Regency Medicine Ltd

# Westerleigh Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| 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:
Westerleigh is registered to provide nursing, care and accommodation for up to 30 people. There were 28 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over two floors.

People's experience of using this service and what we found
Although regular quality audits were completed to manage oversight of the service, we found improvements were needed for the management of pressure relieving equipment to ensure they were always correctly set and for medicine record keeping. For both these concerns, we considered the risk and impact on people to be mitigated. The manager acknowledged these were areas for improvement and immediately rectified these shortfalls.

People told us they experienced safe care. People told us, "It's safe here, it's clean and I love the garden." Another person said, "Everything is okay, my family know I'm safe and get the care that I need, but I would like to be closer to them." A relative said, "The staff are all very good, I know my mother is safe and looked after. Staff will always make time to talk to us."

Training, policy guidance and safe systems of work minimised the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have. Medicines were administered safely by competent staff. Safe recruitment practices had been followed before staff started working at the service. Staff were deployed with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training. The premises were clean and infection control measures followed. People told us the home was clean and tidy. Relatives spoken with had no concerns about the cleanliness of the service. People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the registered manager to see what steps could be taken to prevent these happening again. This ensured lessons were learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights. Care plans had been developed to assist staff to meet people's needs in an effective way. Staff applied best practice principles, which led to effective outcomes for people and supported a good quality of life. The care plans were reviewed and updated. Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes.

Staff treated people with respect and kindness and were passionate about providing a quality service that was person centred. Confidential information was held securely. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active. Activities were provided and were under review as it was known that improvements were needed. People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Rating at last inspection:
Good. (Report published on 22 November 2016.)

Why we inspected:
This inspection took place as part of our planned programme of inspections.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our safe findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our safe findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Westerleigh Nursing 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 Care Act 2014.

Inspection team
The inspection team consisted of an inspector.

Service and service type
Westerleigh 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We looked around the service and met with all of people there at the time. As some people were unable to fully communicate with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with

10 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, clinical lead, two registered nurses, senior care worker and six other members of staff.

We reviewed the care records of five people who were using the service at the time of the inspection and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, action plans, audits and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● People told us, "It's nice here, I'm safe and cared for, what else do I need," "Staff check I am okay" we were also told, "I feel safe," and "No complaints." Visitors told us, "Very happy with the care, I can relax because I know my mother is safe here," and "I visit all the time no complaints."

● The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.

● Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring.

● Daily record checks for air flow mattresses and continence care were up to date and reflected the care plan. We did find an air flow mattress on twice the setting it should be on. This was amended immediately and an immediate check on all mattress settings carried out. The registered manager and clinical lead immediately set up a safer checking system. Which included twice daily checks by staff overseen by the registered nurses.

● Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, water tests, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment

● Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's needs were met. Food and fluid charts were completed when required as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.

● Staff told us that there were enough staff to do their job safely and well. However we did receive negative feedback from staff and visitors about the deployment of staff at key times of the day and weekends.

Comments included, "From 4 pm it is frantic, suppertime is really busy, bells going and people needing help," and "I have visited in the evening and there are no staff in the lounge area, I know its busy but I have mentioned it to the manager." This has been further discussed in the well-led question.

● We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.

● Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

● The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

● People did not have any concerns regarding how they received their medicines. One person said, "I get all my pills on time, it's nice I don't have to look after them myself," and, "Totally trust the staff with my medicines, the doctor sometimes changes my pills but staff always let me know."

● Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed.

● All staff who gave medicines had the relevant training and competency checks. Two competency assessments were slightly out of date but this had been identified by the clinical lead and will be completed by the 21 October 2019.

● Protocols for 'as required' (PRN) medicines such as pain relief medicines were available. Anticipatory medicines however lacked clear directives for use. This had not impacted on outcomes at this time and guidance for staff to follow and consider had been put in the end of life care plans during the inspection process.

● People who received covert medicines (Covert administration is when medicines are administered in a disguised format) had clear directives in place that ensured staff offered medicines in a normal way before giving them covertly.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.

● Staff were able to discuss what they had learnt from their training. A staff member said, "We have training and we discuss safeguarding procedures at team meetings." Another staff member said, "I wouldn't hesitate to report anything I thought was poor practice or potential abuse."

● People told us, "Staff look after us, I feel safe," and "Staff respect us and treat us well."

● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.

● Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Preventing and controlling infection

● Westerleigh was clean and free from odour. People and visitors commented, "Its clean and fresh," "I can't

think of any complaints, it's clean," and "Always very clean, my room is kept very nice."

● Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care staff changed into a different uniform to assist with the meal service, which reduced any potential of cross infection.

● Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments and putting in alternative structures to keep people safe. Any serious incidents were escalated to the Local Authority and CQC.

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a series of unwitnessed falls, to avoid restricting the person, they had put in 30-minute checks to minimise risk.

● Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "We get both face to face and on-line training." The provider sourced face to face training from various external agencies, for example, local authority and the pharmacy provider.

● Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." People told us "Pretty good bunch of staff, know how to look after us." Another person said, "They know what they are doing." Visitors told us, "I have no doubts about staff skills, I see them do things safely when I visit." Another visitor said, "I have had no concerns."

● New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I also shadowed other staff and had a mentor."

●Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said they their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

● People told us they enjoyed the food provided by the service. One person said, " Yes, the food is okay. We are asked what we think of the food, and the cook does listen." Another person said, "I like the meals, it's good home style food."

● People were offered choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like." We observed, when one person didn't like their meal, they were provided immediately with an alternative.

● Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed that they were knowledgeable about people's personal preferences and dietetic requirements. We observed that food prepared was presented well and met people's individual needs.

● Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration were monitored and action taken by staff. One person had not drunk very much over the past 48 hours, and this was handed over to morning staff. We then observed staff

supporting the person to have regular drinks.
● Food and fluids offered and taken by people were recorded in their care records. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician.
● People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."
● If people required assistance to eat or had their meals in a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "I know the GP visits when needed, I have always been informed ."
● People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have to have regular appointments at the outpatient department and staff organise everything and come with me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
● People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day and if someone is not eating or has lost weight we discuss actions."
● The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Polite and knowledgeable, contact us for advice and do monitor people well." Another said, "They have the relevant information ready so that is really helpful for us."

Adapting service, design, decoration to meet people's needs:
● Westerleigh was an older style building that was being upgraded and redecorated on a planned basis.
● There were two lounge areas and a dining room. It was acknowledged that the communal areas were something that needed to be improved to ensure that they met people's needs. Work had been started to enlarge the main lounge.
● The first and second floor was fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
● People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
● The garden areas were well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
● Throughout the building there was signage that helped people find their way around the building. Notice boards contained information about the home, activities, staff names and roles, religious services and complaint procedures.

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

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.

● We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.

●There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails.

● Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

● There was evidence that MCA assessments were undertaken for specific care decisions when people did not have the capacity to agree. For example, one person had protection mitts to stop them scratching their very sensitive skin. There was a clear rationale that it was in the persons best interest.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were observed to be treated with kindness and were positive about the staff's caring attitude. People told us, "Lovely staff" and "All very kind, good humoured and patient." Relatives told us, "Polite and caring, their attitude is always good, never seen any bad tempers."
- Relatives confirmed how care workers would work to people's personal preferences and cared for them in the way they chose. One relative said, "We have been involved in reviews just for support as Mum is very able to make her own decisions,
- The service had received many compliments from families. The registered manager collected them and shared them with staff. This had contributed to raising staff morale and told staff they were valued.
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Very welcoming, always greet people with respect and cheerfulness." Another health professional said, "Staff are helpful. No concerns at all."
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. Birthdays and special events were celebrated. Staff told us the chef "Makes a special birthday cake and we all celebrate."
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.
- Staff whose English was not their first language, were supported by the management team to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "It's all about acceptance, and treating people the same." Another staff member said, "Language can be a problem, but we support each other."

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "They know what I want and ensure I get it, they know I like to stay in my room, they tell me if there is an event so I can choose to attend." A visitor said, "The staff go above and beyond here. There is peace of mind here." Another visitor said, "From the minute I came

through the door with my mother, the communication level was right, they were interested in what I had to say, they have included me in the decision making. When we came here, the care she received meant the aggression disappeared, less medicines and for the first time in a long time I understood what she was shouting – she was saying "thank you". I believe she was saying thank you for the lovely care."

● People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.

● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.

● Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.

● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

● People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care.

● During the inspection in the lounge, one person became very hot and removed their clothes. The staff dealt with this very skilfully. The person was treated with utmost respect and their dignity promoted.

● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, cutlery that meant their needs, such as smaller spoons and angled handles.

● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.

● Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. People told us, "I feel lucky that I can make decisions and choices, staff help me when I ask them," and "Staff give me choices, they have never insisted I go down or get up. I make my own mind up."
● People's needs assessments included information about their background, preferences and interests. This information helped staff to know the people they cared for and initiate conservations. A staff member said they had read peoples care plans and it had helped her to understand people and care for them better.
● Staff provided examples of how they supported people to choose their preferred care. Such as, choosing to have a wash, shower or bath, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
● Where people had specific health care needs, these were identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example: people who lived with diabetes had a person specific care plan that identified clearly the persons' diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of what action to take according to their blood sugar range. This ensured staff could manage their care responsively and effectively.
● Reviews took place to ensure people's needs were being met and involved of their family or legal representative. Where an advocate was needed, staff supported people to access this service. One visitor said, "I am involved, staff ring me to tell me any changes and ask me if I have questions."

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 were kept engaged with a selection of activities that people could join in with. Activities were displayed in the communal areas on notice boards.
● Activities on offer included word games, exercise, floor games, and reminiscence sessions. Trips out into the local community were also arranged.
● We saw photos of activities and people's artwork was displayed around the service. One family proudly showed us their relatives' paintings which had been framed and hung in the corridors. One person told us, "I enjoy the word games, I always go to the lounge for them." We saw staff sit with individual people when they had spare time, either colouring or doing cross words."
● Meetings were held with people to gather their ideas, personal choices and preferences on how to spend

their leisure time. These were then introduced in to the activity programme. For example, one person loved motorcycles and staff arranged for her to be taken in a side car. This had had made a lovely memory that had also been in the local paper.

● Peoples' spirituality was considered and respected. One person was supported to go out to a church of their own choice whilst others attended services in the home.

● People and relatives told us they were happy with the range of activities provided and spoke highly of the activity co-ordinator and the work they did. One person said, "I like the quizzes, and crafts sessions." Other comments included, "I read, watch TV and listen to music, I have a lot of my own things in my room," Relatives told us, "I think they do well, they celebrate holidays, Halloween is coming up and they make it special for people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids. One person used a specific tool to communicate and staff ensured it was always in good working order in order that this person retained the ability to communicate.

● People's communication and sensory needs were regularly assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had peoples' communication needs clearly documented.

● Notice boards displayed information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Improving care quality in response to complaints or concerns

● There were processes, forms and policies for recording and investigating complaints.

● There was a clear complaints policy. It was available in different formats to enable those with a visual impairment to read. People had access to the service users guide which detailed how they could make a complaint.

● We saw that complaints were dealt with in line with the providers processes. All were responded to and where necessary apologies made. The responses also included how they would ensure the concern was rectified.

End of life care and support

● Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.

● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Anticipatory medicines had been prescribed by the GP for use to relieve symptoms that may cause distress at this important stage of a persons' life.

● Care plans contained information and guidance in respect of peoples' religious wishes.

● Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

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 the last inspection this key question was rated as Good. At this key question has now deteriorated 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 a registered manager in day to day charge of running the home who was supported by the registered provider and clinical lead.
- The registered manager was working hard to ensure there was sufficient oversight and effective governance at the service.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. The registered manager kept on overarching action plan (OAP) which was very thorough and had completion dates included. Some of the areas however whilst identified and actioned were still needing improvement. For example, it was first noted in January that air flow mattress settings needed more consistent recording and identified again in July 2019.
- During the inspection whilst we found there were systems for checking pressure relieving equipment was set correctly, this had not always ensured the settings were correct. Further systems were immediately set up to ensure that risks to peoples' comfort and skin integrity were managed safely.
- As discussed during the inspection, improvements were needed to some areas of medicine management. For example, records for medicines refused had not always been completed and did not state whether it had been offered later. The use of 'as required' medicines sometimes lacked information on whether it had been effective. Development of guidance for anticipatory medicines at end of life was needed so all staff had the same information as to know when people may need the medicine to relieve symptoms.
Following the inspection, we received an action plan from the registered manager that would enable staff to manage medicines safely and more effectively.
- During the inspection staff deployment at supper time meant that the lounge areas were sometimes left unattended by staff whilst they assisted other people in their rooms. Suppertime was very busy. This had also been identified by staff and visitors. This was fully discussed with the management team. They were aware that there were key times when staff were stretched and this was under review as were the improvements needed to the layout of communal areas. The registered manager was looking at employing supper assistants and extra staff at 0700 to assist with breakfasts. This was confirmed following the inspection.

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and

responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "I think the management here is very good," and "All the staff are very helpful and supportive."

●The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the atmosphere in the home, and the caring attitude of staff to people, visitors and each other.

● Staff were valued, and this had a positive effect on the atmosphere within the home. One staff member said, "I must like it here, I've worked here for years," and "It's a really good place to work."

● Staff felt supported and told us they received any support or guidance they asked for. One staff member told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. They said, "I came here as a carer before getting my registration with the NMC, I trained as a nurse in my home country, I am now the deputy clinical lead and I am doing a mentoring course to support other staff."

● The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

● The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals once a year. These were collated and actions taken to comments. The actions were then shared with people, visitors and staff. For example, activities now included poetry sessions and trips out for specific people.

● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. Meeting notes were available and confirmed that staff practice was discussed. For example, missed signatures in MAR sheets. Staff also hold a daily 10@10 staff meeting, which also gave staff an opportunity to discuss care and recent changes to peoples' health and well-being.

● Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.

● For those unable to share their views, families and friends were consulted. One visitor said, "I try to attend all the meetings, if I can't then I read the minutes, the communication in the home is good."

● Compliments received were shared with all staff, this helped staff feel valued.

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

● The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were positive about the manager and staff. Comments from people, included, "Good staff," "lovely atmosphere," and "Caring staff."

● Information provided from the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as NICE.

● There was an inclusive culture at the service and everyone was offered the same opportunities in ways

that reflected their needs and preferences.
● Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.

Continuous learning and improving care
● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
● The management team consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
● The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:
● The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
● Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.