

Countess Mountbatten of Burma Romsey Memorial Trust

Edwina Mountbatten House

Inspection report

Edwina Mountbatten House
Broadwater Road
Romsey
Hampshire
SO51 8GH

Tel: 01794518317

Website: www.edwinamountbattenhouse.co.uk

Date of inspection visit:

25 March 2019

27 March 2019

Date of publication:

30 April 2019

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: Edwina Mountbatten House is a care home. It does not provide nursing care. It can accommodate up to 16 people. At the time of the inspection there were 13 people using the service. The registered provider, The Countess Mountbatten of Burma Memorial Trust, is a registered charity run by a board of Trustees.

Rating at last inspection: At the last inspection in February 2018, we rated the service as 'Requires improvement'. That inspection identified two breaches of the Regulations. There had been a failure to ensure that there were strong governance systems in place and records relating to people's care were not always complete. The provider had also failed to ensure that new staff received appropriate training.

We also made four recommendations. These were:

- That a systematic approach be used to determining the numbers of staff deployed.
- That a more robust pre-admission assessment form be developed.
- That action was taken to ensure that infection prevention and control policies and procedures reflected statutory guidance.
- That staff be provided with training to equip them with the skills they needed to develop end of life care planning with people and their relatives.

People's experience of using this service:

This inspection found some improvements had been made but many of these were yet to be fully embedded.

The systems in place were not yet being fully effective at identifying compliance with the Regulations and delivering all the improvements needed to achieve a rating of 'Good'.

People had always received their medicines as prescribed and staff were not always following best practice frameworks in relation to the management of medicines.

Some of the risks associated with people's care had not been consistently assessed and planned for. Whilst accidents and incidents were documented and investigated. It was not always clear that sufficient action had been taken to reduce similar incidents from happening again.

Whilst planned staffing levels had not always been achieved, people and staff did not feel this had impacted upon the provision of safe care.

Systems and processes were in place to safeguard people from the risk of abuse.

The home was visibly clean and staff followed appropriate infection control measures.

Improvements continued to be embedded to ensure that staff, new to care, consistently received a comprehensive induction mapped to the Care Certificate standards. Staff received regular training opportunities to keep their knowledge up to date.

The registered manager had started to implement an effective and robust supervision programme.

There was a clear focus on the importance of seeking people's consent, and there was evidence that people were always offered choice and control over the care they received.

Overall assessments of people's needs were suitably detailed and holistic. Staff were using evidence based guidance to enhance the care provided and to achieve positive outcomes for people.

Where necessary a range of healthcare professionals including GP's and district nurses had been involved in supporting people to maintain good health.

People told us the environment was homely and comfortable and they were positive about their rooms which they had been able to personalise according to their individual tastes. However, we found that the environment was still not consistently decorated and equipped to a good standard throughout. This had been a concern at our last inspection.

The provider remained committed to the programme of refurbishment which it was hoped would now start in the Autumn. We have made a recommendation about consulting best practice guidance on how to effectively design environments for people living with dementia including the use of appropriate technology, signage and decorating styles.

People continued to be treated with kindness, respect and dignity. Staff understood the importance of supporting people to maintain their independence.

The activities provided were not always well attended and so staff were reviewing these to ensure they reflected people's known hobbies and interests.

There were systems in place to ensure complaints were investigated and responded to.

Following our last inspection, there had been a number of changes within the management team. The current registered manager had been appointed in August 2018 and there was evidence that they were embedding improvements and that following a period of instability within the staff team, morale was also improving.

Why we inspected: This was a planned inspection based on the rating at the last inspection in February 2018.

Follow up: We will meet with the provider to discuss the findings of this report and will continue to monitor the service closely to ensure the registered manager and provider sustains the improvements already made and improves the rating to at least Good.

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

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 ●

Edwina Mountbatten 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team included a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type: Edwina Mountbatten House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with eleven people who used the service and three relatives. We spoke with the registered manager and registered provider, two senior care workers and four care workers. We also spoke with the chef. We reviewed the care records of five people. We also looked at the records for three staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Using medicines safely

- Improvements were needed to ensure that medicines were managed safely.
- Medicines administration records for March 2019 identified two medicines errors. For example, one person had been given a 'once weekly' medicine a day later than planned. We also found two recording errors.
- Staff had not identified these errors or brought them to the attention of the registered manager so that remedial actions could be taken.
- There were some areas where staff were not acting in line with best practice frameworks in relation to the management of medicines.
- For example, new MARs generated by the service had not been checked for accuracy by a second member of staff.
- Where staff were administering 'As required' or PRN medicines, a record of the reason why the medicine was required had not been documented. This is important as it helps staff recognise any trends in the use of PRN medicines that might require a referral to their GP.
- One person was prescribed a 'rescue pack' to treat a chest infection. There was no MAR recording the presence of these medicines within the service or a protocol governing their use.
- Staff were not always recording the administration of topical creams in line with the provider's policies and procedures.
- The controlled drug register had not been updated to reflect that one person's medicines had been returned to the pharmacy and was therefore not accurately reflecting the controlled medicines in the service.
- The date of opening had not been recorded on two liquid medicines.
- Medicines, including controlled drugs, were stored securely and only administered by staff that had been appropriately trained.
- Staff administering medicines wore a red tabard to discourage people and staff from disturbing them during the medicines round. This reduced the risk of errors being made.
- We observed a medicine round. This was managed in a person-centred manner.

Assessing risk, safety monitoring and management

- People's care plans contained a range of risk assessments including for falls and moving and handling. Nationally recognised tools were being used to assess people's risk of skin deterioration or poor nutrition. One person required the use of constant oxygen and there was a suitable risk assessment in place for this.

- Staff could tell us in some detail about people's individual needs and risks and the care they were delivering to manage these.
- However, some risks associated with people's care had not been consistently assessed and planned for.
- One person's falls risk assessment had identified that they were at risk of falls, but there was no falls care plan in place describing how this risk was to be mitigated.
- Following falls, including some which resulted in head injuries, records did not provide assurances that post falls protocols had not been followed. These protocols ensure that people are appropriately monitored following falls in case their condition deteriorates allowing further medical advice to be sought. The registered manager is now taking action to implement post falls protocols and falls huddles. These are a debriefing following a fall to see if any preventative actions might have been possible.
- One person's nutrition plan stated that they needed to be weighed weekly due to concerns about weight loss and poor appetite. This had not taken place for nearly two months. The plan also said the person was 'now on food and fluid charts' but staff were only completing food charts. Staff were all well informed about this person's dietary needs and the registered manager assured us that the person drank well and fluid charts were not needed. However, the risk management plan was not being followed.
- One person could display behaviour which could be challenging to others. However, their mental health / behaviour care plan did not fully reflect the severity of the behaviour. Whilst forms were being used to log any incidents of challenging behaviour, there was no analysis of the information to help identify any common triggers or to devise effective de-escalation techniques that might help prevent further incidents.
- One person's care plan stated that there was a 'Do not resuscitate' decision in place, but there was no document, issued and signed, by a doctor to confirm this. This could have delayed this person receiving appropriate care and treatment in the event of them needing resuscitation. We asked that urgent action be taken to clarify this and the service have now confirmed that a healthcare professional has completed the relevant documentation.
- We looked at how risks associated with the environment were being managed.
- Actions required in response to a fire safety action letter issued by Hampshire Fire and Rescue Service following our last inspection had been addressed within the timescale required. A new fire risk assessment had been completed in September 2019 and actions completed.
- Records showed that regular tests of the fire alarm system and other fire safety equipment took place. Staff had also received fire safety training.
- We did note that there had not been any recent fire drills. These are important to check that staff have understood and can apply their training. We therefore recommend that the provider review their fire safety measures to ensure these reflect the HM Government Guide to Fire Safety Risk Assessment for Residential Care Premises.
- Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home. However, when viewed on the first day of our inspection, these did not reflect the current occupancy of the home. This was brought to the registered managers attention and was addressed.
- The provider had developed a detailed business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.
- A legionella risk assessment had been completed in January 2019 and an external consultant had been hired to address the actions from this and to manage the ongoing checks required to maintain effective legionella control. Moving forward the legionella management systems will include regular water sampling.

Learning lessons when things go wrong

- Whilst accidents and incidents were documented and investigated. It was not always clear that sufficient action had been taken to reduce similar incidents from happening again. For example, a number of incident

forms related to people slipping or falling from bed, however, there was no reflection on what additional measures might be needed to prevent this from happening again.

- Incident and accident forms were reviewed regularly by the registered manager, but there was no formal audit of these to help identify any themes or trends that might also require action to be taken.

Staffing and recruitment

- The registered manager assessed staffing requirements according to people's dependency.
- Since our last inspection, the numbers of staff routinely deployed during the day and at night had increased. Throughout the day, there was now a senior carer and two care workers on duty. There was no longer a sleep-in shift and instead night shifts were now staffed by two waking care workers.
- People were positive about the availability of staff to manage their needs. One person said, "If I ring my bell someone comes quickly". Another person said, "I'm very content here and I feel safe because I know there's always someone around to help me should I need it". A third person said, "Yes there are always staff around, if there are staff shortages, I don't see any affect".
- Staff feedback was also positive with comments including, "Sickness can be a problem, but yes I think so [there are enough staff]" and "Yes there are enough staff, more so since [registered manager] has been here, people have a choice and you know who you need to prioritise".
- Despite this positive feedback, a review of the staff rotas between the 4 and 24 March 2019 indicated that there were 12 occasions when planned staffing levels had not been met. The registered manager told us that during the week, they were always available to provide additional support and staff confirmed this happened in practice. However, half of the shifts which were short staffed were at weekends when the registered manager, whilst on call was not available onsite.
- We also noted that the rotas did not provide assurances that staff undertaking shadow shifts were supernumerary, and not part of the planned staffing numbers. The registered manager assured us that this was the case and moving forward this would be recorded more clearly.
- The registered manager had been working hard to continuously recruit and the number of staff vacancies had now reduced.
- The registered manager was confident that when shortfalls occurred in staffing numbers that the service remained safe and that there remained sufficient staff to meet people's needs and this would be in keeping with the feedback we received from people and staff.
- Our last inspection in February 2018 had found that a full employment history had not been obtained for three of the four staff whose recruitment files we checked. We were assured that measures were being put in place to ensure this information was obtained in the future. However, this inspection found the same concern in one of the three staff files checked. Whilst the missing information was obtained during the inspection, it was evident that the remedial measures put in place following our last inspection, need to be further embedded to ensure that all of the required checks were taking place.
- Records showed staff had completed an application form and had a formal interview as part of their recruitment.
- Checks had been made with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.

Preventing and controlling infection

- The home was visibly clean including the communal bathrooms and toilets.
- Cleaning schedules were in place and were fully completed giving assurances that routine and more

comprehensive 'deep cleaning' was carried out.

- Protective clothing, including gloves and aprons, was available and was used by staff to help prevent and control infection.
- The kitchen was noted to be clean and relevant food safety records were completed in full.
- Our last inspection had recommended that the provider's infection control policy was revised to make this more robust and more clearly demonstrate how it was having regard to the Health and Social Care Act Code of Practice on the prevention and control of infections. This had not been completed.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured that staff had access to relevant guidance about what they must do if they suspected abuse was taking place.
- Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns.
- Staff were confident concerns would be acted upon by the registered manager to ensure people's safety. For example, one staff member said, "[Registered manager] cares about this place as much as us, but I would whistle-blow if I thought I wasn't getting anywhere, or I would go to the Trustees".

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

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

Staff support: induction, training, skills and experience

- Our last inspection had found that the provider had not ensured that new staff received appropriate training and development. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.
- This inspection found that overall improvements had been made and the provider was no longer in breach of this Regulation, however the improvements were not yet fully embedded.
- For example, there was evidence that new staff completed an onsite induction which introduced them to their role and responsibilities, fire procedures, core values, team work and infection control.
- Staff were also offered the opportunity to shadow more experienced staff until they were familiar with their role and people's needs.
- In addition, there was evidence that some staff who were new to working in a care setting, had been enrolled on the Care Certificate at a local college. The Care Certificate is a nationally recognised set of induction standards which provide staff working in health and social care with essential skills and knowledge.
- However, this was not consistent, and we noted that another new member of staff, who had no previous experience of working in a health and social care setting, had been working at the service for three months and had yet to be enrolled on the Care Certificate.
- The registered manager assured us that action would be taken to address this. In the interim, we were able to see that the care worker had undertaken training in moving and handling, safeguarding people and infection control.
- Staff received regular training opportunities to keep their knowledge up to date.
- The registered manager held a Level 3 Qualification in Education and Training. This enabled them to deliver a range of training each month in areas such as health and safety, moving and handling, care planning and risk assessment, food safety, the Mental Capacity Act 2005 and infection control.
- External training was provided in areas such as fire safety, medicines management and emergency first aid.
- Training was refreshed on an annual basis and records showed this was mostly up to date.
- Additional training relevant to the needs of people using the service took place. For example, senior staff had completed training in the prevention and care of pressure areas.
- The manager had plans to appoint champions or leads in specific areas such as medicines and access training for them so that they could act as role models to the staff team. However this was yet to be embedded.
- The registered manager and senior staff attended workshops organised by local care forums on issues

such as hydration and managing choking risks.

- The registered manager had a positive attitude to developing the skills of the staff team. They told us, "I am asking staff what they want to do, then I will find training for that, I want to open their eyes to what is out there". This was confirmed by a healthcare professional who told us, "The new manager has recognised the need for the staff to be upskilled within the home and put processes in place to ensure the training is carried out and recorded".
- Overall staff said that the training provided was adequate to enable them to perform their role effectively. One staff member said, "I find we are having a lot more training, now we are having something every month". Another staff member said, "Yes there is ample training, I'm doing my NVQ 2, it's so improved, I'm doing medicines training too I love progressing".
- There was scope to develop the training programme further. For example, some people using the service could at times display behaviour which was challenging. Staff told us they did not always feel confident in managing this and there was no formal training currently provided on this. We discussed this with the registered manager who agreed that this would be beneficial for the staff team and they are now exploring the best way to deliver this.
- Records showed that staff had not been receiving regular supervision since our last inspection in February 2018 which was concerning as the home was going through a period of change in management and working practices. Staff told us they had not always felt supported during this time.
- Since March 2019, the registered manager had started to implement an effective and robust supervision programme. The feedback from staff was that they were now feeling more supported. For example, one staff member said, "I was totally shocked by the standard of supervision [registered manager] gave, it was an hour instead of in and out in 10 mins, I was asked questions about care and I have now got the next six weekly one booked in".
- This programme of supervision needs to be embedded and sustained to ensure that staff continue to be suitably supported moving forward.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was a clear focus on the importance of seeking people's consent, and there was evidence that people were always offered choice and control over the care they received.
- Consent forms had been signed by people covering a range of areas such as sharing information and having photographs taken.
- None of the people using the service were unable to give consent to their care and support and so there had not been a need for mental capacity assessments to be completed.
- No one was subject to any restrictions, which they could not consent to, and therefore no applications for

a DoLS had been required.

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

- People told us they consistently received a good service that met their needs and this view was shared by the relatives we spoke with. For example, one person said, "They [Staff] look after me well... I've got nothing to worry about, everything is taken care of". A relative told us, "It's a big relief for the family now we know [relative] is being well looked after and cared for". Another relative said, "We can't find fault, its perfect".
- When people moved to the home, they, and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they were to receive.
- These initial assessments were used to develop more comprehensive care plans which were usually suitably detailed and holistic and covered a broad range of needs, including communication, mental wellbeing, dignity, diet and fluids, medicines and personal care.
- Condition specific care plans were in place to assist staff with managing needs such as catheter and stoma care.
- We have asked that the diabetic escalation plan for one person be reviewed with relevant healthcare professionals to ensure it provides all the necessary information needed to help staff respond effectively to low or high blood sugar levels.
- There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people. For example, staff had recently started to use RESTORE2. This is designed to support homes to recognise, through the use of clinical observations, that a resident may be deteriorating and supports staff escalating any concerns quickly to health care professionals. The registered manager told us that using RESTORE2 had supported them to identify in a timely manner, the need for a hospital admission for two people.

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

- People had access to sufficient food and drink and a menu was available from which people could choose daily.
- Lunchtime was relaxed and well organised. Most people were able to eat and drink independently, but support from staff was available should this be needed.
- People told us they enjoyed the food provided. One person said, "The food is good... we get a choice of two lunches... if they don't suit they'll usually come up with something". Another person said, "The food here is very good, too good... sometimes I'll just have a sandwich for tea... they make me a jam sandwich, my favourite".
- People had nutrition plans which described their dietary needs and this information had been shared with the chef who displayed a good understanding of people's individual needs. They were aware, for example, of which people were losing weight and needed their meals to be fortified.

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

- People told us the environment was homely and comfortable and were positive about their rooms which they had personalised according to their individual tastes. For example, one person said, "I love it here... Yes, the room is small, but I've got my stuff in here and its all I need".
- The accommodation was arranged over two floors with a stairlift available to access the first-floor rooms. There was no passenger lift.
- There were adequate communal bathing and toileting facilities, a large lounge and dining area, and a conservatory.

- People also had access to a pleasant, well maintained outdoor space.
- The front door to the service was not kept locked and people were able to freely come and go as they wished. The registered manager was confident that this was safe for the people currently using the service.
- We remained concerned that the environment was not consistently decorated and equipped to a good standard throughout. This had been a concern at our last inspection. A number of staff also commented on this. One said, "the whole place needs updating, brightening up, we are assured this is something that is happening" and another said, "the décor needs improving it needs a good lick of paint".
- The provider told us they remained committed to the programme of refurbishment which it was hoped would now start in the Autumn. This was to include a kitchen refurbishment, a larger reception area and redecoration of hallways and rooms.
- As part of a review of the aims and objectives of the home, people, may in the future, be admitted who are living with dementia. Prior to this, and to ensure their safety, the security of the building will need to be reviewed. In addition, we recommend that the provider consult best practice guidance on how best to design environments for people living with dementia including the use of appropriate technology, signage and decorating styles.

Staff working with other agencies to provide consistent, effective, timely care.

Supporting people to live healthier lives, access healthcare services and support

- There was evidence that the registered manager and staff had worked effectively and collaboratively to support the smooth transition of a number of people into their service following the closure of another local home. This helped staff to understand and meet their needs at a time of transition. A relative commented on this saying, "We were concerned because [person] moved here when her previous care home closed and it obviously upset her routine, but thanks to the manager and staff, she seems settled and happy now".
- Where necessary a range of healthcare professionals including GP's, district nurses, community diabetic nurses, chiropodists, opticians and dentists had been involved in supporting people to maintain good health.
- A healthcare professional had recently provided some positive feedback to the service saying, "Staff will inform our service if there are any questions regarding clients under their care".

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

Good: □ 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

- The service continued to provide caring and kind support and people told us they were happy living at the home. One person told us, "The staff are lovely...and we have a laugh and a joke too". Another person said, "The staff are all very nice".
- Staff had received a compliment which read, 'A big thank you from [person] and family for looking after him so well. You have all been very kind and helpful and we will miss you all very much'.
- Most people spent the majority of time in their rooms, but when in the communal areas, we saw staff interacting with them in a cheerful and positive manner.
- We noted a care worker tenderly encouraging a person who was unwell to have something to eat and drink. Their approach was very person centred.
- A health care professional told us, "The interactions I have seen have been kind and caring with safety of resident in mind".
- Staff received training in equality and diversity.
- A revised pre-admission assessment document had been introduced which was more comprehensive and gathered information about a range of needs including the person's religion and any needs they may have arising from their culture or protected characteristics.

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

- There was evidence that people were encouraged to express their views and make decisions about their care. A staff member told us, "We ask people what they would like to wear, it's not just about taking clothes out of their wardrobe".
- Another person had expressed a wish for a particular care worker to be their key worker and this had been acted upon.
- Key workers also undertook monthly reviews which included seeking the person's view about their care and support.
- Staff maintained records of all contact with people's families. These demonstrated that relatives were updated promptly when people's needs changed or if they were unwell. One relative told us, "[Staff] keep us well informed and updated which is good" and another said, "We feel we are kept well informed of progress and any issues".
- People's relatives and friends felt welcome and could visit without restrictions. One relative told us, "I'm

taking mum out for lunch, she loves it here, but its good for her to get out. . . I can take her out whenever she or I want".

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's privacy and dignity.
- They spoke with people in a polite and respectful manner.
- Staff knocked on people's doors before entering their room and doors were kept closed when staff attended to personal care tasks. Signs were used to alert other staff or visitors that personal care was taking place.
- Staff respected people's right to privacy and whilst people were encouraged to spend time in the communal areas, if a person did not wish to do so, this was respected.
- Staff understood the importance of supporting people to maintain their independence and were able to tell us about examples of how they encouraged people to retain their skills as far as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plans viewed contained some specific, individual information, about the person such as their preferred daily routines and leisure interests.
- Our observations indicated that staff knew people and their individual preferences well and this was confirmed by people.
- People had communication plans which described the ways in which staff might adapt their approach to enable the person to understand or to assist in managing known risks or needs.
- Our observations and discussions with staff showed that they all had a good understanding of people's preferences. For example, we heard one care worker say to a person, "There's your jam roly poly, your favourite".
- Handover meetings were conducted daily and clearly documented. This allowed staff to effectively share information about any new risks or concerns about a person's health.
- Staff completed a daily diary for each person which was detailed but would have benefitted from including a reflection on the person's emotional wellbeing and engagement with social and leisure activities.
- Senior care workers performed the role of key worker for a designated group of people. Their role was to take a special interest in the person's wellbeing, keep care plans up to date and serve as the main link between the home and people's families.
- Staff provided opportunities for people to take part in a range of activities.
- The scheduled activities for March 2019 included film afternoons, exercises, creative talks, singers and musicians, cake decorating, games and poetry.
- People told us, and we observed, that the activities were not always well attended and there were extended periods of time when the communal lounge was completely empty as people instead chose to stay in their rooms. This did have an impact on the atmosphere within the home and some people spoke to us about this with regret. For example, one person told us, "I would like more things to do here, the staff do try...for example, they organised a board game session but no one turned up... disappointing". Another person said, "When I first came in here, I was ok, but recently I am getting fed up". A relative told us, "It's a shame the lounge is not busier... [family member] spends a lot of time here on their own, the carers look after him, but he likes company and is often sitting here all alone when we visit".
- It was clear that some people preferred to spend time in their rooms and this was their choice. Others told us the activities provided did not meet their individual needs, for example, one person told us, "Not everything suits me" and another said, "There's nothing I'm interested in".
- The registered manager was committed to finding ways of improving the level of social interaction, and

engagement with, meaningful activities within the home. To support this, two staff had been given a lead role for planning and providing activities and introducing more one to one time so that people's individual interests could be catered for.

- Future plans included events such as a cheese and wine night, a gardening club and themed days celebrating beach culture for example.
- The registered manager told us, "The activities are quite passive at the moment... I am really starting to build a good team here, they are passionate, personal care only takes two hours a day, so there is so much more we can do".
- People received information in a way they could understand. For example, staff were observed to use a whiteboard as a communication tool with one person.
- A large print complaints document, including a photograph of the registered manager, had been created to help ensure that each person was able to understand how, and to whom, they might raise a concern.
- This was in line with the 'Accessible Information Standard'. This framework was put in place from August 2016 and made it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given.

Improving care quality in response to complaints or concerns

- Information about how to complain was readily available within the service and people were confident that they could raise concerns and that these would be listened to. For example, one person said, "I don't have any complaints and I'd soon tell the girls [staff] if I did".

End of life care and support

- No-one using the service was currently receiving end of life care.
- The registered manager was committed to supporting people to live well until their death and to support this, they and the senior care team had recently been enrolled on a nationally recognised programme aimed at developing the skills and knowledge of staff with best practice in end of life care.
- A local healthcare professional told us staff had worked effectively with them to provide end of life care. This had included a range of additional care and checks including pain assessments and monitoring of skin integrity to help ensure that people had a dignified and pain free death.
- Our last inspection had found that end of life care plans needed to be further developed to ensure these were fully person centred and reflected people's known wishes and preferences. This was still the case. The manager acknowledged this and confirmed this would form part of their on-going improvement plan.

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

RI: □ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Our last inspection in February 2018 had found that there had been failure to ensure that there were effective systems in place to assess and monitor the quality of the service. We also found that records relating to people's care were not always complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.
- This inspection found that whilst some improvements had been made the provider remained in breach of this Regulation. Systems needed to be more fully embedded and were not yet being fully effective at identifying compliance with the Regulations and delivering all the improvements needed to achieve a rating of 'Good'.
- Whilst a more comprehensive range of audits were now being undertaken to monitor the effectiveness of aspects of the service the quality and depth of some of these audits still needed to be developed further.
- Medicines audits were not being fully effective. This inspection continued to find that the management of some risks and people's medicines needed to be improved.
- The nutrition audit, for example, had not identified the concerns we found in relation to the monitoring of weight.
- The care plan audits referred to supporting evidence being available in electronic care plans and recording systems that were not yet in place.
- In the case of some audits, it was not always clear what evidence the audit was reviewing, for example, the staff file audits did not state which staff files had been reviewed.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

- Other improvements had been made. The provider had arranged for an external consultant to undertake two comprehensive pre-inspection reviews in March 2019. An action plan had been drafted in response to the findings of these audits, many of which had already been completed when we inspected.
- The Board of Trustees had recruited a number of new members to reflect the skills and expertise needed to have effective oversight of the quality of care being provided but also to support future development of the service.
- The registered manager felt well supported by the Provider and the trustees continued to undertake periodic visits to the service to assess the quality of care being provided. The reports produced as a result of

these visits were more detailed, but still not aligned to the key lines of enquiry which would assist the provider with identifying emerging risks and assessing compliance with the Regulations.

- Whilst they had only been in post six months, the registered manager had already developed a good understanding of the areas where improvements were needed but now needed more time to embed the positive changes. To support this, they had developed a service improvement plan to assist in identifying and prioritising improvements, the resources needed to achieve these and the anticipated timescales for these to be completed.
- The registered manager understood the responsibilities of their registration and notifications had been submitted to us as required by law.
- The rating of the last inspection was on display within the service and on the provider's website.
- There was a clear leadership and management structure in place which helped to ensure that the service could deliver effective care and that staff at all levels were clear about their role and responsibilities.
- The registered manager was supported by a team of senior carers who over saw the delivery of people's care.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a developing culture of ongoing learning.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information to help ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager showed a commitment to providing person-centred care. They had already developed a good understanding of people's needs and displayed a commitment to trying new ways of meeting their needs and to improve their quality of life.
- Staff commented positively on the registered manager and of their leadership of the service. One staff member said, "100% she knows what is going on, there are no worries when she is around". Another staff member said, "Since the new manager came its been one long change, but its all for the good I reckon, it needed a shake-up". A third staff member said, "[Registered manager] I promise you she is perfect, she will pull you up but will say it in the nicest way. She has taught me, she will muck in with care".
- Our observations indicated that care and support was well organised, and staff were working together well as a team, communicating effectively and supporting one another.
- Staff confirmed that morale was improving. For example, one member of staff said, "Staff morale was very low, due to the changes, everyone was quite stressed and anxious, but I think that there has in recent weeks been a bit of a turnaround, we're getting to know [Registered manager] we have no doubt that the things that are changing are for the best". Another staff member said, "Its good now, when I first arrived, [staff] were tired, I feel like we have a good team now and that it is all coming together".
- The service had received a number of positive comments from health and social care professionals about the friendly and helpful approach of the registered manager and staff team. For example, one compliment read, '[Registered manager] is always very friendly and helpful' and another had noted 'Always welcomed to the to the home staff friendly and helpful a joy to visit'.

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

- People and their relatives had been asked to share their views about the quality of care they received. For example, comprehensive satisfaction surveys had recently been completed with people, their relatives,

professionals and the staff team. The feedback had been largely positive but did note some areas where improvements could be made. The registered manager planned to draft an action plan and provide feedback to show how comments had been acted upon.

- Resident and relative meetings were not currently taking place. The implementation of these had been delayed whilst the registered manager focused on other improvements, however, they told us they were committed to putting these in place to help keep people informed about the planned developments within the service and to seek their views about other areas such as the menu and trips out in the summer.
- Staff meetings were held periodically during which staff could discuss matters affecting people using the service or recruitment and staffing matters. Staff told us they were encouraged to comment and share ideas about how practice and care might be improved.
- People continued to be supported to maintain links with the local community within which they lived. The community library visited the service as did a local church to conduct services.
- Volunteers came to play the piano and to offer creative talks and the local community had responded generously when asked for raffle prizes for the Christmas party.
- With staff support people had visited the theatre and a local garden centre and some people continued to access the local shops and social clubs.

Working in partnership with others

- The management team were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care. This included GP's, community nurses and other healthcare professionals.
- To ensure that people received better joined up care when they transferred in or out of the service, people had a hospital passport which included key information such as their medicines, a summary of their needs and next of kin details. This helped to facilitate a smoother handover of care between the care home and ambulance or hospital staff.

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 17 HSCA RA Regulations 2014 Good governance Systems were not yet fully effective at identifying areas where the safety and quality of the service was compromised. This was a continuing breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.