

Wychbury Care Services Limited

# The Priory Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 16 January 2018 and was unannounced. We announced our return to the home on 17 January 2018.

The Priory Care Home 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. Priory Care Home is registered to provide accommodation for up to 30 people, including older people and people living with dementia. On the day of our inspection 28 people were living at the home. People have access to communal areas within the home and access to the home's gardens.

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. A registered manager was in post and supported the inspection process over the two days of the inspection.

At our last inspection on 01 December 2015, we gave the service an overall rating of Good. At this inspection, we have rated the key questions Safety, Caring and Well-led as Requires Improvement which has meant the overall rating has changed to Requires Improvement.

The provider had not fulfilled their regulatory responsibilities in submitting notifications about people's deaths to us. This meant they were in breach of Regulation 16 of registration Regulations.

There were aspects of the provider's and registered manager's quality checking arrangements which were not consistently effective in identifying practices which required improving to show continual development of the service.

We found staff did not always promote or maintain people's dignity. People's personal information was not consistently stored and or when staff were working on care documents they were left in communal areas so unauthorised people could potentially access these thus not maintaining people's confidentiality.

People benefitted from being supported by kind and caring staff who assisted people to be as independent as possible and involved in their care.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. People's medicines were made available as prescribed and were supported to take these by staff who had the knowledge to do this in a safe manner. The registered manager had identified shortfalls in safe medicine storage for people's prescribed creams and had taken action to remedy the situation.

People were supported by staff who knew how to reduce the risk of infections and people were complimentary about how clean the home environment was and from any unpleasant odours. The registered manager took immediate action to remove a shower chair and ensured slings were for personal to each person to further assist in the prevention of cross infections.

There was evidence of organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively with learning taken to continually improve care.

Staff worked well together in a mutually supportive way and communicated effectively. Training and one to one support systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing.

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

People were provided with food and drink of good quality which they enjoyed and met their individual needs and preferences. Staff worked closely with local social and healthcare services to ensure people had access to any specialist support they required. The environment and facilities in the home were being refurbished and redecorated to reflect people's requirements. People liked their own rooms and they furnished these with personal items so it felt homely.

People were provided responsive care and support which met their individual needs. There was a planned programme of things for people to do for fun and interest. Staff spent time with people on a spontaneous basis chatting about their families and lives. Staff knew people really well and had built up trusting relationships. Staff provided end of life care in a sensitive and personalised way.

The registered manager was well known to, and respected by, everyone connected to the home. They were supported by the provider who ran the home as a family concern which people appreciated.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 the report.

Further information is in the detailed findings below.

## 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 safe.

People's medicines were made available as prescribed although the storage for some medicines required strengthening. The provider had systems in place to maintain the cleanliness of the home environment however, some practices required improving to further support the prevention and control of infections. People felt safe living at the home because there were sufficient staff to assist them at times when they required support. The provider had arrangements in place to ensure people's safety was not compromised by recruiting unsuitable staff. People's risk assessments were reviewed and updated to take account of changes in their needs. There was evidence of organisational learning from significant incidents and events which happened at the home.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who received an induction and on-going training which was tailored to meet people's needs. Staff were provided with effective one to one support to undertake their roles and responsibilities. Staff understood how to support people who lacked the capacity to make some decisions for themselves. People were provided with food and drink of good quality which they enjoyed as it met their needs and preferences. Staff worked closely with local social and healthcare services to ensure people had access to any specialist support they needed. The home environment and facilities were in the process of being improved through refurbishment and redecoration to ensure people's requirements were reflected.

**Good** ●

### Is the service caring?

The service was not consistently caring.

People did not always have their dignity promoted or maintained. People's personal information was not always kept and maintained to protect people's privacy and confidentiality. Staff were caring and thoughtful in their approaches. Staff

**Requires Improvement** ●

encouraged people to maintain their independence and to exercise choice and control over their lives.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care and support that was personal to them and this was reviewed regularly. People were provided with things to do for fun and interest. Staff provided compassionate care for people at the end of their life. People knew how to raise concerns or complaints and were confident that the provider would respond effectively with any learning taken from these to support improvements.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

The provider had failed to notify CQC of people's deaths as they are required to do as part of their registration conditions. Quality checks and monitoring systems were not consistently effective. People and relatives felt involved in what happened at the home and were complimentary about the family run atmosphere. The registered manager was well known to everyone and led by example which was respected by all staff. Staff worked together in a friendly and supportive way

# The Priory 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.

This was a comprehensive, unannounced inspection which took place on 16 and 17 January 2018. The inspection was undertaken by one inspector 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. On 17 January 2018 our inspector returned alone to complete the inspection.

As part of the inspection we looked at the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the home from the local authority and Healthwatch. The local authority have responsibility for funding people who used the service and monitoring its safety and quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we met and spent time with people in the communal areas of the home. We saw how staff provided care for people who lived at the home to help us better understand their experiences of the care they received. We spoke with 10 people who lived at the home and four relatives.

We met and spoke with the registered manager of the home and briefly to two of the provider's representatives. We talked with four care staff members, a domestic staff member and a cook.

We looked at a range of documents and written records. These included the sampling of four people's care records, details of actions staff took to help to assess and meet, and monitor people's care and safety. We saw records which showed us how people's medicines were made available to them as required together with how they were stored. Staff training records and staff rotas were also seen. In addition, we saw the checks made by the registered manager and provider so they could be assured people received the care required. The registered manager also provided us with a copy of the phased refurbishment plan for the

environment and facilities in the home. Following our inspection the registered manager sent to us details of the notifications which had not been sent to us so we had this knowledge.

# Is the service safe?

## Our findings

At this inspection, we found the systems in place required strengthening to support the safe storage of some medicines and reduce further the risks to people from cross infections. The rating has changed to Requires Improvement.

All staff who administered medicines had received specialised training in how to do so safely. We saw medicines were mostly stored securely and safely. However, we found there were aspects of the storage of medicine which did not consistently reflect good practice as they were potentially accessible to unauthorised people. For instance a key was left in the lock of a small medicine cabinet in an office which was unlocked and prescribed creams were stored in a treatment room where the door was unlocked. The registered manager acknowledged the storage of medicines for people's creams required strengthening and took immediate action to make sure these medicines were stored securely.

People told us they received their medicine when they needed it. Relatives told us their family members' medicines were always given on time. We saw staff supported people to take their medicine safely and with the assistance they required. People were asked if they were happy to receive their medicine by staff who made sure people had drinks so they were able to comfortably and safely swallow their medicine. People who required medicine had a Medication Administration Record (MAR) which showed the medicines they were prescribed. MARs contained a photograph of the person so staff could make sure the correct person received their medicines. The MARs we checked confirmed people received their medicines as prescribed.

During our inspection the registered manager, who had the lead role in infection prevention and control, took a responsive approach to any practices which could increase the risks people would acquire avoidable infections. One example was a shower chair which was torn in places which the registered manager removed from use. In addition, the slings which are attached to equipment and wrap around the person to give support whilst staff assist people in moving. The registered manager took immediate action so slings were personal to each person who required them and they were laundered.

Regular cleaning schedules which were maintained by domestic staff to keep the home environment clean and odour free were effective. Commenting positively on the cleaning arrangements in the home, one person's relative told us, "It's spotlessly clean and never smells." Another relative felt the home, "Was a nice environment and never had any smell."

Staff we spoke with understood how their responsibilities in the prevention and control of infections. Staff told us what the correct Personal Protective Equipment (PPE) they wore when undertaking aspects of care so increased risks of people acquiring avoidable infections was reduced. We saw staff put their knowledge into practice as they wore items such as gloves and aprons to keep people from cross contamination and infection. For example, at lunch times when serving food to people.

People we spoke with told us they felt safe and comfortable living at the home and with the support they received from staff. One person said, "The people are nice, so I've no reason not to feel safe here". Another



person said, "I like it here. We are safe, the place is secure, and I have no worries." Relatives were also happy their family members were safe living at the home. One relative said, "I know that [person's name] is looked after safely. I'm happy they're safe and that staff support them safely."

People's safety from avoidable harm and abuse was maintained because staff had received training and were knowledgeable in recognising, responding to and reporting abuse or potential abuse. Staff we spoke with told us they would be comfortable in raising any concerns they had with the registered manager and senior staff, and were confident their concerns would be investigated and responded to. The provider had procedures in place to report concerns of abuse to the local authorities for investigation and the registered manager gave us an example where this had happened. However, the registered manager had not reported this to us as they are required to do under our registration Regulations and we have reported on this in the well led question. .

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People told us staff understood risks to their safety and took action to care for them. One person described how staff supported them with their personal care. The person commented, "They [staff] help me, which I am grateful for as I feel more confident and not so worried about falling."

The provider maintained effective systems to reduce potential risks to people's safety. People's welfare had been considered and assessed. This included risks relating to people's physical needs, skin care and medicines. When we sampled the risk assessment documentation in people's care records, we saw action had been taken to address any risks which had been identified. For example, one person had been assessed as being at risk from falls. Arrangements had been made to ensure a range of measures had been put in place to address the person's identified risk. For instance, the person was supported by two staff to move from a wheelchair to an armchair with the particular equipment they required. We saw that staff provided the person with reassurance during this process and made sure the person was comfortable before they left. Staff told us when risks to people changed they were kept informed through daily information shared as shifts changed and communication within the staff team.

In addition, the provider had systems in place to ensure equipment used to support people was regularly serviced and fit for purpose. This included fire safety and wheelchair checks. People had personal emergency evacuation plans in place detailing the equipment and support they required to leave the home safely in the event of a fire or any other emergency.

We saw people were supported by sufficient staff to safely meet their needs during our inspection. Staff were available in communal areas of the home and when people required assistance in their rooms staff responded in a timely way so people did not have to wait unreasonable amounts of time. People who lived at the home and relatives felt the staffing arrangements supported people's needs so these were met. One person told us they thought, "There was enough staff and they were all qualified." Another person said, "Whenever I need them they are here at my side to help with anything I may want. I never have to wait, which is reassuring to me."

The registered manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. Also, senior staff worked alongside care staff daily and monitored whether staffing numbers were adequate to meet people's care needs. We talked with the registered manager about staff vacancies at the home. They told us they were in the process of recruiting more staff.

This was to allow more flexibility to cover staff absences. They explained they would use agency staff if their permanent staff team were unable to fill the staffing rotas. The registered manager also provided care and support to people when this was required due to unplanned staff absences. Staff we spoke held the registered manager in high regard due to the practical support they provided to the staff team so people continued to receive the care they required even at times of unplanned staff absences.

The provider had procedures in place to reduce the risk of staff being employed who were unsuitable to provide care to people who lived at the home. Staff we spoke with described how they had attended interviews for the posts they had applied for and their suitability had been checked. These included providing names of employees they had worked for so references could be obtained and the completion of Disclosure and Barring Service (DBS) checks had also been carried out. These checks made sure people's safety is not compromised as they detail information about a person's criminal record and whether they are barred from working with people who use services.

We spoke with the registered manager and staff about how they managed accident and incidents at the home and what action was taken to prevent reoccurrence. Where people had falls staff would ensure the person's safety, check the person for injury and contact emergency services if required. Staff told us they would complete reports where required in conjunction with the senior staff member on duty which the manager would look at so they had an oversight and analysis. Where required people were referred to the relevant healthcare professionals such as, doctors and or physiotherapists. In addition, staff told us they were encouraged to learn from incidents and events in the home, through one to one and group meetings, so any learning from these could be incorporated into their practices to ensure these remained effective in supporting people's safety.

# Is the service effective?

## Our findings

At this inspection, we found people were provided with effective care and support. The rating continues to be Good.

People told us their needs were assessed prior to them moving into the home to ensure their needs and expectations could be met. One person said, "All the carers [staff] help me in the best possible way, they all know me well which makes such a difference." Staff we spoke with were mindful of people's differences and ensured people's preferences for how they preferred to receive assistance and support were recorded in their care plans. Where appropriate, the registered manager and staff utilised assistive technology and equipment to support people's independence and safety. One example was how a pressure mat was in place to alert staff when a person was attempting to walk without staff support. Another example was where people would benefit from specialised chairs these were provided so people's physical abilities were supported together with their independence.

During our inspection staff were seen to use their training and skills effectively when providing people with care and support. For example, some people required reassurance to make them feel well and comfortable. One person required support from staff to feel more at ease with what they were doing. Due to a staff member's skilful use of conversation we saw the person's wellbeing was enhanced as the person smiled in recognition of the support provided.

All staff received an induction when they started work at the home. This process included working alongside experienced staff members to assist staff in becoming familiar with people and getting to know their different roles. The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

Staff were also encouraged to study for nationally recognised qualifications in care. Staff described how they felt the registered manager supported them with this aspect of their personal development. One staff member we spoke with told us how they had undertaken a nationally recognised qualification. The staff member believed they had benefitted from doing this qualification as it increased their knowledge in dementia care.

Staff also received regular one to one meetings from the registered manager and other senior staff. Staff told us that this was a beneficial opportunity to reflect on their practice in a safe and nurturing environment. For example, one staff member said, their one to one meetings were, "Very helpful" and supportive. Another staff member told us they were, "Very well supported by [registered manager's name]" and were comfortable to approach the registered manager at any time with any queries or suggestions they had. The registered manager informed us team meetings had lapsed but they had plans to arrange one shortly.

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 an assessment shows a

person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. We looked at how the provider had ensured people's freedom was not restricted. We saw staff had received training so they would know how to promote people's rights and had followed the processes necessary to ensure people's needs were met in the least restrictive way. The registered manager was knowledgeable about their responsibility in making applications to the local authority to ensure any restriction was lawful and staff met people's needs in the least restrictive way.

People told us staff assisted them to make choices and decisions and sought their consent before they helped them with their care. One person described how staff always gained their consent and told us, "They all ask me first before helping me. It is what I would expect." Another person said, "They always ask me first, if I don't want to that's the end of it." We saw staff gained people's permission before they provided support, whether it was confirming what drink they wanted or asking if they wanted support with personal care. When people lacked capacity to make particular decisions arrangements were in place so any decisions made were in conjunction with people who were authorised to do so in their best interests. Staff we spoke with understood the principles of the MCA and their ethos was, "Always ask never assume."

People were complimentary about the food offered and how staff supported them when they required this to eat their meals with their comfort assured. One person was heard stating to others as they shared lunch, "They do a very good dinner here, we are well looked after, almost to be the point of being spoilt!" Another person said, "The food is very good, always a choice." One person's relative who had eaten food at the home commented, "The food is excellent, equal to that of a carvery. There is always a cup of tea waiting for me when I get here."

During the lunchtime meal staff ensured people were comfortable to eat their meal. Some people chose to come to the dining room or be in their rooms to eat their meals. Staff were attentive to people's individual needs while making sure people had choices about what they wanted to eat and how much support they required. People's nutritional needs and any risks associated with this were assessed and reviewed as required. The cook described how this information was shared so meals met people's individual preferences together with their dietary and health needs. One example provided by the cook was how they had adapted recipes so people with diabetes were able to still enjoy the same food as others.

From talking to people and sampling people's care records, we could see their healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, district nurses, optician and chiropodist. Describing the range of healthcare support they received, one person told us, "I can see the optician and chiropodist whenever I need to." Another person explained how if they became unwell staff they were confident staff would summons the doctor so they had the right help with their health needs. In addition, we heard how the registered manager and staff worked with social workers. This was to make sure people's needs were assessed and reviewed so where these changed and or something was not working this could be identified with actions taken. For example, a doctor visited during our inspection as the request of staff. These practices supported people in receiving consistent and effective care.

Since our last inspection, the provider was in the process of updating and improving the physical

environment in the home to ensure it remained suitable for people's needs. For example, a new toilet which made it easier for people with restricted physical abilities so they could comfortably use this facility. Similarly, in response to providing people with a garden area they could access the provider had ensured ramps had been included in the design of the new garden which had been created. The registered manager acknowledged the environment at the home was not specifically designed to assist people with finding their way around, and to meet the needs of people who experienced memory loss or dementia. There were some signs of the environment being adapted to meet people's needs in the past, such as a bus stop sign by the lift and a door with a picture of a letter box. However, the registered manager was aware more needed to be done and would be included in the programme of updating and improving the home environment. The registered manager showed us the planned phases to make on-going improvements to the home environment which formed the provider's action plans.

## Is the service caring?

### Our findings

At this inspection, we saw practices did not consistently support people's dignity and right to confidentiality. The rating has changed to Requires Improvement.

We saw staff had the best interests of people at heart but some of their practices had been formed because they had always been done in a certain way. This reflected on some of the care practices adopted over time which did not always maintain or support people's dignity or privacy. For example, all the chairs in the lounge and conservatory area had pads in place. These pads are absorbent, washable waterproof used to protect soft furnishings. This practice assumed everyone who sat on the chairs may have difficulties maintaining their continence. However, not all the people who lived at the home had continence issues which needed them to sit on protected furniture. This did not support people's dignity and was acknowledged by the registered manager who took immediate action to remedy this. In addition, there were toilets on the ground floor which did not fully protect people's privacy or dignity. This was because they did not have locks on each door and people may forget to lock the main door. The provider had already identified improvements were required to the environment at the home including toilet facilities.

All of above evidence supported this was a breach of Regulation 10 of the Health and Social Care Act 2008.

Staff showed their understanding of the need to maintain people's personal information in a confidential manner when we spoke with them. They told us how they knew this information should only be shared on a 'need to know' basis with those whom people had agreed to share information with. However, we noted the information about the assistance people needed to evacuate the home in an emergency was on display in a communal area of the home. This information reflected people's names, room numbers and their physical abilities. We spoke with the registered manager about our concerns about this information being on display for anyone to read. The registered manager acknowledged our concerns and took immediate action to find an alternative way of storing these records so staff could continue to access them but they remained confidential.

In addition, we saw people's daily records were left in a communal area of the home, when staff were working on people's care documentation including medicine records. However, the staff were not always present to make sure they were kept private from unauthorised people. This was also the case for records and information which was on display in an office which was accessible to anyone who came into the office or walked past. The registered manager acknowledged our concerns and took action to address these so information would be accessible for staff reference only.

People who lived at the home and relatives felt staff adopted a kind and compassionate approach towards their work and commented on how good the care was despite staff being so busy. People and relatives described staff as helpful, friendly and said that nothing was too much trouble for them. One person said, "The staff are all very kind and caring and look after me." One relative told us they felt the home was, "Relaxed" and staff were, "One hundred per cent caring and attentive". Another relative said, "Nothing is perfect; my relative is looked after as well as can be, [family member's name] is very fortunate at being here."

Staff used different ways of involving people in their care which people told us they appreciated. One person described to us how staff, "Never fail to check with me whether I want to go on a trip or stay here. I never feel ignored by any of the carers as they ask me for my choices in meals and where I want these. I could not ask for more." Another person said, "They never do anything without first checking whether I want to do it." Relatives told us they were also kept involved, where appropriate in their family member's care. We saw staff involved and consulted with people about their routine care, such as how they wanted to spend their time.

People had chosen how their own rooms were furnished and there was a programme of on-going redecoration of people's rooms where staff encouraged people to choose their own colours. People were supported to have their photographs on display of important people and events in their lives together with their own ornaments. One person told us having their own individual items around made their room feel like home and helped them to feel comfortable.

Staff knew people well and spent time chatting with them in a way which made them smile and laugh. We saw there was a relaxed atmosphere throughout the home. People appeared comfortable with staff who supported them and staff stopped and chatted with people when they had the time. Staff encouraged communication with people by the use of touch, eye contact and through body language, such as facial expressions. In addition, staff were able to describe the importance of promoting each person's individual character and we saw there was a sensitive and caring approach throughout our inspection visit. One staff member said, "We [staff] respect everybody for who they are. This is important as each person has different views."

Staff supported people's independence and gave people the opportunity to do the care they were able to. For example, at lunchtime where people were able to independently eat their meals this was encouraged and where people required assistance staff were on hand to meet people's needs. Another example provided by a staff member was how they included a person in their personal care by providing the different items the person required to wash with so they were able to do this. The staff member said where the person was unable to wash they always checked whether the person was happy for them to do this for them. One person told us how they appreciated how their independence was respected by staff, "I don't want to be dependent on people, so even though they offer, I do it."

We heard examples from people where their personal care needs were met in private so their dignity was maintained. One person told us how they never felt awkward or embarrassed when staff helped them with their intimate personal care needs because staff were respectful and showed, "Great kindness in all they do for me." Another person told us, "It's not a bad place to be, the care staff are all so pleasant."

Staff told us they were able to access about the local lay advocacy services and told us if people needed this support they would talk with the registered manager to access the advocacy services. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

## Is the service responsive?

### Our findings

At this inspection, people continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People who lived at the home were happy with the care and support provided by staff to meet their individual needs and requirements. We consistently heard from people how they felt staff knew their preferences and these were respected. One person confirmed staff were quick to help and responded to their requests. Another person told us, "The room I have is very nice and perfect for my needs. I have a call bell and if I need to use it the staff always come very quickly." A further person commented, "The staff are very friendly, nothing is too much trouble, they know me well."

Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw staff had insights drawn from people's care plans to support them in meeting people's needs in the right way and at the right time. For example, support was provided to people with their personal care and or to eat their meals. We saw staff were prompt to respond and do so in the way each person preferred. One illustration of this was how a staff member understood how one person needed encouragement to eat their meals. The staff member did this with patience and in a gentle way which was appreciated by the person who said they loved the staff member. The staff member responded, "I love you too."

Staff were also aware of the importance of encouraging people to drink regularly, to help prevent urinary tract infections and other health complications. One person told us, "They always check whether I have plenty to drink." Another person said, "The carers [staff] encourage me to drink well, we have cups of tea and jugs of juice or water. They're really good at keeping me drinking."

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they received daily information when they started their shift which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. We saw staff had information about people's needs handed over to them at the beginning and end of each shift and staff told us they were able to refer to daily notes during the shift.

We saw people who lived at the home and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, "If anything changes or is needed they [staff] let us know." People told us they would be able to speak with staff and the registered manager about their needs and how these were responded to at any time. For example, a relative described how their family member was supported by the registered manager to move to a ground floor room as it was thought this would better meet their needs and ensure their safety. The relative told us, "I feel mom is very safe here as they [registered manager] reacted so quickly. They were on it straight away."

The registered manager supported people who lived at the home in maintaining their hobbies and interests



as they did the main planning and arranging of these. We saw different things happened during the day of our inspection where staff supported people to have fun. For example people were supported by staff with a ball game which people said they enjoyed and this was also shown through their facial expressions and body language. Some people went on a trip in the afternoon with staff support to the garden centre which had been arranged. One person told us they had enjoyed their time and had always liked flowers. Another person said their favourite part of the day was, "Mornings reading the paper, I'm a bit lazy!" A further person told us they joined in with the exercises and sing-a-longs because this was something they preferred to do. Whilst another person said they liked, "To be free and easy and relax in her room." They went on to tell us, the best part of their day were the meals and they thought, "The staff are all really helpful."

We consistently heard from people how they had enjoyed the Christmas festivities and how beautiful the decorations had been. People told us how they received presents at Christmas and at their birthdays people were presented with a cake. One person commented about the responsiveness of the care provided and how this made, "This is a real home from home." Another person told us they were very happy living at the home and staff were great. Commenting on staff the person said, "They really look after you. I enjoy the food very much. I'm cared for, eat well, sleep well and I'm as fit as a fiddle....and many a good tune is played on an old fiddle."

People spent time with their visitors speaking about their day and life in general. We saw people enjoyed this and became more animated as they happily chatted with their visitors. A relative said their family member liked to walk in the garden.

We heard examples of how staff responded to people's diverse needs. For example, people's spiritual and religious needs were planned for and met. This included people's own preferences of where they went to have their spiritual and religious needs met. Speaking with one person about their personal preferences they confirmed they had transport which took them to their church and how this was an important part of their life. Another example was how staff were responsive to people's personalised dietary preferences. One person explained to us they did not eat meat and commented, "They cater for me with fish or vegetables."

We saw information was accessible and could be produced in different formats to meet the needs of people who lived at the home. For example, the statement of purpose which provides people with information about the home and the provider's complaints procedures were available in other written formats which included large print.

Staff reflected in their conversations with us how they supported people at the end of their life. One staff member told us, "We support people to provide comfort. This is important as some people do not have families." Staff described how they would sit with people to provide comfort and reassurance. Staff's ethos was that they saw this as an important part of their role when providing people with responsive care and support at the end of their life. In addition, people were supported to confirm their own wishes for their end of life care where this was appropriate and at a person's own choosing. Following the recent deaths of people who lived at the home, family members had written to the registered managers to say thank you for the care and kindness provided to their family member.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and management, if they needed to. They told us that they would feel comfortable in doing this. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. When complaints were raised with the registered manager they had taken action to resolve these and ensured any learning from these was shared with their staff team to ensure improvements were made. We also saw where people had shared their views these had been listened to and

changes made. For example, people had the opportunity to give their views about the standards of meals at the home and where improvements could be made.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we have changed the rating to Requires Improvement. This was because the provider had not ensured they were meeting their regulatory responsibilities in sending notifications to us and their quality checks were not consistently effective in identifying areas where improvements were required.

We could not be assured the provider understood the responsibilities of their registration with us. The provider had failed to notify us of people's deaths during 2017 and up until we undertook this inspection as they are required to do by law. The registered manager acknowledged they had not sent these notifications to us. The registered manager understood the importance of notifying us of the deaths of people so where required we can take follow up action. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

In addition, there had been one case involving a person who lived at the home which had been considered by the local authority under safeguarding procedures but which the provider had not notified CQC. The registered manager apologised for this oversight and said they would ensure all notifications were submitted as required in future.

The provider had a number of quality checks in place to monitor the quality of the care provided to people. However, these were not consistently effective. For example, infection control audits were conducted but these had not covered the potential risks of staff not using individual slings together with ensuring these were consistently stored to reduce the spread of infections. Another example was the storage of people's prescribed creams which required strengthening. Furthermore the provider's audit systems had not identified where they were in breach of the Care Quality Commission (Registration) Regulations 2009. The provider's checks had not identified the required notifications were not sent to us. However, the registered manager acknowledged their checking mechanisms needed to be stronger and took actions during our inspection to ensure each shortfall was remedied. Furthermore the provider's audit systems had not identified where they were in breach of the Care Quality Commission (Registration) Regulations 2009. The provider's checks had not identified the required notifications were not sent to us.

All of above evidence supported this was a breach of Regulation 17 of the Health and Social Care Act 2008

Since our previous inspection there had been a change in registered manager. The registered manager had previously held the position of deputy manager and showed they had a leadership style which was candid and reflected accountability of the service. The registered manager showed they had a leadership style which was candid and responsive. They were quick to acknowledge and take responsibility for the shortfalls we identified. This included the CQC notifications and the lack of clear action plans to support the on-going improvement work to the home environment. The registered manager acknowledged time lines for the refurbishment of the home environment were important. This was because there were areas where without improvements made they could impact on meeting people's individual needs and ensuring their safety. One example was the ramp outside the doors in the dining room, which had some areas of worn wood which

could be a potential hazard to people. Another example was the areas of the wall in the dining area where there were some remnants of food which was difficult to clean so could pose an infection risk. The registered manager already had knowledge about these areas and improvements were on-going. On the second day of our inspection the registered manager showed us the action plans from the provider which noted all the phases of the work to be completed with timescales.

The registered manager was supported by the registered provider who were very involved in the running of the home. During the day we saw representatives of the registered provider assisting at the home with different tasks.

There was a clear management structure with the registered manager and senior staff. Although the deputy manager post had not been recruited to at the time of our inspection. We discussed this with the registered manager and found there were no clear timescales in terms of recruiting for a deputy manager. However, there was a senior staff member on shift each day, which provided some management support the registered manager recognised there was a gap between the registered manager and senior staff where having a deputy manager in post would help. The registered manager told us they could delegate to a deputy manager certain duties. For example, audits, staff one to one meetings and team meetings, and the planning of social activities.

The registered manager led by example and had a 'hands on' approach which set the cultural tone within the home. We saw the registered manager assisted at lunch times to support people with the meals and when required would be on shift if there was a sudden unplanned staff absence. The registered manager showed they knew each person in the home and which staff were on shift which assisted them in effectively running the home. The registered manager shared with us the achievement's they were proud of. These included improvements the garden area to provide enjoyment for people, the care provided by their staff team alongside their greatest achievement to see people who lived at the home happy.

The registered manager's vision included continuing with the improvements to the refurbishment and redecoration of the home environment and facilities to meet the needs of people who lived at the home. All staff we spoke with were aware of the registered manager's vision and were similarly proud as they told us how the on-going improvements had a positive impact on people who lived there. For example, the improved garden area so people had a pleasant place to sit and enjoy the pond.

We saw staff worked together in a friendly and supportive way. One recently appointed member of staff said, "The atmosphere is really friendly and staff work together as a team. I found it easy to settle in." There were regular daily meetings where people's needs were shared and used by the registered manager to ensure effective communication between staff. These arrangements supported the registered manager to monitor staff practice across all shifts to assist staff in providing effective and good quality care at all times. Staff enjoyed a positive working culture and felt valued in their roles. One member of staff said, " Such a lovely place to work" and would be talking with the registered manager about an idea they had seen to assist people with their buttons. The staff member said the registered manager always listened to staffs suggestions. Another staff member told us, "Absolutely love it here, so family orientated, [with a] great atmosphere, [it feels like] home from home." A further staff member commented, "Really good manager. We all work well together. They look after the staff well. Very comfortable going to manager."

Staff we spoke with knew how to raise a whistle blowing concern, in the event they witnessed any unsafe or abusive practice at the home. The provider's whistle blowing policy was made available to staff, and they told us they would not have any reservations in raising a concern. Staff also know they could contact the local authority or the CQC, should they feel this to be necessary.

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included the local authority, district nurses and other healthcare professionals.

The registered provider was committed to the on-going improvement and development of the home as described in various parts of this report and taking action to remedy any shortfalls. This includes the on-going refurbishment and redecoration of the home environment so it continually meets people's needs. To assist in this process of continuous improvement, the registered manager asked people who lived at the home and relatives about the service provided. People who lived at the home or relatives could give feedback about the home, to the registered manager or staff at any time, as they operated an 'open door' policy with the registered manager spending time with people during every day they were at the home. During our inspection the registered manager was available to speak with visitors and relatives throughout the day. Several people and their relatives visited the registered manager in the office during our inspection and would approach them while they supported people's care. We saw people's satisfaction with the service provided was also reflected in the many cards received from family members and friends.

People we spoke with and their relatives were complimentary about how the registered manager and staff involved them in their care and felt the home was well run. One person commented on how the assistance from the registered manager and staff had made a difference to their life and thought the care home was all they could wish for." Another person told us, One relative said, "It's a 150 % here; the staff are so caring, so impressive".

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 10 HSCA RA Regulations 2014 Dignity and respect  People's dignity was not always maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes to identify areas for improvement were not consistently effective.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services  The provider had failed to send notifications of people's deaths.

### **The enforcement action we took:**

We issued a fixed penalty notice which the provider has paid.