

Amore (Watton) Limited

# Buckingham Lodge Care Home

## 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?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Buckingham Lodge is a residential care home providing personal and nursing care to up to 73 people aged 65 and over. At the time of the inspection there were 58 people using the service. The service is provided in a purpose-built home over three floors, ground, middle and top floor providing residential care, dementia care and nursing.

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

The service had a poor regulatory history which could have affected people's experiences over time and damaged the service's reputation. The service had at this inspection made some notable progress and had a better organisational structure with a registered manager, deputy manager and unit lead on each floor. It had fully recruited to its nursing posts but still had some agency usage. Some staff were new and still settling into their role. Training across all staff was improving and people mainly received consistent standards of care.

The service had continued to strengthen its governance and oversight to help ensure risks were quickly identified and managed effectively. Daily walk around, safety debriefings and daily management meetings had been implemented to help focus staff on where the risks were and deploy staff where necessary. Record keeping could be improved to clearly show how incidents were effectively managed and reduced as far as possible, with clear lines of accountability across the whole staff team.

Staffing levels were reviewed in line with the numbers of people who used the service and their needs, but some felt staffing levels were not always appropriate and they had to wait for their care which was not provided in line with their preferences.

Staff understood how to safeguard people and how to raise concerns. The audit trail had improved but there were still a number of risks associated with people's needs and behaviours which at times affected others. Care plans did not always detail enough information about how staff could reduce and help people manage their anxiety which could affect their behaviour.

Medicines were well managed, and we did not identify any concerns in this area. The service was meeting people's health care needs and working hard to improve joint working with other health care professionals. A number of whom told us there had been issues with communication, record keeping and uptake of training.

Staff recruitment was sufficiently managed which meant staff employed were suitable but there were concerns about employment of temporary staff who did not necessarily have the right skills. The service tried to mitigate this risk by asking the agency for information and by completing an in-house induction.

People were supported to eat and drink and risks of not eating enough or drinking enough mitigated as far

as possible. The dining room experience could be enhanced further if people were encouraged to socialise together and staff joined in.

Staff were caring and considerate of people's needs. Although the service took into account people's preferences this was not always fully recorded. Records generally had significantly improved but were still not sufficiently person centred but were regularly reviewed and updated.

People were asked their views and staff promoted choice and sought people's consent. Records relating to capacity were sometimes contradictory.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 14 February 2019) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, sufficient improvement had been made and the provider was no longer in breach of regulations but still rated requires improvement throughout.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was not always well-led.

Details are in our well-led findings below.

# Buckingham Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team included two inspectors, a specialist advisor who was a trained registered nurse, a medicines inspector who works on behalf of CQC 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.

#### Service and service type

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

The service 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we already held about the service including previous inspection reports, notifications which are important events the service are required to tell us about. We also reviewed complaints, safeguarding records and share your experience feedback. We spoke with the local

authority quality monitoring team and the clinical commissioning team about their recent involvement with the service and their ongoing monitoring. We reviewed the service's own action plan. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We visited each unit and carried out observations of the care, activities provided and the meal time experience. We reviewed six care plans. We spoke with maintenance staff, the housekeeper, activity staff, two-unit managers, a registered nurse, two care staff, the registered manager, the service manager and quality manager. We spoke with seven people using the service, three relatives, and two health care professionals. We reviewed medicines and medicine practices on each floor and reviewed records in relation to staffing, recruitment and other records relating to the management of the business.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We gave written feedback and asked for additional evidence.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Most people told us they felt safe at the service and we observed staff supporting people with their personal safety. Due to the nature of some people's condition there had been a number of incidents and altercations between people. Staff were supported to manage people's anxiety, but people did at times come into conflict.
- Incident reports were reviewed to help understand what caused the incident and how effectively they were managed. A number of recent incidents had resulted in a person being considered unsuitable for the service and moved to a more appropriate setting. A number of people had consented to having gates across their door to prevent people coming into their room uninvited. This was being reviewed by the service in line with the least restrictive option.
- One person when asked if they felt safe they said, "I mostly do, though the man from next door comes into my room quite often and I have to ask him to leave. He doesn't mean any harm, but he'll close the curtains or move my things. If he doesn't go I get the carers to get him out." We asked if their possessions were safe and they told us they had asked for a key and this had not happened yet. Following the inspection, the service confirmed keys were provided as requested.
- The service sent us notifications as required and cooperated with the local authority in terms of any investigation. Incident management included a reflection on risk and what if anything could mitigate the risk. We found however incident and accident records could be more in-depth so they could be properly analysed.
- Individual risk assessments were in place which considered risks to individuals in terms of manual handling, skin care, hydration and nutrition and any other risk associated with activities of daily living. The risk of aspiration had been assessed but we asked the service to be mindful of people's seating positions and those eating alone in their room to ensure risks of choking were fully mitigated.
- The service had systems in place to help ensure people received safe care which was in line with their needs. Any change in need was identified and things put in place to reflect their changing need. For example, where a person was at risk of falls an assessment was put in place and some people had low beds, crash mats and pressure mats to alert staff when a person was on the move.
- Manual handling assessments identified what equipment was needed to support a person safely including sling size.
- Clinical risk registers were kept and any one at high or increased risk was discussed as part of the daily handover and daily heads of department meetings. This meant all senior staff were aware of the risks across the service and actions necessary to mitigate the risk.
- The environment was fit for purpose and no immediate hazards were identified, doors were locked where necessary, for example the room where chemicals were stored. Equipment was checked as required and two maintenance staff worked together to ensure there was enough cover. They carried out visual checks

and reported and remedied faults, using external contractors when necessary.

- There was a comprehensive programme of checks, but this did not include walking frames, although, when pointed out, this was actioned immediately.

#### Learning lessons when things go wrong

- The service had robust systems and processes which demonstrated that they were open and accountable and took into account incidents and lessons learnt from them. Heads of department met daily to review any immediate risks and interruptions to the service so this could be addressed. We found however there had been a number of incidents between people which could impact on people's experiences and safety and records did not consistently show how the incident had been managed in line with people's care needs. A one-page profile would make it easier for staff to understand people's main preferences and triggers for anxiety.

#### Staffing and recruitment

- Staffing levels were closely monitored in line with people's assessed needs to help ensure staffing levels were adequate. The service had up to 70 hours to support activities, but these were not fully utilised on the day of inspection due to sickness. This affected people's experiences, but we were provided with evidence that people usually had access to enough social activity.
- Some people's perception was there were not always enough staff, particularly in the evening/ night time. Staff told us staffing levels were reduced when staff went for their breaks. Breaks however were well organised to ensure the floor was covered. Staffing numbers had recently been reduced in line with numbers of people using the service so this might have impacted on people and staff's perception of staffing numbers.
- The manager told us they had introduced a twilight shift to help at busier times. Team work was improving and as more staff had been recruited there had been a significant reduction in agency staff. Some temporary staff were less familiar with people's needs but this was an improving picture.
- We noted a lot of people in bed and staff confirmed it was people choice with only a few people being in bed because of a clinical need. We had concerns and received feedback from people that staff did not get around to help them with personal care until late morning which was not in line with their preferences. We found however the service had made really good progress in terms of staff recruitment and rotated staff to help ensure appropriate skills mix. The registered manager told us they were reviewing people's needs to ascertain how much time they were spending time in their room and staff were told to actively encourage people to spend time with others.
- The service had sufficiently robust recruitment processes in place to help ensure staff employed had the necessary skills and competencies in line with the employer's job description and employment specification. This included recruitment checks and a Disclosure and Barring Service (DBS) check to ensure staff had not been convicted of an offence which might make them unsuitable for employment.

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

- The registered manager reported incidents as required and there was a robust system for recording and interpreting data, which showed the chain of events and actions taken. This included reporting to and working with other agencies to put things right. Family members told us they were kept informed of any changes to their relatives' needs or any incidents.
- Staff received training to help them recognise safeguarding concerns and take appropriate action. Although we were confident that the service raised safeguarding concerns and cooperated in any investigation not all staff had enough knowledge about what might constitute a concern. We raised this with the manager who told us all staff had received safeguarding training, and it was up to date. They said safeguarding was a standard agenda item in staff meetings and supervision. This in itself is good, but



supervisions and meetings were not inclusive of agency staff.

#### Using medicines safely

- There were effective systems in place to manage people's medicines and ensure people had them when needed. Staff administering medicines were appropriately trained and their competencies assessed. Staff administering medicines were appropriately trained and their competencies assessed. Staff competencies were reassessed to ensure staffs knowledge and practice was up to date.
- Audits were completed to help determine that medicines were available as needed and taken in line with the prescriber's instruction. There was clear guidance in place for how and when to administer medicines, including where staff administered medicines covertly because people would not otherwise consent. Regular refusal of medicines was discussed with the GP and where people lacked mental capacity best interest decisions were taken to ensure people received the medicines they needed.

#### Preventing and controlling infection

- The service was clean and hygienic, and we observed good infection control procedures. The service had a team of domestic staff and their practices overseen by the housekeeper. The house keeper contributed to a wider daily meeting which focused on all aspects of the care delivery and any issues identified could be quickly rectified. There were also daily walk rounds which picked up on any hazards or cleaning issues. There were no odours across the service.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

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

At the last inspection the provider had failed to ensure it acted lawfully in regard to the Mental Capacity Act. Records did not always reflect how decisions had been reached, who was involved and how the service was acting in people's best interest where they lacked mental capacity. We considered this a breach of Regulation 11 HSCA RA Regulations 2014 Need for consent. At our inspection on 11 February 2020 we found some improvement and best interest decisions were recorded correctly.

- Staff received training to help them understand the Mental Capacity Act and how to act in line with the law. Staff knew that people should be offered choices in terms of their care and treatment. Flash cards were available to staff to refer to and help them understand the principles of the Mental Capacity Act. Flash cards were available to staff to refer to and help them. It would have been helpful if staff referred to these.
- People where lacking mental capacity had valid mental capacity assessments in place and decisions taken in people's best interest were recorded. We found however in a few records that consent had not been clearly established for every decision.
- In terms of DoLS some had not been applied for when identified as necessary, but the service had put in place a tracker to monitor the progress of DoLS and when they were needed, applied for or about to expire. This needs to be clear in people's care plan. We did not see best interest decisions for locked doors for those lacking capacity in accordance with the services policy.

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

- People's needs were assessed prior to coming in to the service and care plans put in place to help staff understand what people's needs were and how they should be met. This included assessments around manual handling, skin integrity and dietary considerations. Guidance was in place for long term health conditions and there was evidence of consultation and involvement of other health and social care agencies.
- Improvements across the service were noted and the manager had worked hard to help ensure better joint working with commissioners and other professionals. Some professionals reported growing confidence in the provider but cited changes in staff had meant communication had not always been effective and staff teams had not always taken up offers of training.
- The manager told us national guidance was available on intranet with printed copies for staff to access. New guidance and lessons learnt was distributed through the organisation and printed and displayed around the service. Updates to staff were communicated via the daily flash meetings, staff meetings and monthly governance meetings

#### Staff support: induction, training, skills and experience

- The service supported staff to develop the necessary skills and competencies to safely deliver people's care. We found however some people were not confident that all staff knew their needs well or carried out their duties well. We attributed this to the number of new staff and agency staff who were not at the service all the time.
- Although most feedback about the service was positive one person told us the support, they received varied and was not always timely in relation to their needs. They told us they had regular dressing changes and said the nurse practice varied and they were more confident in some than others.
- Another person felt the rotation of staff and changes to the staff team affected their experiences with not all staff knowing their needs or changes to them on a daily basis. We found daily notes were not illustrative of how people's needs had been met in line with their care needs and we were told by other health care professionals guidance and advice was not always followed up in a timely way.
- Another person told us they felt most staff had the right training and skills but said, "Some of the ones from the agency haven't got a clue." For example, one person told us they had asked for a jacket potato and some butter. The carer who brought it put down the plate and started to leave so they asked them if they could have a knife and fork, and said they shrugged so they asked again. They came back with a spoon. The person told us, "I don't think he understood me." We spoke with the agency staff member and were not confident they understood us.
- Health care professionals expressed frustration about external training being provided and then staff not attending, and without explanation. There was an expectation that staff attended training, but this required adequate forward planning which we were not assured always took place.
- Staff were supported in their employment and received training specific to their role. Induction helped familiarise staff with their role and duties required of them and training was ongoing.
- Most training was up to date and further training was planned. Training was planned both face to face and online. Staff told us about specific training they had received in line with people's needs such as stoma care and dementia care.
- The competency of staff was improving with increased numbers of staff undertaking training and supervision identifying gaps in staff's knowledge so this could be addressed. However we found several staff remained unaware of best practice.
- The manager told us that staff were going through a programme of Creative Minds (dementia) Training and NAPPI training: Non-Abusive Psychological and Physical Intervention as part of their 2020 Dementia Strategy. They said in addition visits from the dementia coach took place and they carried out observations of practice, environmental audits and worked closely with their activities co-coordinators to ensure that activities were dementia friendly.

- The service had worked hard to ensure appropriate care plans were in place and included enough information for staff about managing people's anxiety associated with cognitive impairment and illness. We found however that not all care plans were yet of a consistently high standard to demonstrate good practice in dementia care.

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

- People's records told us about people's preferences, likes and dislikes and any risk associated with eating such as the risk of aspiration so the risk could be reduced.
- Dining rooms were underutilised which we discussed with the registered manager. We did not observe staff encouraging people to socialise with others, but staff told us it was people's choice to eat in their rooms some of whom were unwell. We asked the manager to review this to ensure people had the opportunity to eat in communal areas when they wished to. On the ground floor a few more people did eat in the dining room but, as with the middle floor, there was limited interaction from staff with people using the service and, on both floors, menus were not visible.
- People were given meal choices and their preferences were taken into consideration. We found however staff did not consistently offer plated food options which would enhance people's choices.
- We observed that people ate well, and the food looked appetising. People were consulted about their meals so any concerns could be addressed.
- The manager told us in response to our feedback that they would hold supervision sessions with all staff to set out expectations in relation to the dining experience. They had already been carrying out dining audits but had increased these to daily.
- People were supported to stay hydrated and there were regular checks on people's weight. Where unintentional weight loss was identified this was quickly reversed or weight maintained. Checks on fluid intake were recorded and people were regularly offered fluids. We observed one person who was sitting in the dining coughing whilst eating and staff did not respond to this and carried on serving. We offered them a drink which was out of reach which appeared to help. Staff were not sufficiently attentive.

#### Staff working with other agencies to provide consistent, effective, timely care

- Joint working with other health and social care agencies was improving which helped ensure people's needs were met as holistically as possible. The service was working hard to build positive relationships, improve record keeping and communication and ensure everyone was held accountable for good care delivery. We had confidence in the manager and felt they were working hard to engage with health and social care services to improve levels of care to people.

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

- The environment was warm and welcoming. Lots of effort had been made to personalise the service and create areas of interest and themed rooms. Redecoration took place after consultation with people about their preferences.
- The service was clean and free from any immediate hazards and obstacles. Further plans were afoot to refurbish the service and use different colours to distinguish different areas of the home.
- Some of the rooms were underutilised with staff telling us people preferred to stay in their rooms.

#### Supporting people to live healthier lives, access healthcare services and support

- The service had tried to strengthen relationships with other health agencies for the benefit of people using the service.
- Staff accessed health care for people in line with their needs and trained nurses oversaw the nursing needs of people when they were in a nursing bed. There was evidence of access to other services such as optical services, dentist and chiropody. Oral health assessments were in place but saw little recorded

information about mouth care.

- Guidance was in place around specific health care conditions and treatments and there was some evidence of staff training and competencies in key areas of practice and health care.
- The service gave examples of holistic health care and how they had enhanced people's experiences. They did this by addressing all areas of need which supported the person to live well and took into account people's previous lifestyles and how this had an impact. They gave an example of people living with life limited conditions and how they supported people to cope with different aspects of their illness.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection the rating had improved to good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- We identified through observation and discussion that most people's experiences were positive. There had been a shift from task focused to person centred care and planned activities enhanced people's wellbeing. We found however that not all staff were seen to make the most of the opportunities to engage with people across the day and we discussed with the manager the number of people in bed. Although they said this was of people's choosing this was not clearly documented.
- Core teams of staff demonstrated caring values and this ethos was promoted throughout the service and the culture was changing. A number of staffs practice still could be improved upon and the manager was fully aware of this.
- The service took into account people's cultural needs and celebrated diversity. They had introduced some positive changes for example, each month they had a themed meal based on different cultures around the world, which included different foods and staff dressed up in traditional clothing.
- People told us most of the carers were good. One person told us, "Oh yes they're lovely, nothing is too much trouble." Another said, "They are very busy, but they always try to find time to have a little chat." We observed positive interactions and carers make visitors feel welcome and part of their relative's care.
- Care staff told us they met people's needs in relation to their wishes, for example by taking people to church or ensuring they could practice their religion if they wished.
- Staff told us that the hairdresser regularly visited the service but, they were also having the barbers where men could visit to have their hair done and also to have a close shave.
- The manager told us they recently sourced training through the Alzheimer's Society. They said in addition, they were advertising for a 'diversity champion' to deliver training to create a better understanding around sex and intimacy. They hoped to roll this out to people and their families following staff training.

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

- People were given choices and asked about their care needs, some of which was recorded in their care plan, but more detail was needed to truly reflect people's preferences and preferred routines.
- The service had different way of engaging with people which included: Resident/relative meetings, quarterly surveys, newsletters and resident of the day. Each day a different person's needs would be reviewed by a number of key staff in relation to their care, their environment and their levels of satisfaction with the service. Staff told us people would receive a small gift in recognition that it was a day that focused on their needs.
- People were involved and asked to feedback about the care they were provided so it could be adjusted accordingly. We were given examples of how the service had responded to such feedback. For example, one person told us their room was dull and they asked to have it repainted they said this was done in a few days. They said repairs are carried out, and that you just had to ask. Records included people's feedback but not always the actions taken to address it.

- People told us the service did respond to their needs. We asked for an example and one person told us their room was dull and they asked to have it repainted they said this was done in a few days. They said repairs are carried out, and that you just had to ask.
- The manager told us activity staff met with people to discuss the forthcoming menu and any dishes they would like to see.

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

- Most people spoken with and relatives were satisfied with the service and there was evidence that the service had significantly improved. The service was clean, and the environment was being adapted to help people navigate round and to do so safely. Rails for example promoted people's independence. The use of different colours on walls, and doors helped people distinguish different parts of the home.
- The nurse's station on each floor increased the opportunity for monitoring as people were navigating the long corridors. Sensor alarms reduced the need for constant monitoring which helped to enhance people's safety and privacy.
- People's independence was promoted by staff and we saw some people engaged in meaningful activity and staff gave examples of how people continued to engage in the community and undertake things they had previously enjoyed.
- One person told us, "I enjoy knitting, I make knitted animals and there's a lady who likes to knit blankets. We're self-sufficient." We asked them what they meant, and they explained "We sell what we make to visitors and that pays for the wool we use. It works really well."
- Some people told us they enjoyed the activities and staff encouraged their independence. One person said, "Yes, I enjoy the bingo and the quizzes, they're good fun." People told us they got the monthly newsletters and could make suggestions about what they would like to do.
- We observed people were mostly well groomed and they told us the laundry arrangements were good. One person told us, "They take things away and sometimes they're back two hours later, all freshly washed and ironed, quite amazing really."
- Staff were able to describe how they promote people's dignity and ensure people were covered when receiving personal care, and doors closed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. At the last inspection the provider had failed to ensure the plan of care for people was sufficiently explicit, up to date and focused on the person's preferences and routines. The evaluation of care was poor and did not tell the reader what care had been delivered in line with the person's assessed needs. The level of activity and opportunity to participate in a range of meaningful and stimulating activities was poor as was engagement with the wider community. We considered this a breach of Regulation 9 HSCA RA Regulations 2014 Person centred care. At our inspection 11 February 2020 we found some improvement particularly in the provision of activity. Care plans had improved, and care was more person centred although there was still some evidence that it was not sufficiently personalised.

What we found at this inspection:

- People were sometimes supported by staff who were less familiar with their needs. Agency staff were still being used but kept to a minimum. This meant that although most people felt well cared for some commented that not all staff were familiar with their needs. Care plans helped guide staff but lacked clear information about people's routines.
- One-page profiles had been introduced but not across the whole service. These gave key information about the person's needs and could be used as a quick reference guide.
- People told us they sometimes had to wait for their care, with several people telling us they were not assisted to wash and dress until 11.30/ 12.00 pm and this was something we observed on the day of our inspection. This was not in line with people's choice.
- Staff and people using the service told us carers rotated floors which helped to ensure adequate skills mix. A person however told us, "There are some carers I don't like and it's quite hard emotionally to deal with finding out that it's someone looking after me who I don't like as they walk through that door. It used to be that I knew who was going to be working and when, and I'd look forward to seeing them." Changes across the service had been introduced to help ensure there was appropriate skill mix and staff cover across each floor. This involved rotation of staff. Some people had told us that not all staff were as familiar with their needs and we discussed this with the manager to establish how continuity could be achieved. For example, the reintroduction of the key worker system and one-page profiles for every person using the service. Staff photograph boards were seen in the entrance but not in individual units which might help people know which staff were on duty.
- Accountability sheets showed what care people had received but daily notes gave a poor indication of how people's social care needs had been met in relation to their wellbeing.
- Care plans had been improved and streamlined making them easier to navigate. Care plans gave some information about people's preferences and routines, but did not give enough information to help ensure staff fully understood people's needs.



- The service spent time with people and families to gather life histories which are important in terms of providing person centred care. For some people we saw little connection between what they use to enjoy and their lives now, particularly for those living with dementia. Life stories where complete were in the back of the care plans and not seen as an integral part of the persons care.

- We were concerned that incidents occurred because staff did not have enough knowledge about people's needs or know how to reduce their anxieties associated with their care. For example, one person was described as anxious when receiving personal care and when sitting with others in a noisy environment. Their record told us very little about their preferred routine or how staff could minimise their anxiety during personal care such as having a radio on, care from staff they were familiar with or if there were times of the day when they were more anxious. They were described as sociable and enjoying other people's company, but there had been a number of physical altercations. These had not been explored to determine why they were upset and how staff could support them in their relationships with other people. Staff spoken with were not confident about how they might reduce challenges which occur between people.

- People's preferences were recorded as part of their plan of care. Several people told us however that their choices were not always upheld. We discussed this with the registered manager who assured us male and female staff were always on shift should people have a gender preference in relation to their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care and support was provided by the numbers of staff the service deemed appropriate and staff were deployed flexibly across the service. Care and support were provided by the numbers of staff the service deemed appropriate and staff were deployed flexibly across the service. We observed staff providing unhurried care but had concerns raised about the timeliness of the care with people not always having their preferences met. The mornings seemed particularly pressurised, a twilight shift had been introduced for the evening shift but not the morning shift. We noted lots of missed opportunities by staff to engage with people in meaningful ways, such as when supervising people in the lounge area and throughout lunch. We noted lots of missed opportunities by staff to engage with people in meaningful ways, such as when supervising people in the lounge area and throughout lunch.

- The service had worked hard to ensure people were supported to engage in activity which was suitable for them and provided on both a one to one basis and in small groups. 70 hours a week were allocated and although this was effective it would take a real commitment from all staff to provide holistic care to support people's wellbeing. We were provided with some nice examples of staff supporting individuals to undertake activities of their choice and how this promoted their confidence and wellbeing. For example, one person went to their favourite sea side destination as requested.

- Activities coordinators do a meet and greet with new people when they arrive at the service.

- They ask them about their hobbies and if there is anything they would like to do while they are resident. They also explain what happens at the service and any trips or entertainment planned.

Meeting people's communication needs

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

- Communication plans were in place, but the ones we saw were limited in scope. However, information had been made far more accessible for people and people were more aware of what was happening around the service. Thought had been given to how people could be supported to access the building and know how to access different services if necessary.

#### Improving care quality in response to complaints or concerns

- Information about advocacy and an easy to read complaints form was situated across the service. The service responded well to formal complaints and did so within the timescales provided. Lessons learnt were part of this and discussed at daily management meetings and debriefing sessions.
- The service had introduced a low-level complaints log to capture concerns before they reached to a formal complaint. This showed the service was being responsive to concerns raised.

#### End of life care and support

- The service generally managed people's needs well and communicated changes with family and outside agencies. A number of people were approaching the end of their life and staff were mindful of their needs and the needs of the wider family.
- The service supported staff and provided training in line with end of life best practice. Other professionals were involved when necessary.
- One family member were there as their relative was approaching the end of their life. They told us, "The carers have been very good, they make sure our relative is comfortable and if anything changes they'll call me, day or night." We asked if the care home had asked and knew what both their family member and relatives wishes were with respect to end of life care and intervention. They said "Yes, we had that conversation a while ago, so they know what mum wants. It's on file."
- The service supported a person to go to their family member's wedding and this took a fair bit of organisation due to the health of the person, but the day was successful. Later, in the year the person passed away but had been supported to spend time with their family.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure the service was well managed as we had concerns about the service over a period and the provider's failure to meet all regulations and achieve a good rating. There were some issues with consistency and communication, poor record keeping and poor opportunities for people using the service. We considered this a breach of Regulation 17 HSCA RA Regulations 2014 Good governance. At our inspection we found widespread improvement and a renewed confidence. We found however that improvements were not yet firmly embedded across the whole service, but systems and processes were robust. The breach had been met.

At this inspection we found:

- The service has consistently been requiring improvement over the last four inspections. This has been particularly challenging because there have been a number of changes to the registered manager and staff recruitment and retention has been difficult. At this inspection we found improvements continued to be made and the service was being supported by the local authority and clinical commissioning group to make the necessary changes.
- The service had appointed a registered manager without delay who had taken over from an experienced locum manager. Most people and staff spoken with agreed the service had improved but a number of people were not satisfied with all aspects of their care. The service had processes in place to seek people's views in line with their experiences.
- The service felt more welcoming and information was accessible. Information told us what was happening at the service, what people could access and how to raise concerns.
- Staff told us the home had improved. One staff member said, "There have been ups and downs, but loads better since the new manager. Lot nicer to work here, most staff fell like family, very welcoming." Staff said morale had improved.
- Communication across the unit and the whole home were robust with established processes for capturing risk and disseminating information. Most people told us they did not see the new manager and said the previous manager use to make a point of walking around and saying hello. However, since the last inspection unit managers had been introduced onto each floor and there were trained nurses on the two floors which provided nursing care, as well as a deputy manager, so there was an improved management structure and greater accountability.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had reported and cooperated in safeguarding investigations and shared information in a

transparent way. Communication was improving, and the service took into account complaints, comments and concerns when reviewing the effectiveness of its staff actions. Staff were being held accountable for their actions and improvement plans were in place for some individual staff as a supportive measure to improve their practice.

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

- The operational manager produced a sustainability plan and framework and completed regular updates to their action plan to show month on month how they were improving and investing in the service. The tools were rated to show levels of compliance and what actions were necessary to ensure compliance with regulation.
- Multiple meetings had taken place with the clinical commissioning team and the local authority and although some concerns were still known, the service was working to address these. The service was working hard to ensure people's care was effectively communicated and delivered in line with people's individual needs. Although improvements were noted we were given examples of where accountability from one shift to another was not always clearly communicated. This was improving particularly as new staff were settling into their roles.
- Since the last inspection the recruitment strategy has been successful with all nursing posts filled, although there were still some vacant hours for care which were being covered. Changes to the organisational structure also helped ensure better coordinated care but this was still being embedded.
- Regular auditing of the service helped identify areas which still required improvement, however recorded daily walk rounds were also effective in identifying how the service was performing across the day.
- Staff practices were being shaped with a greater emphasis and push for training and developing competencies to meet the identified needs of people using the service. The emphasis had shifted slightly from recruitment to retention and upskilling its workforce and rewarding good practice.
- Risk registers had been developed across the service and there was an emphasis through management discussions on those perceived at greatest risk and a review of actions taken to assess their effectiveness as reducing risk. There was oversight and monthly governance meetings to review the actions of the manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Continuous learning and improving care

- Engagement with people was improving and the registered manager had worked hard to establish regular resident and relative meetings and help ensure that people were aware of these and could make a positive contribution to the service.
- Some people were accessing the community and the service was engaging with community groups such as pets for therapy, choirs and volunteers to enhance the lives of people using the service.
- Improvements were being made and there was strong leadership and governance. There was an emphasis on community engagement to increase resilience and working with others to improve the care people received. Family members were asked for their views and quarterly surveys were issued to ascertain people's views and how the service could be enhanced.
- The service was trying new and innovate ideas to increase their effectiveness. For example, staff name badges quickly told us who were trained first aiders and fire marshals.

Working in partnership with others

- Meetings had been established and minuted how the service was working with other agencies and referring to other agencies as appropriate. Confidence was building but slowly.
- The service had been involved in dementia friends, an initiative by the Alzheimer's association which

provided free training and resources to increase people's awareness of dementia and the impact it has on the individual, families and communities. In return for free training the idea was participants became trainers themselves to spread the message.