

Haresbrook Park Limited

# Haresbrook Park Care Home

## Inspection report

Haresbrook Lane  
Tenbury Wells  
Worcestershire  
WR15 8FD

Tel: 01584811786

Date of inspection visit:  
05 June 2018  
06 June 2018

Date of publication:  
12 September 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 5 and 6 June 2018. The 5 June 2018 inspection date and was unannounced, we told the provider one inspector was returning on the 6 June 2018 to review the governance of the service. At the last inspection we rated the service as Requires Improvement with three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we could see improvements had been made and the provider had met the regulations they were in breach of. However, we had identified a further breach and the provider continued to be rated as Requires Improvement overall. This is the second consecutive time the service has been rated Requires Improvement.

Haresbrook Park Care Home provides personal care and accommodation for up to 57 older people. There were 56 people living at the home on the day of our visit. The majority of people who live at Haresbrook Park live with an advanced dementia related illness or mental health illness. The home was split into two separate units, Country House, which supports people who have more complex health care needs and advance dementia related illnesses and Glen View which supports people who are more independent and have a dementia related illness or mental health support need.

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

There was a registered manager working at the home at the time of our inspection. 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.

People told us they felt safe with the care they received from the staff who supported them. Staff demonstrated good knowledge in how they were to protect people from harm, they recognised the signs of abuse and knew how to report most of this. However we found incidents between people who lived in the home had not been reported to the registered manager to ensure appropriate action was being taken to protect people. Where potential risks to people had been identified, staff did not consistently follow these to ensure the risk of harm was mitigated. There were enough staff to support people's physical care needs, however the provider had not recognised that consideration was needed to allow staff time to support people's emotional needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

People's care was assessed and reviewed with external healthcare professionals involved from the start. Improvements had been made to ensure people had enough food and fluid to keep them healthy. Where people required additional support with their eating and drinking staff knew who required this support. The registered manager had recognised where people were being restricted of their liberty and had sought the

authorisations to do this. However where people had conditions within the authorisations these had not always been met to ensure people had maximum choice and control of their lives. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

Staff continued to be task focused in their approach and continued to not always recognise when people who lived with advanced dementia related illness required re-assurance and support. Where people were able to communicate their views and the decisions they had made about their care these were respected by staff who supported them. People and relatives felt the staff team were kind, friendly and respectful.

People received healthcare support which met their needs in a timely way. People had access to information about how they could complain about the service. The registered manager kept records of the complaints received. Where the registered manager had received complaints, these had been responded to, with a satisfactory outcome and learning shared.

The provider had maintained a senior level of management structure, which ensured the monitoring, identifying and improving the service, was maintained. The provider was introducing new systems and processes into the service, these were being introduced and not fully in place to enable the provider to test these new methods to understand if they were effective. The provider had not always ensured all levels of staff understood their responsibilities and accountabilities to ensure the systems they had in place were being effectively followed. The registered manager had not followed the provider's recruitment policy to ensure they were employing staff which were inline with the provider's values. People told us they had the opportunity to raise their suggestions and ideas about how the service was run. People felt they could speak with the registered manager when they wanted to and they would listen to them. Staff were involved in the service and said they felt able to share their ideas about the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff supported people to stay safe and knew how to report most types of abuse. However, staff had not consistently reported safeguarding matters to the registered manager so they could be assured sufficient action had been taken.

Identified risks to people were not consistently managed which placed people at on-going risk of harm.

The provider had not considered if staff had sufficient time to meet people's emotional needs.

People received their medicines in a safe way.

People lived in a clean environment.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People did not always received personalised care that met their preferences.

People's care needs were assessed to ensure the service was able to meet their needs.

Staff felt they had enough training and skills to meet people's needs.

People had enough food and drink to keep them healthy. Where people were losing weight, involvement of external healthcare professionals was sought in a timely manner. People had access to health care services.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People who lived with an advanced dementia illness were not always offered re-assurance. People enjoyed living in the home

**Requires Improvement** ●

and said staff were friendly, polite and respectful when providing support to them. People's personal care was provided in a dignified way.

### **Is the service responsive?**

The service was responsive.

People care was monitored and regularly reviewed so that advice from external health professionals was sought.

Concerns were recorded and responded to so that they could be used to improve staff practice

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

The provider had not made sure staffs responsibility was understood at all levels so that the governance systems that were in place were being correctly followed.

The providers systems to identify shortfalls were not established. New systems were being introduced, however the provider needed time to embed these and test their effectiveness.

People and their relatives felt listened to and involved in the way the service was run. Staff felt better supported in their roles and that management listened and responded to their concerns.

**Requires Improvement** ●

# Haresbrook Park Care Home

## **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.

We undertook an unannounced comprehensive inspection on 4 June 2018. The inspection team consisted of two inspectors, a specialist advisor who was a nurse, an assistant inspector and an expert by experience with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We returned on the 5 June 2018 with one inspector to review the governance systems of the service.

Prior to our inspection we had received information of concern from a staff member who worked at the service, which we considered as part of our inspection.

As part of the inspection we reviewed information we held about the service including, statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We used information the provider 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.

Most people we spoke with were not able to tell us in detail about their care and support because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and three relatives. We also spoke with six care staff, two

senior care staff, the cook, one domestic staff, the deputy manager, the registered manager, the regional manager and the provider. We also spoke with one visiting health care professional.

We reviewed six people's care records, samples of people's food, fluid and turn charts, the weight monitoring chart for people living in Country House unit and staff handover sheet. We also looked at resident and relative meeting minutes, staff meeting minutes. Surveys sent to people and their relatives. The registered manager's record file for DoL approvals, the dependency tool for people living in the home, environment and maintenance checks, the complaints policy and procedure, recruitment files for three staff and the providers recruitment policy, incident and accident and their audits, staffs training matrix and the providers audit and action plan for the service.

# Is the service safe?

## Our findings

At our last inspection in July 2017 we rated this key question as Requires Improvement. This was because the provider could not always be assured staff were following healthcare professionals' guidance in relation to pressure area care. Relatives and staff also raised concerns about sufficient staffing levels to keep people safe. At this inspection we found that improvements in the management of pressure area care had improved, however we found further improvement was required around safeguarding procedures and managing risk consistently and identified a breach of Regulation 12, safe care and treatment.

Risks were not always appropriately identified and managed. We had read of two recent incidents of abuse had occurred when one person entered another person's bedroom. We found these incidents had not been reported to the registered manager, for them to review the information and ensure plans were in place to reduce the likelihood of this from happening again. On the day of inspection our observation showed people walked freely around the units for example, we would see individual people or groups of up to four people who were disorientated and stood in another person's room while the person was resting or watching television. We saw staff did not always react to this, and try and support people out of the wrong bedrooms.

We discussed these incidents with the registered manager and it was agreed that there was a gap in how staff communicated all incidents. On the second day of our inspection the registered manager told us, they had addressed this with their staff and were improving the incident reporting system. The management team advised they would explore how they can ensure people have the freedom within the home, without it impacting on another people's private. Since our inspection, we have received notifications of when incidents such as these happen.

Risk was inconsistently managed across the home. On the Glen View unit we found risk assessments were not written in line with the person's identified risk and staff did not always follow the plans to reduce the risk of harm. For example, one person was at risk of harm to themselves and 15 minute observation had been put in place. We spent time with this person and found that in a 20 minute time period staff had not checked the person. The deputy manager was not aware of this specific risk to the person and believed their risk was around the person leaving the building. This lack of knowledge placed the person at risk of potential harm, as staff were not fully aware of all of the risks.

We looked at the care records of a further person who was at risk of falls when they were in the garden to smoke a cigarette. To reduce the risk of the person from falling outside, risk assessments identified that a staff member would remain with the person until they returned inside the home. We saw from the incident records that the person had sustained an injury in November 2017 when outside. We spoke with the registered manager who confirmed this was because the person was not supported by a staff member while they were smoking outside and that this had been discussed with the individual staff member who supported the person that day. We spoke with the person to understand if staff now supported them when they were outside, they said, "They come out sometimes, not always." This showed that the person had continued to be placed at risk of harm, as staff were not consistently providing safe care.



This was a breach in regulation which was Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safe care and Treatment.

At the last inspection people gave a mixed response about staffing levels, with some feeling they had to wait for assistance. At this inspection people who were able to speak with us told us staff were available when they needed them. However, we found that the provider had not considered when determining their staffing levels whether staff had adequate time to support people's emotional needs where they had a dementia related illness.

We spent time in the communal areas of the home to understand how people who lived with a dementia related illness were supported. Our observation showed staff were task focused and had not always recognised times when people needed further support, guidance or re-assurance with their emotional well-being. We saw occasions where people were in dining room chairs asleep at the table, or walking around the corridors with no purpose, or in other people's bedrooms with staff who would walk past without supporting the person. Some people told us they did not know where to go, or where they were supposed to be and we needed to ask staff to assist people.

Staff gave us a mixed response regarding staffing levels within the home. Staff felt people were safe, but some staff felt there were times when tasks were delayed, such as timeliness in meeting people's needs. We spoke with the registered manager and regional manager to understand how staffing levels were determined. The regional manager showed that staffing levels was based on people's physical dependency needs. The management team felt that better organisation of the staff teams were required to ensure the staff were working effectively.

Suitable employment checks were carried out, however risks were not always assessed and mitigated. We found that through the providers employment checks one staff member had shown a potential risk, the registered manager said they were aware of this, but could not evidence they had assessed and mitigated any risk. The provider told us they were unaware that this had happened as it was not in line with their recruitment policy. They confirmed this would address this with the registered manager to ensure safe recruitment practices were in place. In other recruitment files we looked at we saw the registered manager had completed checks to ensure potential staff were safe to work in the home.

People felt safe from abuse. One person said, "I definitely feel safe here, couldn't feel safer". We spent time in the communal areas of the home and saw staff made visual checks to ensure people were safe. A relative shared with us that when an incident had happened to their family member, the registered manager had told them about this and kept them up to date with the action they were taking. The relative told us, "We are happy with the outcome". Staff recognised different types of abuse and reported most of these to the management team. Staff followed the provider's whistleblowing policy and reported poor practice to the registered manager. Where the registered manager had received whistle-blowing's from staff they had listened to staff's concerns and acted to protect people from further harm. The registered manager had also notified the local authority safeguarding team and the CQC of any incidents and took appropriate action to mitigate the risk.

At our last inspection in July 2017 we had received concerns from external health care professionals about how people's pressure sores were being managed. At this inspection we found that improvements had been made in this area. There was no-one living at the home who had a pressure sore, but staff knew who was at risk and how to mitigate the risk of them developing a pressure sore.

People we spoke with felt their medicines were given in a safe way. One person told us, "I am on medication

and it comes every day at the same time". A relative told us their family members medicine was well managed and that staff understood the side effects of the medication and managed these effects well. Staff showed good awareness of safe practices when handling and administering medicines and a good understanding about the medicines they gave people and the possible side effects. We found people's medicines was stored and managed in a way that kept people safe.

People and their visiting relatives did not raise any concerns with us about the cleanliness of the home. One person said, "My room is superb, cleaned every day." People and relatives told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff confirmed they had access to equipment that protected them and people they supported. The registered manager told us they carried out spot checks of their staff to ensure they were following best practice regarding preventing infections.

## Is the service effective?

### Our findings

At our last inspection in July 2017 we rated this key question as Requires Improvement. This was because people were not always supported to have enough fluids to keep them healthy. Where some people had lost a significant amount weight this was not always properly monitored and reviewed. We had also found that where people were being restricted of their freedom the registered manager had not applied to have the correct authorisations in place. Due to this we identified two breaches of the Regulations, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 14, Meeting nutritional and hydration needs. At this inspection we found there had been some improvements, however further improvement was required and we identified a breach of Regulation 9, Person-Centred Care.

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

Where people lacked capacity to make decisions about aspects of their personal care, relatives and external healthcare professionals were not consistently involved so that the care provided reflected what was in the person's best interests. We read some records which showed staff had made decisions in the person's best interests as these decisions were only signed by staff working within the home rather than the involvement from other agencies or advocates and relatives who knew the person well.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection the registered manager had not always made applications for authorisation to restrict people's liberty where this was being done. At this inspection we could see that some improvements had been made, and where people were being restricted the registered manager had submitted the applications and managed the on-going review of these.

However, the provider was not meeting all of the conditions within the authorisations where people had these in place. For examples one person's condition stated the person required support to identify activities that were of interest to the person, however there was no evidence in the persons care records to demonstrate these conversations had been held. The observation charts for the person showed that through the month of May 2018 there was no recordings of staff engagement or activities attempted with the person, as the record only detailed 'asleep in room', 'asleep in [another person's] room and 'walking along the corridor'. We discussed this with the registered manager who confirmed that this had not been done.

We saw further examples where five people had not been involved in decisions about their care in line with the conditions in the DoLS authorisations. These ranged from managing their money to specific decisions about their personal care. While the provider had developed records for staff to use to ensure the person was given the information in a way they would understand, staff had not consistently used these, and saw these were only completed for the locked door policy.

This was a breach in regulation which was Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Person-Centred Care.

People who we spoke with told us staff understood their care needs and how to support them in the right way. One person told us that staff were, "Very, very nice, [staff] will do anything for you. Nothing is too much for them". A relative told us, "On the whole the carers have been great."

Staff told us the training they received was, "On the job training" along with practical training which they enjoyed. One staff member told us how they had recently completed medicines training, which they told us was relatable to the people they supported, and had improved their practice for administering covert medication. Other staff we spoke with felt the practical training was beneficial and had completed topics such as pressure relief and first aid to further develop and refresh their skills.

The registered manager completed spot checks of staff's practice and held supervisions to discuss any areas for development. They told us that this was working effectively as it ensured staff were working safely. Where the registered manager had identified further development for some staff they told us of the plans which were in place to support those staff members. The registered manager recognised staff who showed leadership skills and told us that those staff members were receiving additional training so they could move into a leadership role. We spoke with one staff member about this who told us they were completing additional qualifications to become a senior staff member.

The registered manager told us that most of the provider's mandatory training was computer based training and the provider's records showed that for some staff they had not completed any training, while longer term staff were out of date. The registered manager told us that the computer based training model was not effective, which the provider had recognised and was in the process of implementing a new training programme. The provider told us the new training programme would be more effective in developing their staff, as it was more engaging and delivered in different languages to support staff whose first language was not English. The provider told us the new system would better support the registered manager to alert them when the mandatory training was not completed or overdue.

We saw assessments were completed before people began receiving care to ensure the staff were equipped to meet their needs. A visiting healthcare professional told us how the admission procedure had, "Improved over the last six months", and people living in the home were being properly assessed. Where people had moved into the home with specific care needs, such as dementia, or a physical health problem, we saw these were assessed on admission to ensure the right external healthcare teams were notified for on-going support. For example, where a person has a diagnosis of dementia they were reviewed by the mental health team.

People were complimentary about the food that was available. People told us they had enjoyed their lunch time meal, we saw people were offered more food or alternatives if they wished. One person told us "I had bacon and chicken pie for lunch and the food is always lovely. I eat everything that they serve up, it is lovely."

At the last inspection we found concerns regarding the management of people's care when they were noted to be losing significant amounts of weight. At this inspection we found improvements in the management of weight loss had been made. Two relatives told us they were concerned by their family member losing weight since their admission into the home. We reviewed their care records to understand what action staff had taken. We saw staff had taken timely action to involve a range of external healthcare professionals and followed their advice where given.

Staff were aware of who needed support to eat their meals and we saw staff assisting people to eat their meals where they needed further support. We saw one person whose care records we reviewed for their weight loss sat down for their meal. We saw how they walked away from their meal after only eating a small amount with no further encouragement from staff to perhaps eat a little more. A staff member advised the person would not appreciate this approach, and that staff would try again later with the person. On the following day we saw the person was accepting of assistance to eat their meal and staff provided the person with this support. The chef knew who had lost weight or risk of losing weight and how they could increase their calorie intake and shared examples of this. The provider advised they would discuss with staff how they would provide people who lived with dementia the opportunity to eat smaller amounts of food throughout the day if this was their preference.

We saw improvements in the way people were offered and supported to have enough to drink throughout the day. Where people were at risk of dehydration staff recorded their fluid intake on record charts so they could be sure people were drinking enough to keep them healthy. We found that fluid charts were mostly completed and where there were gaps in information about how much the individual person should be drinking the registered manager addressed this with their staff group.

People confirmed they were supported to see their doctor if they became unwell. During our inspection we saw a doctor and a chiropodist came to see people for their specific healthcare needs. A staff member explained the doctor came once a week to visit people to discuss any concerns they may have. We saw from people's health care records they also had visits from, opticians, dentists and audiology and these appointments were kept. Staff told us this joined up working benefitted people and their long-term health.

Haresbrook Park is a purpose built home, which has been split into two units, Glen View is for people who are more independent but require support with their dementia and mental health and Country house where people require more assistance from staff. The provider had equipped the home with specialist baths and showers which were appropriate to support people's individual care needs. On the Country House unit people were cared for on specialist profiling beds and staff had access to enough hoists, slings and wheel chairs to enable them to support people in the right way. People had access to communal areas and could move around freely and independently. People had access to a garden area where there were ramps to promote wheelchair access. The provider completed health and safety checks of the building and the equipment to ensure they met the right standards and identify any areas that may require further adaptation.

## Is the service caring?

### Our findings

At our last inspection in July 2017 we rated this key question as Requires Improvement. This was because people felt staff did not always have time to spend with them. Staff also felt upset that they did not have quality time to spend with people. At this inspection we found staff continued not to spend time offering reassurance and support to those who had a dementia related illness.

Where people had an advanced dementia related illness, staff did not always fully engage with them and tailor their support to the specific needs of the person. For example, we saw four people sat at the 'bus stop' in the hallway of the Glen View unit and heard one person asking staff who were passing when the bus was coming; we saw people had money in their hand waiting to pay for the bus when it arrived. One person told us they were worried they were not going to get home in time. We saw staff were task focused and walked past the people waiting and did not respond to the person's questions. We asked the deputy manager if they were able to respond to the people's questions and saw they supported them in a kind way, which alleviated their worries. We found a few hours later, the same group of people were dis-orientated in another person's bedroom, where the deputy manager assisted them.

We discussed with the registered manager about what we had seen, the registered manager told us they would spend more time with staff leading by example. The provider told us they would ensure staff received further dementia training so they could support people with advanced dementia in a way that was caring.

People who did speak with us told us they felt comfortable in their home and able to do the things they enjoyed. Where people were able to make their own choices of whether they preferred to spend time in their own rooms or use several of the communal areas within the home. Relatives told us they were welcomed into the home by staff and encouraged to visit their family member. Staff understood the importance of people's individual preferences and encouraged people to maintain their independence.

At this inspection people told us they were happy living in the home and spoke with affection about the staff. One person told us "Staff are excellent, super. They treat me in a kind and considerate manner." A relative told us, "Staff do their best. They are very sweet to my relative". Where the provider had sent surveys to relative's the feedback about the care staff was positive, with one relative stating, "Care staff have been excellent". We spent time in the communal areas of the home and found that staffs approach, although mostly task focused was kind and patient towards people.

When staff engaged with people we heard and saw this was done in a kind and respectful way. One person told us, "I feel that I am treated with dignity and respect." Relatives spoke positively about how their family members were cared for, with one relative saying, "[Staff] are friendly, very helpful and treat my relative with dignity and respect and they all like [person's name]." We heard staff speaking with people in a calm and quite manner. Staff discreetly supported people with their personal care and where we saw one person needing assistance to clean up after their meal the staff member did this in a gentle and respectful manner. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

## Is the service responsive?

### Our findings

At the last inspection in July 2017 we rated this key question as Requires Improvement. This was because people did not always receive consistent care that was timely. We also found that verbal concerns were not recorded to ensure these were addressed and used to improve practice. At this inspection we found improvements had been made.

The registered manager completed assessments for people before they came to live in the home so they knew staff could meet their needs. Senior care staff regularly assessed people's changing needs to ensure staff could still meet their needs. Where staff had identified a change in people's care needs, they would discuss the support required with the person, their relative and external agencies who were involved in the person's care to ensure the right support was being given.

People who spoke with us felt involved in planning their care from the beginning and that their needs continued to be met. One person told us they had sustained an injury and due to this found their chair was uncomfortable. They told us how staff had changed their chair quickly and they were now, "Really comfortable." Another person told us how staff supported them to have a daily shower which they preferred. Relatives told us they were involved in their family members care and felt listened to. Staff shared an example with us of how one person's mobility had declined and how they had adapted the person's care to ensure they were supporting them with the right equipment. From care records we looked at we could see staff were timely in requesting external healthcare professional support. We saw examples where staff had involved a range of healthcare professionals, followed their advice and guidance and regularly monitored the person's health.

People felt that staff were accommodating of their interests and supporting them to maintain their hobbies. One person told us, "We did get out for a few months, there was a minibus available. We went where the staff decided but we can put input in. We have some singers who come in a couple of times a month and then we have bingo but no quizzes." Another person told us, "I can't think of anything I need. Something like a daily paper I get and everything is catered for, if I think of anything I can always ask." A relative we spoke with felt staff met their family member's needs, and felt that due to their advance dementia the re-assurance staff provided was appropriate for them. Staff felt they needed more time with people and the registered manager told us they were employing a further activities co-ordinator to lead their existing group of activities staff. They told us they were excited about the new ideas they had to meet the needs of the people who lived there.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to. One person said, "I have nothing at all to have concerns over, if I did then I would see the [registered] manager as I'm a bit forward like that." While a relative told us "We are confident that any concerns we will raise them with the staff and we can go to the main carer for our relative's daily details regarding food and drink if we need to."

We looked at the provider's complaints records and saw that the registered manager had kept clear records

about the complaints received and how they responded and taken actions to reduce the likelihood of a concern from happening again. We saw the registered manager would send an apology to the person who complained and explain the action they had taken to address their concern. Where appropriate staff confirmed concerns were shared with them so that lessons could be learnt.

A staff member we spoke with told us they had received end of life care training which had helped them to support those people who were at end stage of life. Staff told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. Staff explained how they worked with the external healthcare professionals to ensure people had a dignified and comfortable death. Staff spoke in a compassionate way about people they had supported.



## Is the service well-led?

### Our findings

When inspected in July 2017 we rated this key question as Requires Improvement, with a breach of Regulation 17, Good Governance. This was because there had been a period of time where the checks and audits of the service had not been robust to ensure people received good quality care. Staff had also told us they did not always feel supported in their role as management were not always visible to staff. At this inspection staff felt management were more visible to staff, however further improvements were required to ensure people were provided with a consistently good service.

The provider had not made sure staffs responsibility and accountability was understood at all levels so that the governance systems that were in place were being followed. The registered manager had not ensured the systems the provider had in place were being followed correctly by the staff. For example, the provider had a good system in place which supported staff to ensure that where some people had conditions within their deprivation of liberty authorisation these had been implemented in line with the conditions. However, our findings showed that staff were not completing all of the providers paperwork to ensure people were receiving the right care and treatment in-line with their consent.

The provider had systems in place to communicate to the registered manager all safeguarding matters; however we found that staff were inconsistent in this approach, and while they had recorded the incidents they had not reported these to the registered manager to ensure sufficient action was being taken. The registered manager was unaware of specific incidents that had happened to people living in the home to assess and mitigate the risk.

The provider had employed a new regional manager in April 2018 were they had completed checks and identified shortfalls to improve the service. They had recognised that improvements were required in the reporting systems to ensure clear communications were in place. However these new systems were in their infancy, and the provider needed time to embed these new processes and to understand if these were working effectively.

This was a breach in regulation which was Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good Governance.

People and their relatives felt enabled to make decisions in how the service was run. People told us meetings were held regularly where they could discuss topics that were important to them. We read some of the past meeting minutes and saw that people had been positive about the quality of the food and were planning their future events. People we spoke with told us they felt included and that the staff and registered manager listened and responded to them. One person told us how they, "Like living here, I am very happy here." While a further person said, "Couldn't ask for a better place to be, would recommend the home to anyone."

Relatives felt the service was well run. One relative expressed they were happy with the service and the support offered to their family member. They told us they had attended the relatives meeting where they

had been able to share ideas about meals times for their family member. A relative told us that following an incident that happened to their family member, the provider visited them at home to give them reassurances about the action they were taking.

Staff felt supported by the management team, and that they could speak with them if they needed to. We read the minutes of the last two staff meetings, which showed that management gave staff the opportunity to discuss topics important to them. We could see that the management team were listening to staff, as staff concerns were being addressed.

The registered manager visited people and asked if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people. They showed us other checks that they had in place, such as spot checks of care records and spot checks of staff performance to ensure that appropriate and timely actions were being taken. We could see the registered manager supported staff who required further development and encouraged those staff they saw who had potential to develop in their role.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Where people had authorisations in place to restrict their liberty, the conditions within them were not consistently followed. People had not been not been involved in discussions around their preferences for how their care was to be delivered.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Identified risks to people were not consistently managed to mitigate the risk.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers systems for monitoring the service provision were not established to ensure these were effective in providing a consistently good service.