

## Barchester Healthcare Homes Limited

# Wykeham House

### Inspection report

21, Russells Crescent  
Wykeham House  
Horley  
Surrey  
RH6 7DJ  
Tel: 01293 823835  
Website: [www.barchester.com](http://www.barchester.com)

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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 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on the 14 and 15 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing, people's consent to care and treatment, requirements relating to the recruitment of staff, the cleanliness of the service, respecting and involving people and the care provided to people.

We undertook this inspection to check that they had followed their action plan and to confirm that they have now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wykeham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

# Summary of findings

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.

Clinical staff were not able to tell us the most appropriate action to take in medical emergencies.

We spoke to the registered manager about this. Who said they would arrange for immediate training to ensure the staff knew what they should do in the event of an emergency.

There were some instances where staff did not effectively care for people. One relative said; "We have to ask the nurses to call the doctor for them (family member), I'm not sure if they always recognise the signs." We were told by the registered manager that they recognised that staff did not always pick up on the signs of people being unwell and were taking steps to address it.

We saw examples where staff did provide effective care. One relative told us "Staff noticed that (their family members) feet were becoming inflamed and immediately called in the doctor." One health care professional told us "They do a lot of in-house training here; I'm not worried about the clinical aspects of the care here."

Not everyone had positive experiences in relation to meal times. People who were being supported to eat were hurried. There were no conversations between staff and people on one unit and some other people were not encouraged to eat their meals.

However people said that they enjoyed the food at the service. Comments included "The food is very good, I've suggested salmon and salad and it was lovely" and "They (staff) feed you well, the food tastes nice."

There were enough staff deployed around the service to safely meet the needs of people. People had varying views on the levels of staff. One person told us "Staff are quick at answering call bells" whilst a visitor said "There are often no staff in the lounge."

All new staff underwent a recruitment process before they started Where any gaps in records had been identified by us, for example evidence that previous convictions check had been obtained, these had been addressed by the registered manager. This ensured that only suitable people were recruited.

Staff were following best practice in relation to infection control and we found that all areas of the service was now clean.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. There was a safeguarding policy and staff received safeguarding training. Risk assessments were undertaken and reviewed every month or sooner if required.

Accidents and incidents with people were recorded with information of what happened and what actions were taken. In the event of an emergency such as a fire; each person had a personal evacuation plan and at each handover staff discussed these to make sure they reflected people's current level of needs.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely.

People had good access to health and social care professionals when required. The local GP visited the service weekly and people were supported to see their GP at the local practice if they wanted to

The premises had been built to meet the needs of people living with dementia and various physical impairments.

Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and

# Summary of findings

acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that sufficient action had been taken to improve safety of people living at the service.

There were enough staff deployed around the service to safely meet people's needs.

All areas of the service were clean and there were adequate systems in place to help prevent the spread of infections.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Risks were assessed and managed well. Risk assessments provided clear information and guidance to staff.

Good



### Is the service effective?

We found that some action had not been taken to improve the effectiveness of the care for people.

Staff did not always have the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were not always supported to have enough to eat and drink.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence.

People actively made decisions about their care.

Good



### Is the service responsive?

We found that some but not all action had been taken to improve the responsiveness of the service.

Requires improvement



# Summary of findings

People's needs were assessed and however care plans did not always identify what support people required.

Not all people were involved in enough everyday activities.

People were encouraged and supported to develop the skills needed to live independently.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

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

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

**Good**



# Wykeham House

## 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 checked 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.

Wykeham House is a purpose built care home providing nursing care for up to 76 older people, some of whom are living with dementia. At the time of the inspection there were 71 people using the service.

This inspection took place on 25 and 30 June 2015 and was unannounced. Our inspection team consisted of two inspectors, one expert-by-experience who carried out interviews with people using the service (an expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service) and a nursing specialist.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection, we spoke with 12 people, three visitors, eight members of staff the registered manager and two health care professionals. We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included four people's records, care plans, care notes, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 14 and 15 October 2014 we found breaches which we followed up on this inspection.

# Is the service safe?

## Our findings

At the previous inspection on the 14 and 15 October 2014 the service was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff to meet people's needs.

At this inspection we found that there were enough staff deployed around the service to safely meet the needs of people. There were mixed reviews from people and visitors about the numbers of staff. One person told us; "Staff are quick at answering call bells" however a visitor told us "They could do with some more staff" whilst another visitor said "There is often no staff in the lounge."

We were told by the registered manager that they had recently taken on new staff including nurses. They told us that some of these staff were taken on as bank to call upon during staff absences. They said that recruitment was underway to find additional staff. During our inspection we found people received their personal care in a timely way and call bells were answered quickly. The staff rotas showed that there was always the correct numbers of staff on duty. However during the lunch period on one floor we found that people in their rooms, who needed support to eat, did not receive their meals in a timely way. This was because people in the dining rooms were being served their lunch first. We spoke to the registered manager about this who arranged for people in their rooms to have their meals first before people who were sat in the dining rooms. On the second day of the inspection we found that the redeployment of staff in response to our feedback meant people were being served food in their rooms in a more timely way.

At the previous inspection on the 14 and 15 October 2014 the service was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were gaps in the recruitment files around staff's health questionnaires and references. We saw that several incidents of unsafe practice had been identified for one member of staff but there was no record of how this had

been addressed by the previous manager. We found that staff did not understand the correct procedures in relation to using the sluice room and there was no system of recording what had and had not been cleaned.

On this inspection we found that requirements needed for the safe recruitment of new staff had been undertaken. Where any gaps had been identified by us these had been addressed by the registered manager by the end of the inspection on day one. For example, one member of staff's references had not been returned although the reference had been obtained verbally. The registered manager contacted the referees and a copy of the reference was placed on the file by the end of the day. Another record was missing from a member of staff's file that related to any previous convictions check. This was also addressed by the registered manager by the end of the inspection. All other checks were undertaken before staff started work including a completed application form, health questionnaires and evidence of their identities. This ensured that only suitable people were recruited.

Staff were following best practice in relation to infection control. We saw that the sluice rooms had been cleaned to a good standard. Policies had been updated in relation to infection control and staff were now provided with up to date and clear guidance. All areas of the service were clean and dust free. We spoke to a member of staff who told us that they recorded what areas had been cleaned each day to ensure that areas were not missed. We saw copies of these records.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the registered manager or the local authority if needed. There was a safeguarding policy and staff received safeguarding training, the registered manager had identified those that needed refresher training and this was being organised.

The management of people's risks was dealt with in several ways. There were risk assessments in each person's care plan and these needed to be reviewed every month or sooner if required. One member of staff told us that for any new person that joined the service their mobility, weight and skin integrity was assessed as soon as possible. Where a risk had been identified a control measure was recorded for staff to help reduce the risk. One person was at risk of pressure sores. There was information for staff on how to

## Is the service safe?

minimise the risk by providing them with pressure relieving equipment and turning them in bed. Other areas of risks assessed included falls and malnutrition. Staff said that these risks to people were also discussed at staff handover. We observed staff supported people when they were walking with their frames to keep them safe. Staff had knowledge of what the risks to people were and what action to take and they used these when caring for people.

Accidents and incidents were recorded with information of what happened, who was involved, what documents had been completed, who had been informed and what actions were taken. Any trends are identified from the records and steps taken to reduce the risk of this happening. One person was provided with additional support from staff as a result of an incident occurring.

The environment was set up to keep people safe. The building was secured with key codes to internal doors and external doors. Windows restrictors were in place so people could use these safely. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths and hoists.

In the event of an emergency such as a fire; each person had a personal evacuation plan and at each handover staff discussed these. There were also action plans in relation to other emergencies including equipment failure and fire safety.

There was some guidance missing in relation to 'As required' medicines. The registered manager advised us that some floors had moved onto new medicine charts for people and that the guidance had not been transferred over. This was addressed by them by the end of the inspection. People were encouraged to take their medicine and given time to consider what was being asked of them. Staff took time to explain what was happening and where appropriate, what the medicine was for. All medicines were stored safely. Medicine trolleys were stored in the treatment room which was kept locked at all times. Only nurses had access to the keys and they were kept with the member of staff on duty at all times.

Up to date medicines policies and procedures were available to staff and kept with the medicine trolley. We looked at Medication Administration Records (MAR) and found the daily checklist for medicine administration had been signed for appropriately and there were no gaps.



# Is the service effective?

## Our findings

At the previous inspection on the 14 and 15 October 2014 the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all staff had knowledge of the Mental Capacity Act 2005 (MCA) and there was no clear recording of best interest decisions around people's care.

On this inspection we found that staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. MCA assessments were undertaken where appropriate and detailed in people's care plans. Where people's liberties were being restricted applications had been submitted to the local authority. All staff had received training in relation to MCA and DoLS.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day including staff asking people if they wanted support to get dressed or whether they could enter people's rooms. Staff told us that in the first instance they would assume people could make decisions by themselves. If people refused care and the person became agitated they would leave the person and then ask them again later.

Clinical staff were not able to tell us the most appropriate action to take in medical emergencies.

For example we asked them what they should do if someone was unconscious and not breathing. They were able to tell us that you would need to do CPR (which is short for cardiopulmonary resuscitation). CPR involves giving someone a combination of chest compressions and rescue breaths to keep their heart and circulation going to try to save their life. However three staff were unable to tell us the correct speed and depth of the compressions needed. One member of clinical staff said that if someone was choking they would put a person into the recovery position and induce vomiting by sticking their finger down

the person's throat. This would be ineffective and harmful to the person. We spoke to the registered manager about this who responded by arranging for immediate training to ensure the staff knew what they should do.

There were some instances where staff did not effectively care for people. One relative felt that staff didn't always pick up on the signs of their family member being unwell. They said "We have to ask the nurses to call the doctor for them (family member), I'm not sure if they always recognise the signs." We were told by the registered manager that they recognised that staff did not always pick up on the signs of people being unwell and were taking steps to address it.

Staff did not have the most up to date knowledge of life saving techniques and effective care this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples where staff did provide effective care. One relative told us "Staff noticed that (their family members) feet were becoming inflamed and immediately called in the doctor." One health care professional told us "They do a lot of in-house training here; I'm not worried about the clinical aspects of the care here".

The registered manager told us that any new staff completed an induction at the beginning of their

employment and records confirmed this. She told us staff also undertook shadowing shifts to see how tasks were completed and what was required from them. Staff also completed additional training in people living with dementia which they said they enjoyed and it helped them understand the needs of people living with dementia.

One relative said "Staff are very good; nurses are well trained in dealing with (people living with) dementia." The staff we spoke with were positive regarding the training and development activities they completed. They were clear about their roles and felt supported. There were systems in place for staff to meet with their manager on a one to one basis. As well as one to one supervisions group supervisions were also undertaken to assess staff competencies. Subjects discussed at clinical supervisions included pressure ulcer care, falls prevention and nutrition. The registered manager told us that in addition to this, 'reflective practice' took place regularly with the nurses around what clinical care could be improved. This included

## Is the service effective?

discussions around the dispensing of medicines and end of life care. We saw records around supervisions for all other staff which included discussions about[SK1] additional training required and whether staff felt supported.

People said that they enjoyed the food at the service. Comments included “The food is very good, I’ve suggested salmon and salad and it was lovely” and “They (staff) feed you well, the food tastes nice.”

However not everyone had positive experiences in relation to meal times. Those people that had pureed food were not offered a choice of what they wanted to eat. Where people were provided with a meal they were not always encouraged to eat it. One person did not touch their main meal, this was taken away, after some time, by a member of staff and she was provided with a dessert which was not eaten. One member of staff told us that sometimes this person didn’t eat their meals however the care plan did say that they should be encouraged to do so. There were other people in one of the dining rooms that, although they could eat independently, were not encouraged to eat as much as they could have been.

Meals were attractively presented, however on the floor where people lived with dementia there was no sociable atmosphere. People who were being supported to eat were hurried and there were no conversations between staff and people.

One person had very little appetite which was recorded in their care plan. The care plan records suggested that staff offer specific food as there was very little the person liked. We saw a member of staff supporting this person to eat with little interaction. The person refused the meal and the member of staff didn’t offer any alternative such as the foods suggested in the care plan. When we asked the member of staff if they could offer this alternative they did this. The person ate all of this meal.

As not all people’s nutritional needs were met this is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were offered hot or cold drinks throughout the day. We saw people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. People’s care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example, care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people’s needs across the day and provided current information about people’s support needs. We spoke with a member of the catering staff. They demonstrated an in-depth knowledge of the likes and dislikes of people

as well as any dietary specialist requirements people had, such as, if a person was at risk of choking and required a soft or pureed diet.

People had access to healthcare services. The local GP visited the service weekly and people were supported to see their GP at the local practice if they wanted to. Other healthcare professionals such as the Tissue Viability Nurse, Physiotherapist and Nurse Advisor to Care Homes visited the service regularly. They all told us that they felt that when they were called to the service this had been done appropriately.

The premises had been built to meet the needs of people with dementia and physical impairments. For example signs were used around the home that made it easier for people to see where toilets, bathrooms and bedrooms were located. Contrasting colours had also been used in bathrooms so people living with dementia/and or visual disability, could easily see the toilet seats and grab

rails. The layout of the building enabled people to move around freely and safely, with wide corridors.

# Is the service caring?

## Our findings

People using the service were complimentary about the caring nature of the staff and registered manager. Comments included “The girls look after you very well”; “When I came here from hospital I was very weak the staff made sure that I got my three glasses of milk.” Another person said “I would like to stay here until the end of my days, the staff are very good, all of them.” Relatives also thought that staff were caring. One said “The staff are very good with residents, they do more than I ever could, staff are wonderful” whilst another said “The staff are always nice to the visitors and offer tea and cake.”

Over the two days of the inspection we saw examples of staff interacting with people in a very caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. Staff communicated well with people, understanding the gestures and body language people used and responded appropriately. For example, staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times. We heard a member of staff having a conversation with one person. We saw the carer listening carefully to what the person was saying and responding appropriately. There were periods through the day on each floor of staff and people chatting and laughing together.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. However people’s life histories were not always clear in people’s care plans. Any new member of staff would not always know what was important to people. We spoke to the registered manager about this who said that they would make sure that every

care plan had this information available and clear to staff. We saw staff respected people’s diverse needs. The registered manager described the ways in which one person preferred to be supported. We saw that staff understood that and provided this support throughout the day.

We heard staff address people respectfully and explain to people the support they were providing. The staff explained to us how they maintained the privacy and dignity of the people that they cared for and why this was an important part of their role. One person said “Staff always close the door when I’m having a wash, I was able to have a shower today, they (staff) were very gentle.” One member of staff said “It’s a lovely place to work; I really like the residents here.”

People said that they felt involved in the decisions around their care. Relatives said that they felt very involved in the planning of their family members care. The care plans contained information about the person’s preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement

safely. The records included information about individuals’ specific needs and we saw examples where records had been reviewed and updated to reflect people’s wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their

relatives had been involved in developing their care plans so that their wishes and opinions could be respected. This showed that important information was recorded in people’s plans so that staff were aware and could act on this.

We found that information on advocacy services was available and one person had benefited from an advocate being involved in an aspect of their support.

# Is the service responsive?

## Our findings

People said that before they moved into the service they discussed their needs with a member of staff. Relatives also told us that they were asked about their family member's needs before they moved in. One relative said "When (family member) moved in we had to complete a form, we were asked about any medical problems (the family member) had."

However there were instances when staff were not responding to people's needs. One person was now being cared for in bed. The care plan stated that this person 'Can manage to maintain their oral hygiene care, with assistance from one care worker by presenting their toothbrush and toothpaste for them'. The person told us that they liked to have their teeth brushed after breakfast but on the day of the inspection staff did not support them with this.

We found that this person (who was at risk of pressure sores) was not being turned in bed as often as they should to prevent sores from occurring. Another person was at risk of ulcerated legs and had to elevate their feet however this person had not had the appropriate chair provided to do this. We were told by staff that this person had been waiting for the past two weeks to have a new chair provided. As result this person's leg had become ulcerated. We spoke to the registered manager about this who immediately ensured that a new chair was ordered and a temporary recliner chair was provided. They also provided us with an updated care plan for the person detailing what care should be provided in relation to the ulcerated leg.

Another person's care plan stated that they were diabetic and that their behaviours could be challenging. However there was not specific guidance to staff on how they needed to manage this person's diabetes or behaviours. The clinical staff were able to tell us about the person's medical conditions however there was a risk that any new staff would not have the most up to date and appropriate guidance on how to manage this person's care. The registered manager has provided us with evidence that this person's care plan has now been updated with the guidance around his care needs.

Not all people received care that was appropriate to their needs which is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples where people's care was appropriate to their needs. We saw a detailed and clear plan around the care that was required for another person with diabetes.

There were mixed views from people about the activities on offer. One person said "All we do is watch telly, I would like a bit more fresh air, sit out in the garden or go out in the coach and ride around" whilst another person said that people had been taken out on the bus with a member of staff. One relative said "It's nice to see (their family member sitting outside today, the staff took (the family member) out on an outing the other day."

Activities were not always specific to people's interests or needs. We felt that the activities were difference dependant on where you lived in the service. Where there were people living with dementia there were books and soft toy displays but we didn't see people interacting with these. People were left to wander the corridors unsupported or sat in their chairs for long periods of time as there was nothing else happening to engage them. One member of staff said that some people were "Bored out of their minds" as there wasn't enough to do.

One relative said "There is a lack of stimulation, nothing structured, and no continuity of activities, people are in a row in front of the television. There used to be a lot more going on when we first visited the home but doesn't seem to happen now. I know that there has been difficulty in recruiting and keeping an activity coordinator. They sometimes have entertainers come they are very good." The registered manager told us that activities coordinators had been recruited but one was still undertaking their induction.

However we found that there was more activity in other areas of the service. In the afternoon after lunch a few of the people on the ground floor were sat outside in the garden. A parasol shaded them from the sunshine and several people were sitting and chatting. One person was knitting and chatting to a friend who also lived there.. They said "I love knitting; I am making squares for a blanket." We observed a member of staff offered wool to another person for them to choose a colour. Later in the downstairs lounge there was a music session being run by one of the members of staff. Several people were singing along with this and people were happy, smiling and appeared to be enjoying the activity.

## Is the service responsive?

Several people showed us their manicured nails and one person said “The girls did my nails last night. I choose this colour” whilst another person said “We had an Elvis afternoon and last Friday we had a BBQ I enjoyed them.” Their visitor also told me that they had been invited to the Elvis afternoon and had been told to stay as long as they liked. One relative said “It was a super day; the staff were dancing with the residents. It was a lovely afternoon”

**We recommend that the service considers how they could improve the activities provision to suit the individual needs of all the people living at the home.**

People and relatives said they were confident they could raise any issues about care without any concerns. The registered manager told us that all complaints were recorded and a decision was made about who dealt with them. One relative had wanted their family member’s room to be redecorated as they were not happy with the colour of their room and this was done for them. One person was unhappy about lots of new staff and the registered manager sat with the person to discuss their concerns. Complaints were used as an opportunity for learning and improvement of the service. The registered manager had an open door policy and people and relatives said they felt able to go to them with their concerns.



# Is the service well-led?

## Our findings

People were complimentary about the home. They told us that they thought the home was well run and completely met their needs. People we spoke with found that staff listened to their views and were receptive to their suggestions on how to improve the service. One person said “The home is very well run (staff and the manager) are always nice to my visitors.” Relatives said they felt that they could talk to the registered manager with any problems they had. One relative described the registered manager as “Proactive, The door to her office is always open and she always speaks when you pass” and another relative said “The managers are helpful and considerate. I have no complaints about the home.”

The home had a clear management structure in place led by an effective registered manager who understood the aims of the home. The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included an open door policy anyone who wanted to bring something up with them just had to walk through the door and ask.

Management being supportive of staff and people, respecting each other and open communication. We saw on several occasions where people, visitors and staff went to speak to the registered manager. Two members of staff did raise that they would like to see the registered manager “On the floor” more. We raised with the registered manager who said that would make sure that they were more visible to staff.

Staff told us the morale had improved and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were welcomed and used to assist them to constantly review and improve the home. For example, one member of staff suggested a summary of care needs is provided in people’s rooms and the registered manager agreed to find some appropriate samples to test this. At some meetings the registered manager would invite a relative or a person who used the service to feed back their thoughts on areas that they would like to improve and the staff welcomed this. We looked at staff meeting records which confirmed that staff views were sought constantly.

Monthly meetings were held with the people and relatives. At these meeting people were actively encouraged to look

at what could be done better. People and relatives said they were aware that meetings were held. One relative described the meetings as “Helpful, interesting.” We saw that meetings included discussions around the food, housekeeping, laundry, care and maintenance. We found that where concerns had been raised action was taken to address this. For example one person said that they wanted a change to something on the menu and this was accommodated. Another person asked if more ‘Spot checks’ on care being provided could be undertaken by the registered manager and this is now in place. It was clear from the meetings that people’s and relatives’ views were important to the registered manager and that where appropriate improvements made. The registered manager asked one person to review their care plan and the way it had been written. The person fed back to the registered manager their views and steps were being taken to review how to personalise the care plans more.

Also surveys were completed with every person who used the service, relatives and staff. The information from this was analysed and used to look at areas for improvement. For example, people and relatives had asked for additional activities to be arranged. The registered manager has recruited another activities coordinator. Staff asked for better communication and additional staff meetings were arranged.

We found that the registered manager understood the importance of good quality assurance and used these principles to critically review the home. The registered manager told us they were well supported by the area manager who provided all the resources necessary to ensure the effective operation of the service. We found that the provider had effective systems in place for monitoring the home, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, learning and development for staff. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the latest audit identified that updated food likes and dislikes needed to be sought from people which was being addressed by staff.

In addition to the audits the registered manager undertook unannounced ‘Spot checks’ during the evenings. This was

## Is the service well-led?

to check on the safety of the building and observations around the care that was provided. Feedback was always provided to staff around these visits and follow up action plans were recorded and checked at the next unannounced visit. The registered manager told us that they would work the entire shift so night staff would have the opportunity to “See them” on the floor.

On the day of the inspection any concerns identified were address immediately by the registered manager.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. Staff told us that they document all incidents using the contact sheet, reported it to the manager who investigated and also reported it to higher management if needed. Discussions were then had at team meetings around any learning from these.

In addition to the mandatory training staff had opportunities to undertake additional courses and

conferences to improve their knowledge and understanding. These included ‘The Florence Nightingale Conference’ and ‘Innovation Summit and Showcase’ which both discussed quality of care and leadership. To ensure staff felt valued staff were given care awards within the service and more widely within the organisation. Staff, people and relatives were able to nominate members of staff for these awards.

Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**People who use services and others were not protected against the risks of unsafe care and treatment because not all staff demonstrated the appropriate skills needed.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

**The nutritional needs for some people who used service were not being met.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**Not all care and treatment for people was appropriate to their needs and preferences.**