Willowbrook Healthcare Limited

Pemberley House

Inspection report

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Date of inspection visit:
25 August 2022
31 August 2022

Date of publication:
29 December 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Pemberley House is a nursing and residential home supporting up to 72 people who may be living with physical disabilities or dementia. The home is split into five units, each of which has ensuite bedrooms, living areas, a kitchenette and an outdoor space. At the time of our inspection there were 56 people using the service.

There were two companies registered as providers for Pemberley House: Willowbrook Healthcare Limited and WT UK OPCO 1 Limited. Both legal entities are equally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service and what we found
Some aspects of health and safety in the home were not managed safely. Medicines were not always managed safely, and people did not always receive their medicines as prescribed. Recruitment procedures did not reflect the requirements of the regulations, and not all staff had appropriate pre-employment checks.

Quality assurance measures in place were not always robust, some issues identified on inspection were not appropriately identified and prioritised by the provider. Some records were not up to date or consistent. Staff described a blame culture between managers and other staff.

The home décor was not always well maintained and was not in line with dementia friendly guidance. Some staff training was not up to date in line with the provider's policy, particularly aspects of clinical care for people.

People's care plans were not always person-centred. Activities in the home were limited, particularly for people who were less able to participate in group activities. Staff and relatives fed back that there was not always time for staff to dedicate one-to-one time with people for reminiscence or activities. The home was in the process of recruiting another activities co-ordinator.

Some aspects of care were not in line with best practice, the home had not yet rolled out up to date guidance on standardised food textures. We identified people, or their legal representatives were not always asked for proper informed consent to share pictures and videos of them.

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.

People and their relatives said that staff were caring and kind. We observed staff were patient and compassionate towards people. Staff knew people well and managed their anxiety well. The home was

clean and tidy, and risks to people's individual health and safety were appropriately assessed.

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

Rating at last inspection
This service is registered under two legal entities. The service was inspected when registered with Willowbrook Healthcare Limited. The last rating for the service was good.

Since that inspection, the service registered with a second legal entity, WT UK OPCO 1 Limited, on 6 September 2019. This is the first inspection since this registration.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
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.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, fit and proper persons employed and good governance at this inspection.

We made recommendations for the provider to implement best practice in relation to food textures, in reflecting dementia friendly décor; and reviewing their social media policy in line with the mental capacity act.

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.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Pemberley House

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
This inspection was undertaken by three inspectors. The site visit was undertaken with a Hampshire Fire Officer as an inter-agency learning opportunity. An Expert by Experience supported the inspection remotely. 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
Pemberley House 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. Pemberley House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. 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 visited the site on 25 and 31 August 2022. We reviewed the home environment, made observations of mealtimes, medicines administration and staff interactions with people.

We spoke with the registered manager, operations manager, regional assurance manager and nine members of staff, including the deputy manager, maintenance staff, chef and care staff. We spoke with seven people using the service, and nine people's relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed six people's care plans, a number of medicines records and other care records. We reviewed policies and procedures, training records, audits and other records in relation to the running of the service.

Requires Improvement

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.

Staffing and recruitment

● Recruitment checks were not always carried out in line with the law. Not all staff, including agency workers, had the appropriate checks before being employed or deployed in the service. This included obtaining a full employment history and evidence of conduct in all relevant previous employment.

Failure to undertake proper pre-employment checks is a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We did not observe any occasions where there were unsafe staffing levels, however we observed times when there were not enough staff to support people with meaningful activities or occupation, particularly in some units within the home. Staff told us they felt there were not enough staff to consistently give people high quality care. Staff felt there were not enough staff to give people quality time, particularly where they were less able to engage in activities and said, there were times they had to choose between people who both needed support. This was supported by our observations.

● People and relatives gave mixed feedback about the amount of staff, some said there were enough, others said there were times where there were not enough, or that increased numbers of agency staff were used. One relative said, "[Loved one] says sometimes she has to wait a while, they could do with more staff, but not to a point that makes me worry."

● The provider used a dependency tool to establish required staffing levels, and told us they provided more staff than the tool indicated. Agency staff were used to supplement the staff team, the provider told us they try to give as much consistency with agency staff as possible.

● The provision of maintenance staff was impacting on management of the health and safety of the building. There was an activities co-ordinator vacancy, the registered manager told us they were recruiting to this post, which would improve this."

Using medicines safely

● We found that medicines were not always managed safely which placed people at risk of harm. The provider was not ensuring people received their medicines as prescribed. Some people had run out of some of their medicines and other people were not receiving their medicines at the prescribed times.

● Medicines administered via a patch did not have appropriate instructions and records to ensure they were applied correctly. There were gaps within the medicines administration records (MAR), meaning people may not have received their medicines consistently. Although the provider had identified some of these issues, oversight of medicines did not identify and address issues in a timely or effective manner, and we were not

assured that medicines administration was managed safely.
● The provider did not ensure there were protocols in place for 'as required' (PRN) medicines, including end of life medicines and medicines to support people with anxiety or agitation. Administration instructions for these medicines did not refer to support plans for people's emotional distress, to prevent over-use of sedating medicines. We did not see evidence of overuse of sedating medicines.
● The provider did not have risk assessments in place for people who use emollients. Emollient creams present a risk of fire and require specific handling and storage.
● The provider did not always ensure that the information on the MAR charts were consistent with peoples care plans. Allergies were not always recorded on the MAR charts with some remaining blank, instead of completing with 'no known allergies' or 'none known', which increased the risk that an allergy was missed off in error. We noted one person's care plan highlighted an allergy, where the MAR chart information was blank. The provider was in the process of addressing this.
● The provider did not ensure that medicines were stored and disposed of in line with requirements. For example; one medicine with a 28- day expiry was still in use after the expiry and were not disposed of, medicines fridge temperatures were not consistently recorded and there was a large amount of medicines awaiting return. The previous return paperwork had not been completed correctly.

We did not see evidence of harm to people, however failure to manage medicines safely put people at risk of harm and is a breach of regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Since the inspection, the provider confirmed they had addressed some aspects of medicines management, including improved temperature monitoring and fire risk assessments for emollient creams.

Assessing risk, safety monitoring and management
● Some aspects of the home environment were not safely maintained. For example, there were unlocked cupboards within the kitchenettes storing cleaning chemicals, prescribed thickening powder, empty and in use glass bottles and broken glass and crockery. These areas could be accessed by people, including those living with dementia who may be confused and unaware of the risks. This was highlighted to the registered manager. On the second day of our site visit, cupboards were locked, and hazardous items removed.
● Issues related to fire safety had not been identified and appropriately managed. There was a leak within one of the medicine rooms which was leaking through the fire sprinkler head, this had caused some damage to the head which could cause this to be less effective if there was a fire There were two large holes in another medicines room which could affect compartmentation of smoke. The provider confirmed this was fixed following the inspection. Some fire doors were not compliant with regulations and others were propped open.
● Fire evacuation drills were not robust. Fire drills were taking place, however there was limited information on the scope and whether drills included practice of evacuation of the largest fire compartment with the fewest staff that would be available. Not all staff had participated in a drill in the last 12 months. There were no actions or learning identified from drills. Fire evacuation equipment had not been used in drills to ensure staff were familiar and confident in its use. Some fire information signs advised staff to exit the building, which was contrary to evacuation procedures.

Failure to manage and mitigate risks to people's health and safety is a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risks to individual health, safety and wellbeing were appropriately assessed and there were care plans in place to support staff in managing these risks. Some information was contained in the "review" section of

care plans, where the care plan actions had not been updated to remove out of date information.
● Equipment was maintained appropriately, and risks related to water safety were appropriately managed.

Systems and processes to safeguard people from the risk of abuse
● Staff understood signs of abuse or neglect and told us they felt confident to report any concerns. There was an appropriate safeguarding policy in place and training for staff. Issues had been reported appropriately and investigated.

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.
● People were supported to have visits from their loved ones.

Learning lessons when things go wrong
● Incidents were reported, acted upon and analysed to look for trends and themes. We could see care plans had been updated in response to incidents, such as falls.
● Learning from incidents was shared at team meetings with staff. People's families told us the service took actions following incidents, such as falls, to reduce the risk of re-occurrence.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Evidence-based tools were used in line with best practice to assess people's needs, such as risk of pressure ulcers, risk of malnutrition. Assessments of people's needs covered a wide range and were updated regularly.
- Up to date best practice was not yet embedded related to food textures – the International Diet and Dysphagia Standardisation Initiative (IDDSI) terminology and training had not yet been rolled out. Care plans for people requiring modified textured foods used a mixture of both IDDSI and out of date terminology to describe textures.

We recommend up to date best practice guidance and terminology is embedded related to food textures, including awareness for staff and consistency in care plans.

Staff support: induction, training, skills and experience

- Some staff raised concerns that they had been asked to undertake tasks which they were not trained or supported to do, particularly more senior staff who had been asked to complete clinical paperwork they were not familiar with.
- Staff had a range of training available to support them and most had completed the required training related to standard care, however nursing staff had not always undertaken refresher training in line with the provider policy in aspects of clinical care, such as managing insulin, equipment for end of life medicines or catheters. The provider advised that nursing staff would work within their code of practice and not undertake tasks for which they were confident, however based on the numbers of nursing staff on duty, we were not assured the provider was ensuring nursing staff were deployed who were confident and competent to deliver clinical care in line with people's needs at all times.
- There were some areas of training for staff where rates of compliance with mandatory training could be improved. Some areas of training had low levels of compliance, including fire safety, safeguarding adults, mental capacity, use of PPE and infection control.
- Some training, which reflected the needs of people being supported, was not regularly refreshed. Staff had training in dementia, however there was limited refresher training, meaning some staff had not had an update to training in this area for up to five years. The training lead indicated their capacity to deliver the required training was limited which made this challenging. There was regular supervision of staff.

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

- Aspects of the home's décor were not dementia friendly, in line with best practice guidance. There were

few signs for toilets, and these were not pictorial, people's doors were all the same and were not easily identifiable for people with dementia, people's ensuite bathrooms were not labelled as toilets.
● There was little contrast in colour or tone between, for example, floors, furniture, walls and doors, including in the specific units for those living with more advanced dementia. Some aspects of décor were tired or damaged.

We recommend the provider review and implement dementia friendly guidance in providing an appropriate home environment to best meet people's needs.

● There was enough space for people and the building was accessible for people with different mobility needs.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff had basic food hygiene training, however there were issues with monitoring the temperature of foods being served - staff had recorded excessively high temperatures and served foods believing this temperature was correct. Following our raising concerns, staff were advised not to take temperatures of food on serving, which was not appropriate.
● Training was planned for the chef in IDDSI guidance, however care staff also prepared food, and would benefit from basic training on IDDSI textures and terminology.
● The chef was knowledgeable and passionate, they understood how to fortify foods, prepare foods to different textures and how to promote a balanced diet. We saw there were options available, and the chef sought feedback from people on the quality of the food.
● Staff were patient and understood how to support people who needed assistance to eat or drink. One relative told us their loved one was restless, and staff supported them to access foods while walking. Finger foods were also available for those less able to use cutlery.
● People told us they enjoyed the food, and the food was presented well. There had been some issues with the quality of food from some of the kitchen team, however this was known and being addressed.

Staff working with other agencies to provide consistent, effective, timely care
● People were referred to other healthcare services as needed, and advice from healthcare professionals was reflected in people's care plans.
● Commissioners fed back that the service did not always engage in meetings or training opportunities which could benefit relationships and patient care. The commissioners fed back that the home declined a quality visit to provide a supportive review of the quality of care in the home, and the home did not participate in champion groups offered, so share best practice. The provider told us they only turn down training when internal training is already provided.
Supporting people to live healthier lives, access healthcare services and support
● Staff were responsive to people's health and wellbeing needs. There was information in people's care plans about their health conditions and any signs staff should look out for related to these.
● There was mixed feedback from people's relatives on communication and involvement in their loved one's condition. Of the 9 relatives we spoke with, 2 said communication was lacking, another reflected that communication was not always productive. A relative stated, "I'm very happy with Pemberley House but would like a regular update on where [relative] is at with her condition, it feels a bit one sided."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, 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.

● People's capacity to make decisions about their care was assessed and people's legal representatives were identified in their care records. Some decisions did not follow best practice in recording how the decision was made in someone's best interest.
● Applications were made appropriately where someone was deprived of their liberty and did not have capacity to consent to care arrangements.
● An issue was identified related to consent and capacity around taking and sharing pictures or videos of people online - this was not carried out in line with the MCA. Though an information and consent form was provided, there was not always consideration of people's capacity to consent, and the provider did not ensure those able to make decisions on their behalf were asked to consent.

We recommend the provider review their social media policy and ensure this reflects and refers to the Mental Capacity Act in providing consent to share information.

Good

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 felt supported and relatives felt their loved ones were treated with kindness and compassion. We observed kind and caring interactions between staff and people. A person said, "They [staff] are lovely." Relatives feedback included, "They [staff] are very caring and friendly on the whole" and "Most of the staff are lovely with [relative], an odd one or two aren't". Another relative said, "They [staff] are very caring from what I observe".
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences. Staff spoke warmly about the people living in the home. One staff member said, "I love my job, I love the [people] and my fellow [staff]".

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

- People told us they made choices about their care. Comments included, "I choose what I want to do." and "I make my own choices".
- Relatives told us they were involved in their loved one's assessments and their care. Some relatives told us they hadn't seen their relatives care plan. Feedback from relatives included, "I'm always involved in care planning for her with them, it's a two-way thing.", "I'm not involved, never seen a care plan, never discussed", "Yes, I'm [loved one's legal representative] and I'm involved in his care. I haven't seen the care plan but have read the notes in his room." and "Haven't seen a care plan but [relative] only been here for 3 months."
- We observed people being given choices throughout the inspection, such as what they would like to do or what they would like to eat or drink.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One person told us, "The staff always knock at the door."
- Relatives confirmed people's privacy and dignity was respected. One relative stated "when [relative] fell in the hall, they [staff] discretely covered [relative] whilst they checked [relative] over."
- Staff respected and promoted people's independence. For example, we observed a staff member offering verbal support and encouragement to a person who was walking using a frame. Some people requested female only carers, and this was respected.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care plans were not always person-centred and tailored to their individual needs. People's care plans did not include goals or have aspirations for people to work towards.
- Care plans did not always have adequate guidelines for staff to provide person-centred care. One person had a care plan for anxiety and is prescribed medicine to take when agitated or very anxious. However, the care plan did not include positive behaviour strategies, triggers and diversion techniques.
- Care plans weren't always detailed with people's likes, dislikes and preferences, however staff we spoke with demonstrated they knew people well. Care plans didn't always contain the information with each person's level of abilities and the level of support they may or may not need from staff.
- People's relatives told us most care staff understood their relatives care needs. Relatives told us that agency staff had less knowledge of their loved ones, which is to be expected, but at times there were high numbers of agency staff on shift.

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.

- Information regarding peoples' communication abilities were documented in their care plans, for example "[person] has limited communication. [Staff] to always refer to care plan for likes and dislikes, observe facial expressions or body language to anticipate [persons] needs."
- One relative said "They're [staff] absolutely kind and patient, [relatives] first language is Italian, [relative] gets words mixed up, they [staff] give [relative] time to say what they need to say, they [staff] listen well".

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 their interests recorded in their activities and social contact care plan; however, people had not been supported to participate in their social and leisure interests on a regular basis. For example, a person's plan stated "1-1 activity will be helpful for [person] so their able to focus more on the task at hand", but these sessions were documented six times in a month. Records of activities showed that one-to-one sessions were not frequent or regular.
- Throughout the inspection we observed a lack of meaningful or stimulating interaction, and people were

spending time with no option of an activity. Although we observed some staff and the activities co-ordinator engaging people in games, activities for people with dementia did not appear personalised. There were limited opportunities for reminiscing or activities to support people in feeling valued.

● There was one activities co-ordinator employed by the home at the time of our inspection. The registered manager told us another person had been employed but hadn't started yet. Staff told us they had "grab bags" for activities, but that there was a lack of activities, including a reduction in regular outside entertainment or group classes, since the pandemic began. Several staff told us they felt there were not enough staff to enable them to deliver this aspect of care.

● Relatives feedback included, "I'm genuinely happy with the home. Would like to see more entertainment".

● People were supported to maintain and develop relationships with those close to them.

Improving care quality in response to complaints or concerns

● Complaints had been recorded and responded to in line with the provider's policy. The service treated all concerns and complaints seriously and investigated them and learned lessons from the results. The provider had procedures in place to respond to complaints.

● Most people and their relatives said they felt comfortable raising concerns and their comments were listened to. One person told us, "The [manager] deals with things and does a good job and is calm." Some relatives felt some members of the management team were not approachable.

End of life care and support

● At the time of inspection, there were people receiving end of life care. Not all staff had received training in end of life care. The provider did not ensure that the registered nurses had been given training or the refresher training as required by the service's policy in specific areas required for end of life care.

● People had care plans for end of life and future decisions which contained their wishes. We also saw evidence of reviews taking place when people weren't ready to discuss this. Where a decision had been determined not to resuscitate a person this was recorded.

Requires Improvement

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

- There was an audit schedule in place and a sign off process for checks and paperwork. Some parts of this were not effective, such as the audit of window restrictors, which had not identified their non-compliance, even though this was known. Medicines audits had identified some issues; however, they had not identified the issues highlighted on this inspection. Some issues with the maintenance, décor and health and safety checks within the home had been identified, however there were insufficient measures in place to address this.
- Some aspects of record keeping and handover of information could be clearer to reduce the risk of error, for example, where care plans were reviewed and amended, out of date information was not always removed, which could lead to errors including in moving and handling or in supporting someone to eat and drink.
- Information on people's diet textures in the kitchen was recorded as the number of meals for each unit without people's names, or reference to allergens, preferences or other dietary requirements. The provider sent us forms completed reflecting people's full dietary requirements used by the kitchen, however some of this information was missing or inconsistent with care plans. Following the inspection, the provider confirmed they amended the white board system.
- There were concerns raised that some tasks or attendance at meetings was reliant on one person, and that there was no delegation in their absence. Some records lacked detail to demonstrate care was provided in line with care plans, such as night checks.

Failure to ensure systems were in place to monitor and mitigate risks to people, and maintain accurate and complete records is a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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

- There was a positive, caring approach amongst the staff team. The management team felt there were clear lines of communication, however, there appeared to be a cultural divide between the management team and the staff. Messages between the management team and staff team appeared to get lost at times. For example, when we queried why balcony doors on one unit were locked, the registered manager told us doors had to be closed due to scaffolding, which had since been removed, however staff continued to lock this door after the scaffolding was removed and appeared unaware of the reason for the temporary

measure.
● Some staff felt they were not supported in their role by the senior team and felt there was a blame culture, staff spoke of a lack of accountability and inappropriate delegation of tasks. Staff were positive about the wider staff team and how they worked together.
● Staff were motivated to provide the best quality care possible. Staff spoke passionately about their roles and were committed to empowering people and providing person-centred care.

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 registered manager understood their responsibilities to be open and honest, and the requirements of duty of candour with people or their loved ones where something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was mixed feedback about communication with relatives, most said they felt involved, some fed back that more communication from the home would be helpful, but that they had a response when they called.
● There were regular staff meetings, resident and relatives' meetings to gain their views and share information.

Continuous learning and improving care
● There was a service improvement action plan, which had identified some of the themes from the inspection. Most staff told us they felt they were able to suggest improvements and try new approaches.

Working in partnership with others
● We could see where people's care needs had changed, this had been escalated to commissioners. The provider shared positive feedback from the GP. There was mixed feedback about relationships with other stakeholders, who felt that engagement was limited, and was reliant on specific members of the management team, and noted clinical multidisciplinary meetings had been cancelled in the absence of one staff member.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not managing medicines and the risks associated with the environment safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not always robust and did not identify and promptly address quality and safety issues. Records were not always accurate in relation to the running of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider was not ensuring appropriate pre-employment checks were carried out in line with this regulation.