

Trees Park (East Ham) Limited

Manor Farm 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Manor Farm Care Home is a care home which provides nursing and residential care for up to 81 older people who may be living with dementia. At the time of this inspection there were 68 people using the service. Manor Farm Care Home provides care in one building spread over three floors, each floor is accessible by a lift.

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

We found a number of issues with how medicines were managed. Quality audits did not pick up on the areas we identified with medicines.

People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. People were protected from the risks associated from the spread of infection. The provider had a system in place to learn lessons from accidents, incidents and complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff asked for consent before delivering care. People had their care needs assessed prior to admission.

Staff were supported with regular supervision and training opportunities. People were supported to access healthcare and to meet their nutritional and hydration needs. The building was adapted to meet people's mobility needs. The service was undergoing a redecoration and refurbishment programme.

Staff were observed to interact with people in a caring manner. People's cultural and religious needs were met. People and relatives were involved in decision making about the care. Staff promoted people's privacy, dignity and independence.

Care records were detailed and personalised. There were a variety of activities offered to people and plans in place to enhance what was offered. People's communication needs were met. The provider had a complaints procedure and complaints were dealt with appropriately. People's end of life care wishes were documented.

People, relatives and staff spoke positively about the leadership in the service. The provider had regular meetings with people and staff where they could be updated on the service development. The provider worked jointly with healthcare professionals to improve outcomes for people.

We have made a recommendation about environmental safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 November 2017).

Why we inspected

This inspection was prompted by concerns raised with us by the local authority about the general safety and care people received. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and quality audits at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Farm Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors, a pharmacy inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and Service Type

Manor Farm Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Manor Farm Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of inspection, there was not a registered manager in post because the registered manager had recently left employment. There was an interim manager in place and the provider had started the process of recruiting a new permanent manager.

Notice of Inspection

This inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and nine relatives. We spoke with 16 staff including the manager, regional director, maintenance person, chef, activities coordinator, two domestic staff, two nurses, one assistant nurse and six healthcare assistants. We looked at a range of management records including, medicines, quality audits and building safety certificates. We reviewed ten people's care records including risk assessments and seven staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. We found ten areas in medicines management which needed improvement.
- People prescribed 'as needed' medicines did not always have guidelines in place for staff to know how and when to administer them. This meant staff may not administer these correctly, safely or when needed.
- Some people needed their medicines disguised in food or drink. However, the guidelines in place for individuals requiring this was not always up to date with the full list of medicines. The electronic administration records did not indicate which people required their medicines to be disguised.
- We checked the stock count for 22 boxed medicines. There were discrepancies between the amount checked with the amount recorded for 15 of those checked.
- On one floor, we found errors in the recording of controlled drugs including gaps in recording, double recording and entries crossed through. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people.
- The provider was not using a system to detail where skin patches prescribed to people for pain relief had been applied. Manufacturer guidance for pain relief skin patches states each time a new patch is applied, a different site should be used and not reused for three or four weeks. This is due to the risks of higher rate of absorption of the drug or thinning of the skin.
- We found three issues with medicines still being used past the date they should have been discarded. For example, one person was still using a painkiller which was opened on 6 December 2020 and should have been discarded after 90 days.
- We found several open medicine items where the required opening date had not been added. This meant the provider could not be sure they were still safe to use.
- On one floor the medicine fridge was overstocked with one person's medicine. Staff were not aware overcrowding could affect the working of the fridge which could mean the medicine would be stored at the wrong temperature.
- Some people were prescribed emollient creams. There is a risk of fire associated with the use of emollient creams but there were no risk assessments in place and some staff were not aware of the need for this.

The above issues meant the provider had failed to ensure medicines were properly and safely managed. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to address the above concerns. They contacted the pharmacy for

assistance with the overstocking and updated the guidance for each person receiving medicines that were administered in a disguised format and for 'as needed' medicines. The provider also spoke with staff about the other issues identified and introduced a new medicines auditing system to reduce the risk of reoccurrence. After the inspection, the provider sent us completed fire risk assessments for people who used emollient creams.

- The medicine rooms were clean and tidy. Medicine room and fridge temperatures were monitored and found to be within the acceptable range.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place to minimise the risk of harm they may face. These included mobility, moving and handling, skin integrity and choking.
- Staff were knowledgeable about risk management. One staff member told us, "I try my best. I will not leave [people] on their own. Someone needs to be there so they don't fall. Always looking and checking on them."
- Building safety checks were carried out as required. For example, the gas safety check was carried out during our visit on 2 August 2022 and portable appliance testing was carried out in November 2021.
- During the inspection there were building contractors in the building and we found they had left rooms unlocked where there were risks of harm to people. For example, there was uneven flooring and loose sharp tools in a bathroom and contractor tools left in an open bag in a toilet.
- We raised this with the managers who showed us the plan for improvement works and the risk assessment for contractors in the building. They took immediate action and locked the doors to these rooms.
- However, on the last inspection day, we found the doors to these rooms again unlocked. The managers locked the doors again and reissued the risk assessment to the contractors along with a written reminder to keep people using the service safe.

We recommend the provider seek guidance about keeping the environment safe for people using the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- People told us they felt safe with staff at the service. Comments included, "Yeah, I'm safe", "I do [feel safe]" and "Yes I feel safe here. I have staff to talk to if I'm worried about anything."
- Relatives felt their relative was safe at the service. One relative told us, "[Person] is safe because there are staff about all the time. At home [they] were refusing help and wandering at night."
- Staff knew what action to take if they suspected somebody was being abused. One staff member told us, "First thing I would do is talk to the manager about it. If they didn't do anything, I'd inform the CQC."
- The provider notified the appropriate authorities about any safeguarding concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed during our visits that nobody had to wait long for assistance and call bells were answered promptly.
- People told us there were enough staff on duty to meet their needs. One person said, "I like seeing the same staff. It's good as I can build up friendships." Another person told us, "There's quite a few [staff] that come around and talk to you."
- Some relatives felt there were enough staff on duty to meet people's needs. One relative told us their relative had moved from a different service and, "[Person] is far better at Manor Farm as there are always staff about."
- Other relatives thought there could be more staff on duty. One relative said, "There is not enough staff

about, the place could do with more as you wait if you call them. You generally see the same [staff]."

- Staff told us on occasions they were short staffed because some staff leave it until the last minute to call in sick. One staff member said, "Now there is enough staff. We have a problem with staff who leave the shift short."
- Records showed enough staff were on duty to meet people's needs. The manager told us they tried to use their own staff to cover staff absences and when not available they booked regular agency staff who knew people well.
- The provider carried out relevant recruitment checks before employing new staff. These included proof of identification, references and the right to work in the UK. Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider supported nursing staff to maintain their competencies through training opportunities and checked their registration with the Nursing and Midwifery Council was kept up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance, there were no restriction to visitors at the time of inspection. Managers told us they would only restrict visiting if there was a COVID-19 outbreak within the home. Visitors were encouraged to wear masks during their visit and had their temperature taken before being allowed entry.

Learning lessons when things go wrong

- The provider had a system of recording incidents and accidents. Records showed these were analysed to identify ways of preventing reoccurrence and lessons learnt were shared with staff.
- The manager gave an example of lessons learnt following an incident where a person was taken to hospital. They said, "The lesson learnt was to contact the relative sooner if we don't have all the information and reassure them we will update them as soon as more information is obtained."
- Staff told us learning from incidents were shared with them during meetings including any resulting changes in people's care plans and risk assessments.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's sexuality, identified gender, culture and spirituality. People's medical history, equipment needs, preferred times to go to bed and to get up, physical, social and psychological needs were fully assessed.
- Care plans detailed what support a person needed and what tasks they could complete independently.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Relatives told us staff were knowledgeable and had the right skills to support people.
- The manager told us new staff completed a one week induction which included e-learning and face to face training. They also told us new staff shadowed permanent staff for up to two weeks. Records confirmed this.
- Staff told us they had regular opportunities for training and development. One staff member said, "Training covers important things we need in the care home; moving and handling, fire safety, communication, dignity. It helps a lot."
- Records showed staff were offered ongoing training in core care topics including dementia, diabetes, health and safety and managing behaviours associated with distress or anxiety.
- Senior carers were given the opportunity to train as care home assistant practitioners (CHAPS). CHAPS bridge the gap between the role of a care worker and a nurse. The training for the CHAP required them to complete clinical and management skills training and pass a written exam and practical assessment before being able to practice.
- Staff were supported with regular supervision and an annual appraisal. Records confirmed this and showed topics discussed included safety of people using the service, policies and procedures, job role, concerns and goals.
- Staff confirmed they received regular supervision. Comments included, "[Managers] do a lot of supervision here" and "[Supervision] is useful. We talk about what is going on in the home and the things we need for [people using the service]."

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

- People were supported to eat a nutritionally balanced diet and to stay hydrated. The menu was varied and contained cultural options.

- Care plans contained people's dietary requirements, including food and drink preferences and whether they needed support to eat and drink.
- The chef was knowledgeable about people's dietary requirements and about who required pureed food. The chef gave examples of what was offered to people who were at risk of being underweight and told us they used double cream and made milkshakes.
- The chef told us people were offered two choices on the day and staff passed their choices to the kitchen. Staff told us some people preferred to make choices that were not on the menu and the kitchen staff always obliged.
- We observed lunch served on each floor and saw people were offered drinks. Food was plated up and put in front of people, but we did not see staff check if people still wanted that option. We also did not see people being offered condiments.
- We raised this with the managers who showed us they had identified this through their quality checks. They also showed us updated guidance about improving the dining experience. This included plating up the two food options on offer to show people.
- Following the inspection, the managers sent evidence the new dining experience guidance had been implemented through a dining coaching session and a new audit introduced to check staff were following this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. Care records contained information about people's healthcare appointments, the outcome of these and any changes in healthcare support needs.
- Relatives told us their relatives had access to healthcare as needed and a doctor attended the home regularly.
- Staff told us how they supported people to maintain their health. One staff member told us, "I support people to book and attend [healthcare] appointments."
- Care plans had information about specific health conditions so staff would know how to best support people. For example, for people with diabetes, the guidance contained signs for staff to look for should the person have low or high blood sugar levels.
- Staff told us they had received training in oral healthcare. People's preferences around oral healthcare were documented in care plans and included support needed with oral hygiene.

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

- The building was spread across three floors accessible by a lift. People had access to a garden area.
- The top floor of the building was newly decorated and the toilets were decorated in a bright colour. People living with dementia benefit from the use of bright colours to help them to easily identify different rooms and different objects in a room.
- The managers told us there were plans to decorate the other floors and they were seeking advice on the best way to decorate them to meet people's needs.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of inspection there were nine people who had appropriately authorised deprivation of liberty safeguards (DoLS) in place and the conditions relating to these were being met. 18 people were waiting for the outcome of their DoLS application.
- Staff had received training in MCA and DoLS. Staff demonstrated they knew how to obtain consent before delivering care. One staff member told us, "I always ask if they want me to take care of them."
- People had mental capacity assessments in place where appropriate, to check their capacity to make decisions. For example, people had mental capacity assessments in place relating to the building entry door being locked.
- People had signed to consent to receiving care where they had capacity to do so. For people who did not have capacity to sign to consent to care, best interest decisions were documented and included the views of relatives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by staff who knew them well. People told us they did not have favourite staff and there were no staff they did not like because all staff were nice.
- Relatives spoke positively about the culture within the service. Comments included, "The staff are all lovely. I cannot fault any of them" and "The staff are very kind and patient. They know [person] so well."
- Staff described how they got to know people and their support needs. One staff member said, "We ask the person and the family about their background and history. I read the care plan before and on admission and GP recommendations."
- There was a calm, relaxed atmosphere throughout the service during the inspection.
- We observed caring interactions between staff and people using the service. For example, one person became distressed towards another person. Two staff members calmly diverted both their attention whilst reassuring them both.
- Staff had received equality and diversity training. A staff member told us, "We have to treat [people] individually, no matter [their] race, religion or sexuality. We give them [all] treatment with no discrimination and no gossiping about them."
- The manager gave an example of how the service supported people who identified as lesbian, gay, bisexual or transgender (LGBT). The manager said, "In the past we had a [person who identified as LGBT and we enabled [their partner] to come in and bath the person. It should not affect the service."
- Records showed staff had received equality and diversity training.

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

- People were supported to express their views and be involved in decision-making about their care. Relatives were kept updated on their relative's wellbeing.
- Relatives explained how they were updated. Comments included, "Staff are always willing to chat with me when I ask about [person]" and "If I ask any staff members a question, if they don't know the answer they always find out and come back to me."
- The manager explained how relatives were updated on the welfare of their relative. They said, "For some of the relatives we are using email to communicate. When they visit, if they want to speak to me I am available."
- Staff explained how people were involved in decisions about their care. One staff member said, "We follow their decision and whatever they want [provided] it does not contradict their health."
- The provider had a 'resident of the day' system where each person had a day each month when their care

plan was reviewed and they could choose an activity and special meal. Relatives were informed when it was their relative's day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Relatives told us staff treated their relative with privacy and dignity at all times.
- People confirmed their privacy and dignity was promoted. One person told us, "I feel staff are very respectful and they give me privacy when I want it."
- Staff told us how they promoted people's privacy and dignity. Comments included, "We close the door and window in the room, so nobody sees what we are doing inside" and "Here is their home so you need to knock first before entering their room." □
- We observed staff promote people's privacy and dignity by knocking on doors before entering rooms.
- People told us staff supported them to maintain their independence. Comments included, "Staff do encourage me to do what I can" and "Yes, I'm very independent."
- Staff described how they supported people to maintain their independence. A staff member gave an example of one person asking for water and told us, "We say, 'Can you get it yourself?' and when they say 'Yes', we will monitor [them]."
- We observed people were encouraged to be as independent as they wished and staff kept people safe in a way that did not restrict their individual freedom.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and preferences. People told us staff gave them care according to their wishes. Comments included, "We like how things are", "Yes, [if they didn't] I would tell them that's not what I want" and "I go to bed when I want to and if I want to stay in bed I can in the morning."
- Relatives said they were happy with the support their relative received. One relative said, "They will let [person] choose when they wish to get out of bed and go to the lounge. I have been impressed that [person] has been out of the bed [much] more at Manor Farm than in the previous care home."
- Staff understood how to provide a personalised care service. Comments included, "Everyone has their own choice" and "We ask [person] what they want and what they want to wear."
- Care plans were detailed, personalised and included people's history. They indicated what the person could do independently and what they needed support with.
- Care plans contained people's likes and dislikes. For example, one care plan stated, "[Person] prefers to keep the curtains drawn and likes to keep the windows open during the hot weather. [Person] prefers to keep the door wide open."
- Records showed care plans were reviewed monthly and discussions with the family about the care was documented.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood their responsibilities to meet the accessible information standard. They told us they could get equipment such as braille or a magnifier from social services to help people with a sight impairment to have access to written information or they could, with consent, read the information to them.
- The manager told us they could support people with a hearing impairment by, "Standing in front of the person so they can read your lips. We can write [the information down]."
- Care records contained information for staff about how the person preferred to communicate. For example, one care record stated, "[Person] is still able to communicate with staff but requires patience and understanding."
- Care plans noted if a person wore glasses or hearing aids and reminded staff these should be checked on a regular basis.

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

- People had access to a range of activities and were supported to maintain links with friends and family.
- Records showed a variety of activities were offered to people and included activities for people who stayed in their room. These included chair based exercises, reminiscing, conversation cards, singalongs and hand pampering.
- The activity coordinator told us about plans for improving the activities. This included having a dedicated activity room with a big table. They also hoped to get a massage therapist to attend for people.
- People were supported to maintain their culture or spiritual beliefs. The activity coordinator told us they said prayers with people and there was a lady from a place of worship who was going to be asked to visit the service for those that wished.

Improving care quality in response to complaints or concerns

- Records showed complaints were dealt with appropriately with the outcome recorded and whether the complainant was satisfied.
- The provider had a complaints policy and a system in place to record complaints and concerns.
- Relatives told us they knew how to make a complaint but had not needed to. One relative said, "I have no complaints but would contact the manager if I had any."

End of life care and support

- The provider had an end of life policy which gave clear guidance to staff about how to provide this type of care.
- Staff received training in providing compassionate end of life care.
- People had an end of life care plan in their care records. This included details about the person's end of life care wishes and how these were to be met. People also either had a do not attempt to resuscitate form or a resuscitation plan as appropriate.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes for assessing the quality of the service and mitigating risks had not always been effective in identifying areas for improvement.
- Medicine audits had failed to pick up on the issues we identified during inspection such as opened medicine not having an opening date as required, the medicines fridge being overstocked, errors in recording of controlled drugs and medicines being used past the date they should have been discarded.

The above issues meant the provider had failed to implement an effective system or process to assess, monitor and improve the quality and safety of the service provided in relation to medicines management. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection, the provider has taken action and introduced new audits of medicines management including a daily stock check of medicines.

- The provider had a variety of audits in place to check on the quality of the service. These included a monthly visit from the regional director. During these visits, progress on the improvement plan was checked and actions identified for improvement.
- The managers had a system of carrying out unannounced spot checks on the service. We saw a spot check was carried out at 2 AM on 30 May 2022 and a few gaps in fluid and repositioning charts were noted. This was dealt with through staff supervision.
- Staff were clear about their roles and were comfortable with raising concerns with managers when needed. One staff member told us, "[Manager] acknowledges our complaints."

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

- The service had a positive culture that was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- People spoke positively about the managers of the service. Comments included, "[Manager] is new here but seems nice" and "[Deputy manager] is very nice and I can go to [them] when I am not happy."
- Relatives spoke positively about the management of the service. Comments included, "The new manager seems more approachable than the last manager and seems to be happy to give you time to speak" and

"The new manager seems very much onboard which is what is needed."

- Staff gave us positive feedback about the managers. One staff member told us, "[Manager] is 100 per cent a good leader. We love [them]. [They] have the patience and a good heart."
- The manager told us they had an open door policy and people, relatives and staff could speak to them at any time.

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

- The manager understood their responsibility under duty of candour. They said, "It is being transparent and when things have gone wrong don't hesitate to raise your hands up and say sorry."
- The provider had notified the local authority and CQC of safeguarding concerns and accidents as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents had regular meetings so they could be actively involved in sharing ideas to enhance the service. At a meeting held on 27 April 2022 an outside professional attended to make suggestions for improving the environment such as a seaside or train decor theme. People gave their views and the service was waiting for this professional's report.
- The managers told us during the pandemic, meetings were held through video link but they were now planning to restart face to face meetings.
- The provider had regular meetings with staff to keep them updated on developments with the service. We reviewed the minutes of the meeting held in July 2022 and saw topics discussed included, the dining room experience and dignity in care.
- The manager told us there were no equality issues among staff and staff confirmed this. Staff told us to ensure they engaged and involved people using the service appropriately in accordance with their equality characteristics, they consulted with colleagues from the same culture or spiritual background.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people including speech and language therapists and occupational therapists.
- The manager told us they participated in regular multi-disciplinary meetings with other professionals including the GP, mental health team, social worker and palliative care team.
- A visiting healthcare professional told us staff were very good at completing referrals to their team and always contacted them if they had any concerns about the people using the service. They said, "I wish all nursing homes were like this home as they are really good in working with us."
- Care records showed staff liaised as necessary with other professionals to ensure people received appropriate care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were properly and safely managed. This placed people at risk of harm. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement an effective system or process to assess, monitor and improve the quality and safety of the service provided in relation to medicines management. |