and rescue department had visited the service in June 2018, they had made four recommendations. One was to carry out fire drills. Records we looked at showed the last fire drill was

completed on 1 June 2017. We discussed this with staff, who confirmed fire drills were carried out. The registered manager also confirmed they carried out fire drills, but acknowledged they did not always record when these occurred.
●Risks associated with water and the potential growth of Legionella had not been assessed since 2013. When we asked to see a water risk assessment, initially none of the staff could find it. It was later found by the maintenance person. However, the registered manager was not aware of the content of the risk assessment. No staff who worked at the service had received any training in the management of water quality. We discussed this with the general manager and registered manager who confirmed training was available and staff would be booked to attend.
●The Health and Safety Executive (HSE) advises that fixed electrical wiring should be 'inspected and tested' by a competent person every five years, or based on a risk assessment. We found the last physical test had been carried out in October 2011, however, a visual check had been carried out in December 2016. We discussed this with the general manager and registered manager. They confirmed they were aware of the HSE guidance and had arranged for an inspection and test to be carried out.

The lack of up to date environmental risk assessment meant people were left open to the potential risk of fire and growth of Legionella. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Equipment used to support people to reposition was serviced to ensure it was safe to use.
●Each person had a personal emergency evacuation plan (PEEP) to guide staff on how they should be supported in an emergency.

Systems and processes to safeguard people from the risk of abuse:
●People told us they felt safe and secure. Comments from people included "If I don't know my way around they will help me" and "Yes, I feel safe here. That's why I came here."
●Relatives told us "We left her there knowing that she was safe and in a secure environment and no more incidents of her stranded on the bathroom floor" and "...In very safe hands."
●Staff were aware of how to safeguard from people from abuse. Staff had received training and were able to recognise signs of abuse.
●The registered manager made referrals to the local authority when safeguarding concerns had been raised.
●The registered manager was aware of the need to inform the Care Quality Commission of safeguarding concerns. We reviewed notifications the service had made. It was clear they knew how to respond to concerns to promote people's safety.

Using medicines safely:
●People told us they received support with their medicine. We found medicines were managed well within the home.
●Staff responsible for the administration of medicines had received appropriate training for medicines management. Records showed that 100% of the 17 members of staff responsible for administering medicine had completed this training in the past year. The deputy manager told us this training took place annually and we saw that it was delivered by an appropriate training body.
●There were also competencies in place for staff who administered medicines. We checked the training records of five staff at random and saw that these competencies had been completed. Staff told us they were required to complete the competencies annually and if they had a prolonged period of time from work.
●We were concerned that there were entries crossed out in the record book used for medicine which had the potential to be abused (Controlled Drugs log). For example, there were four entries crossed out relating

to stock of medicines in 2019. This meant that records were not accurate and concise. We did however check the controlled drugs and found that they were all accounted for. Our concerns were heightened since managers told us that the local pharmacy service had raised this same issue with them following a recent visit to check stock. We discussed this with the management team who acknowledged our concerns. The registered manager told us they had been waiting for additional guidance from the pharmacist prior to making changes to staff practice. The registered manager assured us they would contact the pharmacist.

●Medicines were administered four times a day. We observed medicines be administered and found this was done safely in line with the service's policy and procedure.

●We were shown the services, "Medication Policy" version one issued July 2017 and last reviewed July 2018. There was no date of next review on this policy. However, this policy did provide sufficient information to staff on how to safely manage medicines, including storage, administration, ordering and supply of medicines. The service held a record which showed that 27 members of staff members had read and understood this policy.

●Medicines were kept in a medicines room behind a locked door, with only authorised members of staff having access to the keys. The keys for this room were kept in a key safe with a key code in use.

●A local pharmacy service carried out annual medicine audits for the service. We checked the last audit report from 28 January 2019 and found that medicines management was safe. Where the audit had identified areas for improvement, we saw that the service had taken action as a result of this feedback. For example, the audit stated that the service needed to obtain a copy of the publication, "The Handling of Medicines in Social Care". We saw that this publication had been obtained and there was folder dedicated to this and accessible to staff in the medicines room.

●We randomly checked ten stock medicines and found that they were stored safely and were in date. We did however find two ointments that did not have the date in which they were opened on. We provided this feedback to the service to take action.

●Each person had a Medicines Administration (MAR) chart which covered a period of 28 days. A local pharmacy provided the MAR charts and prescriptions were written by doctors from the attached GP surgery. Staff told us that prior to a new MAR chart being used, a senior manager from Nicholas House checked the MAR chart was accurate to ensure an additional safety check was in place.

●We checked five resident's MAR charts at random and found that medication had been administered as prescribed and that charts were fully completed where required.

Preventing and controlling infection:

●People and their relatives told us the home was kept to a high standard of cleanliness. Comments included, "The home is absolutely spotlessly clean" and "At all times were impressed by the cleanliness of the establishment."

●Staff told us they had completed training for the prevention and control of infection.

●The service employed five part-time and one whole time equivalent (WTE) housekeepers. There were an additional two members of staff dedicated to the laundry service.

●A manager told us that each weekday one person's room gets a, "deep clean" and every day all resident's rooms and areas are cleaned. They also told us that cleaning diaries were kept by housekeeping staff to show what they had cleaned and when, and this regularly reviewed by a manager.

●There was a sufficient amount of personal, protective equipment (PPE) available to staff including gloves and apron. We saw staff using PPE appropriately.

●The registered manager confirmed that no audits were carried out for the prevention and control of infection. We discussed this with the general manger, who confirmed with us after the inspection a new programme of audits would be implemented.

●There were agreed isolation procedures in place if a resident became unwell with an infection that may put other residents at risk. For example, diarrhoea and vomiting. Staff told us that people would have a stool

sample taken in this case and if the result came back positive and therefore indicating an infection then the person would be cared for in their rooms until a clear result was obtained.

●The management of waste was suitable. Different coloured bags were used for different laundry. For example, if laundry had become contaminated with bodily fluid then a red laundry would be used which dissolved in the wash.

●We saw clinical waste bins throughout the service.

●There was a commode cleaning procedure in place which staff knew and this was displayed in sluices.

●There was a sluice on each floor of the service containing commodes, hand cleaning facilities, PPE and information about the prevention and control of infection.

●We reviewed the service's "Infection Control Policy" version one which was issued May 2017 and last reviewed in July 2018. There was no date of next review. This policy also did not reference up-to-date evidence based practice such as that published by The National Institute of Health and Clinical Excellence (NICE). We discussed this with the registered manager and general manager who acknowledged policies were required to be updated.

●Staff told us that they did not carry out dressing changes for people with wounds such as leg ulcers. This was done by the district nursing team.

●We checked two bathrooms and found that these were clean, well-organised with sufficient PPE and hand washing facilities. In one bathroom we also saw a bath and ceiling to floor hoist.

Learning lessons when things go wrong:

●Incidents and accidents were recorded. Staff understood the need to report safety concerns to the registered manager.

●The registered manager looked at incidents and accidents to identify any trends.

●The service received national safety alerts and the provider communicated any change in legislation to the service so they could keep up to date with best practice.

●The provider produced a newsletter which communicated learning from across the provider's locations.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
●People had their needs assessed prior to moving into the service. This ensured the service could meet their needs. However, the detail on the forms was lacking. The service had acknowledged this and a new assessment form was being introduced. The registered manager was confident this would generate a more in-depth pre-admission assessment.
●People and their relatives were asked to complete a medical questionnaire prior to moving into the home. This was to ensure staff were aware of any medical concerns a person had.
●People's past life histories, social life and preferences were recorded in some people's care documentation. We advised the registered manager of our findings and the need to include this in everyone's file.

●Staff support: induction, training, skills and experience:
●People were supported by staff who had received induction support and training the provider deemed mandatory. Staff were supported to update their skills and complete refresher training when required.
●We spoke with two members of staff who had joined the service in the past year. Both confirmed they had completed an induction programme including opportunity to shadow staff initially. However, records relating to what support staff had received was lacking.
●Three of the four staff files we looked at had no evidence of one to one meetings with a line manager. The registered manager acknowledged in their provider information return (PIR) supervision meetings with staff were required. The registered manager confirmed with us on the inspection supervision meetings were not carried out in line with the provider's policy. We observed the registered manager and deputy manager had a calendar program planned for one to one meetings with staff for the current year. Staff we spoke with were aware of when they were due to meet with their line manager.
●Staff told us they felt supported by the management team. We observed the deputy manager and registered manager were approachable and available for staff to seek support from them at any time.
●The service had a new administrator in post. Their role was to support the registered manager in managing staff training and support for staff. The general manager was confident records relating to staff support would improve with input from the administrator.
●We recommend the provider seeks advice from a reputable source regarding the effective support for staff and ensure records are accurately maintained.

Supporting people to eat and drink enough to maintain a balanced diet:
●People were supported to maintain their nutritional and hydration needs. Comments from people included "Food is good," If the porridge is hot I eat it" and "Very good."

●There was a dedicated catering team for the service. There was one cook and three kitchen assistants in post. At the time of our inspection the head cook position was vacant and interviews were being carried out.
●We saw kitchen staff wearing a uniform and wearing their hair in nets. All staff serving food wore aprons.
●Food was homemade onsite. We checked the menu for the month of January 2019 and saw that a healthy balanced diet was provided each day with a range of alternatives available.
●There was a cabinet in the dining room which had a constant supply of fruit, biscuits, crisps, juice and water for people and was available 24 hours a day, seven days a week.
●In the dining room there was a notice board stating the menu for the day. We saw that there were multiple meals to choose from if people did not like the food on the menu. One person did not like cottage pie so had chicken instead. Staff also told us that sandwiches, salads and jacket potatoes were always quickly available if requested.
●There was a comments book in the dining room whereby people gave feedback about their food. We checked the feedback from 01 January 2019 to the date of our inspection and found that there were numerous entries and all reflected positive feedback. For example, on 04 January 2019 three people had commented, "Lunch was really lovely, very impressed and lovely pudding thank you chef."
●We saw staff eating their lunch with people which facilitated conversation and allowed the identified support with eating to be provided.
●Regular beverage rounds took place throughout the day where people were offered a variety of cold and hot drinks.
●We checked the records of three people and found that there was regular and suitable information written about people's diet and fluid intake.
●Staff told us that if a person was poorly or there were concerns with fluid and food intake, a food and fluid chart would be put in the person's records and completed each mealtime.

Staff working with other agencies to provide consistent, effective, timely care:
●Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
●Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs.
●Staff had handover meetings between each shift to ensure important information was shared about people.
●The service worked closely with the local pharmacist who provided feedback, "The Pharmacy is always informed of medication changes and care workers are very helpful in communicating the urgency of the medication. Medication management in care homes is a 24 hour, seven day a week process and the efforts of [Name of staff] and all the team at the care home give must be commended."

Supporting people to live healthier lives, access healthcare services and support:
●People were supported to maintain their health and well-being. Comments from people included "See doctor, now and again," "If very bad call the doctor. Doctor comes once a week" and "The optician comes here. I have my ears syringed, the nurse does it every six months. I have hearing tests every year."
●We spoke with a visiting healthcare professional. They told us the service responded quickly to changes in people's health. They commented "Nice, clean place" and "Staff are friendly always and patients really well looked after here."
●We noted people were referred to external healthcare professional when required. For instance, one person was struggling with swallowing and they had been referred to the speech and language therapist (SALT).

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

●The premises were bright, clean and pleasant.
●Consideration had been given to the needs of people living with dementia. Rooms had signage to assist people and visitors to help locate rooms such as toilets, kitchen, and offices.
●The registered manager told us a new door had been fitted to the ground floor of the home to enable people to easily access the garden area. Relatives told us they enjoyed using the garden in the summer months. One relative commented "We all enjoyed sitting in the well-maintained garden with this view." Another relative told us "The management also continuously improve the home by investing in new furniture, curtains etc."

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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
●Staff demonstrated they understood the MCA and DoLS.
●Throughout our inspection we saw that resident's consent was always gained. One member of staff told us, "Everything is the resident's choice from what they want to drink and washing, we just help them with what they want."
●One person had a DoLS in place, which we saw had been applied for and put in place legally with a fully completed mental capacity assessment preceding the application. However, in another set of people's healthcare records, we saw that a different mental capacity assessment had been used and that this had not been completed. Mental capacity assessments completed did not routinely relate to a specific decision. We raised this concern to managers, who confirmed additional support would be provided to staff to ensure the code of practice for the MCA was followed in full.

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

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

Ensuring people are well treated and supported; equality and diversity:
●Throughout the inspection we observed, kind, considerate and professional interactions between staff and people.
●People and their relatives told us Nicholas House was a home. Comments included "The management and staff were exceptional, caring, professional and always with a smile on their faces," The care and good humour of all the staff. We were always treated as 'family' and welcomed with open arms" and "We visit frequently and there is always a very open, calm and friendly welcome for us when the front door is opened at Nicholas House."
●Comments from people included, "I can't fault them, on the ball, very aware," "I wouldn't like to move anywhere else" and "I regard them all [Staff] as friends."
●One person visited the home on a daily basis as a trial before moving into the home. When they arrived in the morning we observed staff greeted them warmly and supported them to settle into the longue. We overheard staff asking the person where they would like to sit and did they want a cup of tea.
●The staff team were culturally diverse and aware of situations which had the potential to discriminate against people.

●Supporting people to express their views and be involved in making decisions about their care:
●People were encouraged to be involved in decisions about their care.
●The activity co-ordinator spent time with people to seek their views of the service provided. We noted the feedback was written up and shared with senior management team.
●Family members were encouraged to take part in decisions about their relative's care. One family were visiting on the day of the inspection. They told us "We want to finalise the care plan today."

Respecting and promoting people's privacy, dignity and independence:
●People were routinely treated with dignity and respect. A relative told us their family member was "Very well looked after and treated with dignity."
●People told us their privacy was protected. We observed doors were kept shut when people were supported.
●People were encouraged to be as independent as they could be. A relative told us "She moved from a lovely upstairs room looking out over the fields to the ground floor. This was to enable her last year to continue her independence and still walk from her room to the lounge and conservatory."
●Staff responded quickly when supporting people.
●Relatives told us their family member was happy at the care home. Comments included "From the time she arrived she was well cared for, with the onset of dementia she needed specialist care which she received

at all times" and "In the good weather the garden is a lovely environment and we have spent many happy hours with [Name of person] and the other residents enjoying quality time together."

●People were supported to adjust to living in a care home. A relative told us "We followed the well thought out plan and on arrival the thoughtful staff were waiting for us and helped [Name of person] feel at home and she settled in very well. She was treated with great kindness, humour, reassurances and put her needs first. She was introduced to other residents who were also [From the north of England] and this gave her a talking point straight away."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

●People were supported to engage in meaningful activities within the home and the local area. The home was supported by a team of activity coordinators. They arranged a wide range of events including Zumba, Pilates, visiting zoo, carpet bowls and boccia [A ball game similar to boules].

●We were shown photos from the past six months from the various outings residents participated in. These included regular visits to the seaside, weekly visits to another residential home, out for coffee and to a pantomime.

●The service had it's own minibus which four members of staff were authorised to drive. Staff told us there was at least one outing per week where the mini-bus got used and residents were taken out for the day.

●The home had forged links with a local school and child nursery. We received positive feedback from people about when the children visited the home.

●We heard music playing in the lounge area and a member of staff asking people whether they liked the music or not, or wanted to change it.

●One person was completing a puzzle when the kitchen team needed to clear the dining area for lunch. We saw that the dining room was rearranged to allow the person to continue doing their puzzle.

●Some people enjoyed eating their lunch in their bedroom and were delivered their lunch to their room rather than eating in the dining room. We saw that meals were covered when being walked through the service.

●All people who lived at the care home had a call bell system in their bedrooms which contained large, easy read buttons with a bright orange pulley. There were also call bells in all toilets and in corridors. Call bells connected to an electronic central system which showed where the call was coming from. We saw that staff responded promptly to call bells.

●Red coloured meal plates were used for people with visual impairments.

●There was a "Special requirements" board in the kitchen which listed people's names and their eating preferences including what they don't like. Kitchen staff were familiar with these preferences when asked.

●There were notices throughout the service asking staff if they wanted to become a, "Dementia friend" and provided dates and times for information and training sessions in February and March 2019 to support this role.

●We checked three peoples' rooms and found that these were clear, well organised and contained resident's personalised items.

●There were printed, laminated images outside peoples' bedrooms to assist in recognition of their rooms. However, staff told us that the majority of the images were not chosen by the resident nor did it reflect their likes.

●Information was available for staff about when people like to be bathed and what support they required. Staff were familiar with individual's bathing and washing requests.

●We checked the records of two people and found that on their "activities of daily living" sheets that the box for religion and spiritually was not completed in both cases. There was also no mention of religion or spirituality throughout their records.
●In one person's record we found that they had a history of "dementia" however the type of dementia the person lived with and their symptoms had not been recorded. We discussed this with the registered manager. They and the staff were able to provide us with information about people's medical conditions and their personal preferences. The registered manager agreed records required improvement to ensure they reflected people's preferences.
●People were supported to practise their chosen religion. A holy communion session took place in the home.
●The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:
●There was a "Complaints Policy and Procedure" in place version one issued July 2017 which was last reviewed in July 2018. There was no date indicated for a next review, however, a manager confirmed that there should be a next review date stated and that all policies and procedures should be reviewed annually.
●The complaints policy said that all complaints were to be acknowledged to in three to five working days and investigated by the manager and responded to in 28 days.
●There was a complaints log kept which managers had access to. We checked the complaints records from August 2017 to February 2019 and saw there had been no complaints made about the service.
●There was evidence that the service used comments and complaints to improve the service provision. We checked historic complaints which showed this and more recently, a manager told us that relatives were not happy with the quality of food being provided following a new cook being appointed. We saw that the service took appropriate action and that the menu had changed and the cook replaced.
●Staff we spoke with demonstrated they would handle a complaint effectively in line with the service policy and procedure.
●There were notices in the foyer of the building displaying information for residents and visitors about how to make a complaint. This included information about the Parliamentary Health Service Ombudsmen (PHSO) and raising concerns to CQC.

End of life care and support:
●Managers told us that people already in receipt of end of life care plans were not admitted to the service, however, should a resident already living at Nicolas House become in need of end of life care then they would continue being cared for at the home.
●Staff told us that they had not received training in end of life care.
●There were no formal end of life care plans available to ensure that end of life care was considered holistically.
●We asked two managers whether there had been a person in receipt of end of life care in the past 12 months and they told us there had not. However, when we spoke with staff after they told us how a person had passed away recently, who was known to be dying. Therefore, staff inconsistently understood end of life care.
●Staff told us that the district nursing and GP service locally provided people who needed end of life care with additional care at the home. This included the supply and administration of pain relief.
●There was a folder available to staff to support end of life care. However, we found that this information was limited and not up-to-date.

●We recommend the service seeks advice and guidance for staff about supporting people with end of life care needs.

●Relatives of people who had lived at the home told us "Both my wife and myself felt we were very fortunate that [Name of person] spent her last six months, happy, safe, and comfortable in Nicholas House" and "The staff were incredibly sensitive and caring in the last few weeks of her life. Really we feel so much gratitude for the amazing staff."

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a registered manager in post.
- People were not always supported by a service that had effective quality management systems in place to drive improvement.
- The provider had a number of policies in place. However, we found some had not been reviewed to reflect current best practice. Policies made reference to the old standards CQC inspected against. Policies did not have a review date on them.
- We found the provider failed to follow their own policies in relation to recruitment, and staff support.
- Risk assessments relating to environmental safety were required to be in place to mitigate risks to people.
- The management of records required improvement. Care records were poorly maintained and lacked detail. For instance, risk assessments had been completed which showed people were at high risk of avoidable harm, however, no additional information was available on how staff should reduce the risk.
- There was a lack of quality audits carried out. There were not sufficient formal processes in place to assess, monitor and improve the quality and safety of the service.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The general manager informed us they had forged links with another Abbeyfield home who had developed a handbook for staff. The handbook included up to date policies for staff to follow. The general manager had started to devise their own handbook for Nicholas House. The general manager had worked with the registered manager to form a strategic plan. The provider shared an update on the strategic plan with people and their relatives. The registered manager and general manager met on a regular basis to review the strategic plan and review the associated action plan.
- The general manager provided us with an update on their future plans for quality assurance. This included support from the Abbeyfield Society quality assurance team and set templates for audits to be carried out to drive improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were supported by a team of staff who told us management were supportive. Staff described they worked in an environment with a positive culture. They told us that they felt well supported and valued and

that managers were visible and approachable. We saw managers make regular visits into the lounge and dining room.
●Staff told us they felt able to raise concerns freely with the management team. Staff told us concerns would be listened to and appropriate action be taken by managers. One member of staff gave us an example of where they had raised a concern about a patient's reduced swallowing ability. Subsequent to the concern being raised, the resident had been referred to the GP and was since under the care of a speech and language therapy (SALT) service.
●The registered manager had attended a leadership in healthcare course and had recently completed 'My Home Life' training (A course designed to help registered manager develop teamwork).
●Throughout our feedback about our findings we found the general manager and registered manager receptive to our discussions with them.
●Comments from people included "[Name of registered manager] and [Name of deputy manager], their door is always open."
●Relatives told us the service was well-led and comments included "The residents enjoy the individual attention which is tailored to their needs and creates a good family atmosphere for the residents, the staff and visitors," "Nicholas House is a first-class residential home and I would highly recommend it'' and "We are given good updates since our last visit and if there any concerns or issues the staff will make a timely telephone call."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
●The provider and registered manager held regular staff meetings.
●A newsletter was sent around to people, it encouraged people to provide feedback to the general manager and registered manager and gave details on how they could be contacted.
●The registered manager had an 'open door' policy. Throughout the inspection we observed people, family members and visitors talking to the registered manager.
Continuous learning and improving care:
●The provider and registered manager demonstrated a commitment for continuous learning and how they could improve people's quality of life.
●The registered manager attended care home networking meetings held in both Buckinghamshire and Berkshire.
●The service had been invited to the Abbeyfield Society annual conference which was due to be held later in the year.
●The service was part of a voluntary organisation forum which highlighted services available to people in the community.

Working in partnership with others:
●The provider and registered manager worked with the local health and social care teams.
●The home invited school and nursery children to the home to spend time with people.
●People who lived at the home had the opportunity to visit other care homes. People had visited a care home twice to play boccia [A ball game similar to boules].
●The home worked with a local GP and pharmacist to support people with their medical needs.
●The home had links with a local school who offered staff an opportunity to develop their written and spoken English if it was not their first language.

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 12 HSCA RA Regulations 2014 Safe care and treatment The service did not always assess and mitigate risks associated with the environment in line with national guidance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not ensure it had appropriate methods in place to adequately assess, monitor and improve the quality and safety of service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not ensure criminal record checks were carried out with new staff prior to they worked alone with people.