Nellsar Limited

Hengist Field Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 20, 23 and 24 July and was unannounced.

Hengist Field Care Centre is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hengist Field Care Centre is registered to provide accommodation and personal care for a maximum of 75 people. The home specialises in providing care to older people, people who are frail and some people living with dementia. At the time of our inspection there were 65 people living in the service. Hengist Field Care Centre is arranged over two floors.

There was an acting manager at the service who was waiting to be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The management of the service had recently changed. The previous registered manager had left and a new acting manager had been recruited. The management structure of the service was that the acting manager was overseen and supervised by the operations director. There were three units in the service and each had a manager. The staff team included nurses, care workers, wellbeing staff, activities co-ordinators, administrators, receptionist, a chef, kitchen assistants and housekeeping staff.

People's nutrition and hydration needs were not always being met. Staff were not always following guidance from other health professionals. Staff were not always maintaining accurate, complete and contemporaneous record in respect of each person. Governance systems were not always effective in ensuring shortfalls in service delivery were identified and rectified

People were protected from abuse from staff who knew how to identify and report it. Risks to the environment and people were assessed. Assessments gave staff guidance on how to minimise the risks. There were enough staff to meet the needs of people in the service. People received their medicines when they needed them from staff who had been trained and had their competency checked. People were protected by the prevention and control of infection. The acting manager took steps to ensure lessons were learned when things went wrong.

People's needs were assessed and their care was delivered in line with current legislation. Staff received training and had the skills and experience to meet people's needs. Staff were recruited safely. People said they enjoyed the meals provided. Staff worked together across organisations to help deliver effective care and support. Staff knew how to seek consent from people before providing them with care. They were knowledgeable about the Mental Capacity Act and followed it in practice. People's needs were met by the design and adaptation of the service.

People were treated with kindness, respect and compassion. Staff took time to listen to people, and knew

them well. People were supported to express their views and were involved in making decisions about their care and support. Staff would refer to external lay advocates if the person needed further support. People's privacy, dignity and independence was respected and promoted.

People's care was provided in a personalised way. People were supported to follow their interests and took part in daily activities in the service. People said they were confident to raise complaints with managers and said they thought they would be taken seriously. People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff worked well with other health professionals at this time.

The acting manager did not always have an oversight of the daily culture in the service, including the attitudes, values, performance and behaviour of staff. Management encouraged transparency and honesty within the service. People, their families and staff were encouraged to be engaged and involved with the service. There were strong and growing links with the local community.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to protect people from abuse.

Risks to people and the environment were assessed, and steps taken to mitigate against them.

There were enough staff to meet people's needs.

Medicines were being managed safely.

People were protected from the prevention and control of infection.

Accidents and incidents were reported by staff in line with the registered provider's policy.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutrition and hydration needs were not always being met.

People's needs were assessed in line with current legislation.

Staff had received the training and had the skills to meet people's needs.

Staff worked across organisations to help deliver effective care, support and treatment.

People's needs were met by the design and adaptation of the premises.

Staff were knowledgeable about the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect.

People were supported to express their views and told us they were actively involved in making decisions about their care.

People's privacy, dignity and independence were promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's care was provided in a personalised way.

People were supported to take part in activities that interested them.

People were encouraged to maintain relationships with people who mattered to them.

People told us they were confident to raise complaints about the care and support they received.

People were supported at the end of their life to have a pain-free death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Complete and accurate records were not being kept for each person living at the service.

Governance systems were not always effective in ensuring shortfalls in service delivery were identified and rectified.

The acting manager had notified CQC of all significant events.

People, their families and staff were encouraged to be engaged and involved with the service.

There were strong links with the local community.

Hengist Field Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 20, 23 and 24 July 2018 and was unannounced. The inspection team consisted of two inspectors, a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of or caring for someone who uses this type of service.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The safeguarding team from the local authority advised us of some concerns which we followed up at the inspection.

We spoke to four people using the service and six relatives. We also spoke with six care staff, the acting manager, the operations director, the learning and development manager, the nutritional therapist, the quality and compliance manager, the activities coordinator manager, the recreation and well-being manager and the chef.

We looked at care records for seven people receiving a service. We also looked at records that related to how the service was managed including training, staffing and some quality assurance records. We asked the acting manager to send us other quality assurance records after the inspection, and they sent these to us.

In addition, 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 speak with us.

Good

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. One person told us, "Yes I feel very safe, always someone around about." Another said, "When I had the buzzer in the bed I didn't feel safe as I was anxious it could fall off the bed. Now I have got the pendant I know I can press for help." A relative said, "Mum is safe here, I have access to her records so able to see what care she is having. I have good interactions with permanent staff and get told about any issues." Another said, "Mum feels safe with the sides of the bed up. I feel comfortable with the way the staff treat her."

At our last inspection on 9 May 2017 we found that the registered provider had not ensured there were sufficient staffing levels to answer people's call bells in a reasonable time frame. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found there were enough staff available to meet the needs of the people in the service. The acting manager used a dependency tool to calculate the number of staff required based upon the needs of those using the service. Since our last inspection they had carried out a review of staffing levels in each unit of the home, and increased the numbers working on both the day and night shifts. We looked at the staff rota and saw the number of staff planned to be working were on shift. We observed staff responding to people quickly when they needed support. We reviewed records that showed the amount of time it took staff to respond when people used their call bell, and we saw the bells were answered almost always within five minutes and often much sooner. Although one person using the service told us they had to wait a longer period one night when there was an emergency within the unit, people and their relatives told us they thought there were enough staff on shift. One person said, "Enough staff for me." A relative told us, "From what I have seen I think there is enough staff. They are always popping in to see how mum is."

Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. References were sought and checked. Staff completed Disclosure and Baring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. New staff shadowed those with more experience until they felt comfortable to work alone. Records showed that staff had been trained in safety systems, including how to use fire equipment and the procedures of how to evacuate the building in the event of an emergency. One fire drill identified some staff who were not aware of how to operate equipment which supported people to get down flights of stairs. Records showed these staff had attended additional training, and when we spoke to staff they told us they felt confident with using all the equipment within the service. When agency staff were required, the acting manager received a profile of each potential staff member, which showed the necessary checks had been carried out to ensure they were of a suitable character to carry out their role.

People were protected from abuse. Staff had recently received training to help them identify different types of abuse. One member of staff told us, "Abuse is about treating someone how you wouldn't want to be treated yourself, how you wouldn't want your mum or grandma to be treated." Another told us, "Some people here wouldn't be able to defend themselves. Keeping people safe is something I'm really passionate

about." Staff could tell us the procedures of reporting any concerns. One staff member said, "If I saw anything I would report it straight away. The manager would take it seriously, I know." When concerns were raised they were handled by the acting manager, who referred to the local safeguarding team in line with their policy. Records showed the acting manager had worked in a transparent way when the safeguarding team needed to investigate any concerns.

Risks to people were assessed and staff acted to reduce the risk of harm to help people keep safe. Risk of falls were identified in people's pre-admission assessment and tracked through to their care plan to make sure staff knew what support was needed. People had mobility care plans, which were reviewed monthly. These identified mobility issues and equipment needed, such as hoists and slings, to safely move the person. People had moving and handling assessments in place. One person's assessment identified how their dementia impacted on their ability to understand risk, and that they needed to be transferred using a full hoist. It described the number of staff and equipment needed, and the risk assessment identified measures to reduce any risk with using the equipment, such as to check the sling before starting to move the person. Each person had a personal emergency evacuation plan (PEEP) which provided guidance to staff on the support they required in should the building needed to be evacuated in the event of a fire. These plans took into account the persons physical capability, their dependency level and how they were to be escorted from the building. One plan highlighted a risk around possible aggression to staff, and recommended staff used a particular piece of equipment to help the person down the stairs and exit the building if there was an emergency.

The registered provider made sure the environment was safe for people. The maintenance team carried out a weekly walk through of the service. When repairs were required, such as to a cracked electrical socket, staff confirmed these were carried out quickly. There were up-to-date maintenance certificates for moving and handling equipment such as hoists and communal baths. A recent legionella risk assessment audit identified no risks at the service. Gas safety certificates showed appropriate checks were being made. Fire alarms and equipment were tested regularly, and escape routes were checked to make sure they were free from obstructions.

People received their medicines safely. One person told us, "The nurse always gives me my medicine on a spoon. They make sure I have my bottle of water so I can have a drink to help them down." People had their ability to manage their own medicines assessed when they moved into the service. Those who needed help were supported by qualified nurses. We saw the nurses explaining to people what the medicines were and asking if they were ready to take them. When one person refused, the nurse asked if they could come back later. The person agreed, and we saw the nurse giving them their medicine a short while later. A relative of another person said, "Sometimes she refuses to take her medication. They don't force her, it gets recorded in her folder. When I come in they ask me to try and see if she will take the medicine from me." When people needed 'as and when' medicines such as pain killers, guidance was provided to staff on the dose and when reviews should take place. Staff used an assessment tool to assist them when determining pain in people who were unable to clearly articulate if they were in pain, such as those with dementia. We saw staff following guidance from other health professionals by thickening medicine when people had been assessed as having difficulty swallowing. When people needed to use patches, staff recorded the date and site of application and checked regularly to make sure the patch remained in place.

Medicines were ordered, stored and disposed of safely. Medicines were ordered every four weeks and checked into the service by two members of staff to make sure people had access to the right medicine. Most were kept secure in locked cupboards in each person's room. Some other medicine needed to be stored at a certain temperature, so staff made sure that room and fridge temperatures were monitored daily. Medicines were disposed of in special bins and labels were removed before disposal. Nurses told us

this was so people's identity was protected.

People were protected by the prevention and control of infection. The service had a policy in place and staff followed Department of Health guidelines and helped minimise risk from infection. The service had an infection control champion, whose role was to make sure staff followed the guidelines and policies. They told us, "For example, if someone has loose stools I will advise staff be more aware of handwashing, wearing gloves and aprons and making sure they're changed between each room." Staff said they had access to plenty of protective equipment like disposable gloves, and people confirmed they saw staff using them, with one relative saying, "There is a box of disposable gloves kept in his room which staff put on when they are providing care." People said the environment was well kept. One person said, "The cleaners keep the home clean and tidy. If anything gets spilled its clean up straight away." A relative told us, "The home is very clean, well maintained. Quality of cleaning is excellent. Cleaning staff are here 7 days a week keeping the home clean."

Incidents, accidents and near misses were reported by staff in line with the provider's policy, and the acting manager took steps to ensure that lessons were learned when things went wrong. One staff member said, "If there is an incident, we record it on a form, and hand that to the nurse. Incidents are always investigated." The acting manager reviewed all of the incident reports on a monthly basis, and discussed them in monthly quality meetings with the Operations Director. When trends and patterns were identified action was taken to keep people safe. For example, when one person was seen to have had a number of falls in a period of two months, records showed staff had arranged for the GP to visit, for the persons footwear to be changed and a referral being made to a local falls prevention service.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us their needs were being met by staff who were skilled in carrying out their roles. One person said, "Staff are well trained. I don't get mollycoddled unnecessarily. I feel confident in their ability when they are moving me in the hoist. Staff tell me what to do to help them." Another said, "The food is brilliant. We get a lot of fish. The menu is changing to give more variety. We now have a BBQ once a month. My family are able to join me in any of my meals. Today my son has had breakfast with me, and my wife is joining me for lunch." A relative told us, "Dad has been getting chest infections, and the doctor always called straight away. Staff always let us know if there are any issues when we come in to see him daily."

At our last inspection on 9 May 2017 we found that the registered provider had not ensured people's nutrition and hydration needs were being met. This was because people who needed support to eat were not always getting that support. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found that although many improvements had been made and most people's nutrition and hydration needs were being met, some issues remained. The local authority had reviewed all people living at the service and fed back to us prior to the inspection that fluid charts were not always being tallied at the end of the day. In one of the records we reviewed, we saw action should be taken by staff if the person did not drink more than 1100ml of fluid over a 24-hour period. We saw in four days prior to the inspection the amount of liquid was being recorded at the point at which it was given, but was not being totalled to show how much had been drunk that day. We also saw that the records were checked on only one of four days. We added up the amount of liquid recorded, and noted that on three of the four days the person had drunk less than the recommended amount. This had not been identified by staff and no action had been taken as recommended in the person's care plan.

Another person had been assessed by their GP as needing their food fortified because they were at risk of malnutrition. Staff were to fortify his mashed potato with cheese at lunchtime. We saw that during lunch the person was offered the same mashed potato as other people. When we spoke to the chef they told us they were not aware the person should have been receiving mashed potato fortified with cheese, and confirmed they had not served it. They said information was usually shared via handover and they had no written record of the individual's dietary requirements. We spoke to the acting manager, who agreed to review all information that should be accessible to kitchen staff. When we returned to the service on the second day of the inspection the chef confirmed they now had access to accurate information on dietary needs of all people needing support.

The failure to ensure people's nutrition and hydration needs are met is a continuing breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Feedback we received from people and their relatives about the choice and quality of food was positive. One person said, "The food is very good. Lovely breakfast and there's a choice of cooked breakfast or cereals. It's fish and chips today, if there is anything wrong and you don't fancy it they will change it to whatever you

want. If you are hungry all you have to do is ask, there are cakes, biscuits and bananas always available." A relative told us, "He happened to mention that they didn't offer tapioca as a pudding. Next day tapioca was on the menu."

The registered provider had employed a nutritional therapist, whose role was to look at the dining and nutrition experiences of people to help provide a more involved dining experience for people. This included looking at the environment of the dining rooms, how kitchen staff could be more inventive with how they fortify food and how equipment could enhance people's experience and help them remain independent. One relative said, "He has been finding it difficult to hold his knife and fork in his hands and has now been given thicker handled utensils which means he can still feed himself." The nutritionist also looked at how staff interacted with people during mealtimes, and looked at making sure they had time to support people. People were positive about the recent changes, with one relative telling us, "Staff don't rush her. When she is refusing to eat they will tempt her by touching her lips with the spoon and she will open her mouth and have some food."

People had their needs assessed prior to moving into the service. One person told us, "Staff came to me and talked about my needs and requirements before I came here. It was very comprehensive. The first day I came the staff completed a list of my likes and dislikes." The assessments considered people's physical and emotional needs, such as the support they needed with communication. Their protected characteristics under the Equalities Act 2010, such as their disabilities and religious or cultural needs were also taken into consideration. The assessments also took into account national evidence-based guidance when assessing peoples risk of malnutrition or pressure areas. Care was delivered taking people's preferences into account, such as if they wanted to be supported by a male or female member of staff.

Staff had the skills and experience to provide effective care and treatment. New members of staff were supported by an in-depth induction into the service, and the expectations of the registered provider. Those who didn't have a background in care were trained towards the Care Certificate as part of their induction. This is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. We spoke to the learning and development manager, who told us they also support staff through a nationally recognised apprenticeship scheme. Existing staff members were offered a wide range of training to help them meet the needs of those using the service, including diplomas. Recent courses included equality and diversity, safeguarding, choking prevention and resuscitation awareness and basic life support. People and their relatives told us they thought staff were well trained, with a relative telling us, "I think they get quite a lot of in the job training and manual handling training."

When specialist training was required, this was provided. For example, when one person could no longer take food or fluids into their mouth, staff needed to support them with specialist equipment. These staff were trained by specialist nurses and told us they felt confident to carry out their role. When agency staff were needed, the acting manager sourced them from one trusted organisation. They also received an induction into the home before starting to support people.

People were supported effectively when they moved into or out of the service. One person was moving in on the first day of our inspection. Following the pre-admission assessment there had been a detailed summary of the person's needs circulated to each department. For example, the kitchen were informed of a medical condition controlled by diet and the need to fortify their food with additional calories. The maintenance team were told of, and prepared, a bed with bed rails in place and an air flow mattress with specific settings. On admission to the service people were registered with the local GP to ensure they had effective healthcare support. Staff made sure other health professionals had access to accurate information about people's health conditions, support needs and allergies if they were attending hospital appointments.

People were supported to have timely access to healthcare services. Nurses and other staff members made referrals when needed. One person's care records indicated they had received 31 visits from health professionals over the previous 12 months, such as the podiatrist, optician, community mental health team. The acting manager told us they had a contract with the local GP surgery, whereby the GP would visit at least twice per week to see people who needed healthcare support. The GP would also visit more often when required. People told us they had easy access to other professionals, with one saying, "If you want to see an optician or chiropodist all you have to do is ask the staff to arrange a visit. The staff are very good at making the arrangement."

People's needs were met by the design, adaptation and decoration of the premises. The service was set over two floors, both of which were brightly lit and had wide corridors. People were able to decorate their room when they moved in. Staff told us that if people brought in their own electrical items, they were checked by the maintenance team to ensure they were safe. One person said, "I have a lovely big room with ensuite bathroom. When my husband died I had photographs of us together displayed on the walls." The rooms we saw were spacious, well decorated and clean and tidy. There were communal areas for people and their relatives to have private conversations. Signage was in picture format to help people with dementia navigate the building. We saw a large communal garden being enjoyed by people.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff to be knowledgeable about the MCA. Where people had a lasting power of attorney (LPA) these were complied with. An LPA is a legal document which names an attorney who can make decisions on another person's behalf. Where people were not able to make their own decisions about their care or treatment, and there was no LPA in place, staff supported people to make decisions taking into account legislation. We saw mental capacity assessments on people's records, and decisions were made in people's best interests taking into account input from family members, friends and professionals involved in the persons care. Some decisions that were made were not decision specific. The acting manager told us they had taken advice from the local authority, and were in the process of changing their processes for completing the assessments. We spoke to the local authority, who confirmed this was the case.

Good

Is the service caring?

Our findings

People and their relatives told us they found staff caring and treated them with kindness. One person told us, "They always say 'I'm going to wash you, is it alright?'. When they move me in the hoist they talk me through what they are going to do first and what they would like me to do before they start moving me. And they definitely respect your privacy." A relative said, "I can see the way they are with mum. The staff are respectful. When I am visiting I hear staff show compassion and respect when they talk to any resident." Another said, "It was a hard decision to put my husband in here, but I could no longer manage. He is getting excellent care so I am happy. When I go home I can sleep without any worries about his care."

People and their relatives told us that staff treated them with respect. We saw staff taking time to lean forward and listen to people, and they encouraged people to chat. When staff were speaking to people they would touch their arm or shoulder or hold their hands. On one occasion we observed whilst a staff member was supporting one resident in bed to eat, the person kept saying 'foot'. The staff member asked 'Shall I have a look? 'and after the person agreed the staff member checked and immediately slackened off the sheet. The person then indicated they were more comfortable.

Staff showed concern for people's wellbeing. During an activity session we observed one person starting to cry and asking why nobody visited her. The staff member sat down beside her, stroked her face and held her hand while they talked about the person's home and family. As soon as the person was happier the staff member asked her to choose the music to play. Relatives we spoke with confirmed staff showed compassion and empathy to the people they supported. One relative said, "When mum gets upset and starts crying, staff will sit down in front of her and chat. The staff hold her hands and try to communicate with her and look for any triggers to try alleviate her."

People were supported to express their views and be actively involved in making decisions about their care and support. Most people had family members and friends to support them at the reviews of their care. However, if they did not, the acting manager told us that they would refer to external lay advocates if they needed to. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's dignity and independence was respected. We saw that people looked clean and well dressed. Staff said they were mindful of people's appearance, with one telling us, "If someone has spilt food or drink down them we make sure it gets cleaned up, or change their clothes. That's what they would have done if they were at home." A senior member of staff was a dignity champion, whose role was to ensure staff were treating people in an appropriate manner. They told us, "All new staff spend time with me when they first join. Dignity is not just about washing someone. It's about how they want their facial hair, if they want their nails done in a particular colour. How their food is presented. One lady likes to dress in a certain way. She dressed elegantly when she was at home so why would we deprive her of that now she is here?"

People were supported to be as independent as they wanted to be. Staff told us they let people make decisions about their care, such as if they wanted to be supported by a male or female staff member. One

person liked using the garden area, telling us, "They let me wander about in the garden on my own, I have got my trolley so I can sit down whenever I need to. If I want to go out into the outer garden area, staff will open the door for me." Another person used to smoke before moving into the service. They told us, "The home did not try to stop me smoking. They did a risk assessment and I now have a flame-resistant apron to wear so if I drop my cigarette I don't get burned. When my family visit the staff get me into my wheelchair and they take me out for a smoke."

People's privacy was considered when being supported by staff. We saw staff putting signs on people's bedroom doors when they were supporting with personal care, which they said would help make sure they were not interrupted. A staff member told us, "We always knock before we go into someone's room. And when we are helping them with a wash we use a towel to cover the parts we are not attending to. And we make sure the curtains are closed." Support was provided privately. A relative said, "We are encouraged to go and make ourselves a tea and a piece of cake in the orangery while the staff are carrying out personal care." Another said, "If we are present and Dad needs changing we are asked to leave to give him some privacy. We often hear them having a giggle with him."

Family members and friends were encouraged to visit, and told us they were welcomed by staff. The acting manager told us they had set up a support group where relatives were encouraged to meet to discuss issues and concerns, because having their loved one in a residential setting is a new experience for many people. Some relatives were concerned that a person living in the service may have to move when their funding ran low. The acting manager arranged to speak with them to reassure them that this was not the case, and explained to them the process of sourcing alternative funding.

Staff made sure people's private information was kept confidential. Computers were password protected so they could only be accessed by authorised staff, and care records were locked away when not being used by staff.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff provided them with support that met their needs. One person told us, "I'm fully involved in deciding my care plan and know I can change it at any time. It makes sure I am mobile and have sufficient interaction with my family and friends." A relative told us, "I've been involved in mum's care plan from the start. We all agreed the use of the mobile hoist instead of the stand on hoist. When staff became aware mum was struggling with eating, we agreed the care plan change to trying pureed meals."

At our last inspection on 9 May 2017 we found that the registered provider had failed to provide personalised responsive care to meet people's needs. This was because we found people were at risk of isolation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found improvements had been made. People were being supported to follow their interests and took part in activities which met their needs. The acting manager had increased the number of staff supporting people with activities, and the activities coordinators ensured each person had an individualised activities care plan which took into account their interests. On the day of the inspection we saw two staff holding pizza making sessions with people who were nursed in their rooms. Traditional Italian music was being played in the background. People were encouraged to choose ingredients and add to the pizza base. When cooked the pizza was brought back for people to taste. One member of staff told us that photographs of the activity were taken for those who had given their permission. In the afternoon some people were taken out in the mini bus to the local school to hear the children singing. People told us they enjoyed the activities, with one person saying, "I like the pet therapy and listening to the music. My friends are coming today to play crib."

Throughout the day of inspection we saw short sessions of gentle exercise such as soft ball games, skittle games, singsong and some people completing an enlarged jigsaw puzzle. The staff running these sessions talked about what they were doing and gave encouragement and lots of praise to the participants. People were smiling and appeared to enjoy being involved. A relative told us, "Mum likes talking about cakes and baking. Staff will sit with the staff and talk about it. She likes singing and staff put on music for her in the bedroom. She sits with other people watching the old films."

People were supported to access an online tool which contained their favourite music, photos, television programmes and films. Staff supported them to create this by liaising with them and their family members, and people accessed the tool via a computer tablet. We saw one person in the lounge area becoming quite agitated and a staff member got the persons tablet which contained the information about their interests and personal life. The person soon became engrossed looking at the photos and pointing to pictures. The staff member kept the person engaged by talking about each picture and photo, whilst demonstrating that she knew the person well.

People told us they were aware of how to make a complaint, and felt confident to do so if they felt they needed to. One relative told us, ""I most definitely know how to complain. I submitted my complaint in

writing to the manager, who immediately told me that she would complete an investigation herself. It was resolved straight away." All complaints received were logged by the acting manager, collated each month and reported to senior managers via the monthly quality reporting system. Action was taken by staff when things went wrong, and the acting manager told us they saw complaints as an opportunity to improve the service. One complaint detailed how staff reported a change of a person's condition to a family member who had previously been identified as someone who should not be contacted as they had dementia. The contact distressed the person. Records showed the acting manager offered an apology in line with their policy and ensured the care plan was updated to reflect the accurate information.

People were supported at the end of their life to have a comfortable, dignified and pain free death. Each person had a care plan which was drawn up taking into account the person's preferences. If they were not able to communicate these preferences and needs, information was obtained from family members and friends. The acting manager told us that when completing the care plan for one person, they said they would like their late wife's perfume on their lip when they passed away, so they could smell and remember her. The acting manager added this information to the care plan and sourced the perfume online so it was available to staff when needed.

Staff completed end of life training and were supported by the local hospice with training in palliative care. Discussions about people's needs and condition were held in weekly clinical meetings and daily handover meetings, which included heads of all departments so staff could be made aware of who may be nearing the end of their life. Nurses worked closely with the GP and the local hospice to ensure people had access to 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff told us they thought the service was well-led. One person said, "This is a very good home. The manager tries to get me involved. I sit in and talk with people when they are hiring new staff." A relative said, "The home is managed very well. It's a lovely home. The whole ambiance is welcoming and homely. The attitude of the staff right from the top to the bottom is caring." Another relative said, "After six years we still feel we have absolutely made the right choice of home for my wife." A staff member told us, "I feel well supported since the manager has come in. I think she's supported us more than anyone. Any problems or concerns we've got just gets done." However, we did not always find the service to be well-led.

At our last inspection on 9 May 2017 we found that the registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found there had been improvements to the quality monitoring of the service. However, the audits did not pick up all the recording issues we identified during our inspection. This meant the acting manager did not always have a clear picture of if and how people's needs were being met in all instances. The acting manager was completing a number of audits to measure the quality of care and support being provided at the service. The audits looked at accidents and incidents, infection control, referrals to health professionals and took an overarching look at people's health needs within the service, such as people with skin conditions, and those losing weight. Where the audits picked up issues the acting manager arranged for improvements to be made. The audits were sent to the Operations Director each month so they could have an overview of the care being provided, and were discussed in the acting manager meetings held each month by the registered provider.

Information on people's health and support needs was not always recorded accurately or shared effectively between staff. On one occasion we saw a person's care records indicated they were at risk of malnutrition, so should be offered high calorie milkshakes as advised by their GP. Records indicated the person had not been offered milkshakes. We spoke to the acting manager about the concerns, who told us that the person did not like the milkshakes, that it had been agreed with the GP that they could fortify his tea, but records had not been amended. The acting manager also confirmed that although the records we had previously seen were inaccurate, the person concerned had been weighed on the day of the inspection and confirmed they had put on weight compared to the previous months.

Another person was at risk of getting pressure sores, and their skin integrity care plan indicated they needed to be repositioned every two hours. Staff were expected to record repositioning in the person's records, but we saw no records had been kept for the three days prior to the inspection. Staff we spoke with told us they were repositioning the person, and confirmed they did not have pressure sores at the time of the inspection. A relative we spoke to showed us records of the support their loved one received, said records were often completed retrospectively, and disputed the accuracy of them. They said they had raised this with the acting manager, who had investigated and spoken to staff about the importance of completing accurate, contemporaneous records, but the issues remained.

A further person's records we looked at indicated they needed to be encouraged to reposition themselves every two hours because they too were at risk of pressure sores. Staff were advised to complete a Waterlow assessment each month, and staff were to take action based upon the person's Waterlow score. A Waterlow score gives an estimated risk for the development of a pressure sore of a given person. The person's records showed over the previous 12 months, records for seven months were missing.

We received feedback from the local authority who had recently carried out a review of all people living at the service. They raised concerns about record keeping, such as food charts missing times the meals were provided, staff not documenting what particular snacks were being given to people and fluid charts not being completed accurately.

Failure to maintain accurate, complete and contemporaneous records in respect of each person, and a failure to ensure that quality monitoring was effective in highlighting shortfalls in the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We found staff morale had improved significantly since the last inspection. Staff said they were able to speak to the manager about their concerns, and felt listened to. A relative said, "The new manager seems fine . A lot more friendly than previous manager. She's more interactive with people." However, after speaking to people, relatives and staff members we found a hierarchy between permanent and agency staff which had an impact on the care and support being provided.

The service was dependent on a number of agency staff in order to meet the needs of everybody at the service. The acting manager calculated that in the month before the inspection, almost one third of hours had been provided by agency staff. Although the acting manager had checked the training of these staff, and felt they were equipped with the skills to carry out their role, they did not go through the registered provider's full induction, which looked at the organisation's values such as ensuring staff showed compassion and a caring nature in their work. One relative told us the agency staff they knew were competent but lacked the commitment of the permanent staff. They said, "Some of them don't hold the values of Nellsar. I prefer when my mum is supported by permanent staff." Other relatives also told us they preferred their loved ones to be supported by permanent staff as they felt they were more considerate. Whereas permanent staff told us they enjoyed working with agency staff, they found it challenging as they often had to go back to check their work, particularly when completing people's care records. One staff member said, "Last week there were only two permanent staff out of eight in my unit. It's difficult when there are new agency staff here, as they don't know the processes."

Agency staff were not always accountable for their actions, and were not always clear about their role. A senior member of staff told us, "It feels like they're not accountable to anyone, they do what they want, when they want." When we spoke to agency staff, some said their role was not clear. They said they were not required to attend team meetings, so information on changes to procedures was sometimes passed to them verbally. One told us, "One day I was asked to be a 'floater' in the ward, but didn't know what this meant. I knew these new roles had been introduced but I didn't actually know what to do. I felt like a spare part." Some agency staff had worked at the service for more than a year, but told us they did not systematically have one to one supervision with their line manager as permanent staff had the opportunity to.

We spoke to the acting manager about the concerns. They told us they were not aware of some of the issues we identified, but would carry out an investigation and look to improve the working relationships within the service.

At our last inspection on 9 May 2017 we found that the registered provider had not ensured that the Care

Quality Commission had been notified of all incidents without delay. We saw several incidents had been reported to the local authority but not to CQC as is required as part of the registered provider's registration. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found the acting manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 were being made to CQC. The most recent CQC rating was on display at the entrance of the service and on the registered provider's website. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred. The registered provider had ensured that all policies were up to date and these were communicated to staff. Staff demonstrated good knowledge of provider policies such as the safeguarding and whistleblowing policy.

The acting manager was developing strong links with the local community. They maintained good relationships with the local authority, a local hospice, GPs and other health professionals. They had developed links with the local primary school, who visited the service and people were encouraged and supported to visit the school. People had recently been invited to and attended a talent show put on by pupils.

People, their relatives and staff told us they were actively involved in developing the service. One person said, "Every few weeks they have a meeting for residents. We're not frightened to speak up when asked what we think has to be improved. If anyone asked me what it is like here I would tell them it is a good place." A staff member said, we're encouraged to speak up at meetings. It's a two-way process with the new manager." People and relatives were encouraged to take part in a survey and the acting manager sought to make improvements where necessary. For example, when feedback suggested people were not happy with the visitor's room, the acting manager arranged for it to be redecorated and for plumbing for a new coffee machine to be installed. A relative said, "We've had a questionnaire to complete. And after six years we still feel we have absolutely made the right choice of home for my wife."

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 Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered provider had failed to ensure people's nutrition and hydration needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to maintain accurate, complete and contemporaneous record in respect of each person. The registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service.