

Elsenham House Limited

# Elsenham House Nursing Home

## Inspection report

49-57 Station Road  
Cromer  
Norfolk  
NR27 0DX

Tel: 01263513564  
Website: [www.elsenhamhouse.co.uk](http://www.elsenhamhouse.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Elsenham House Nursing Home is a care home, providing personal and nursing care for up to 36 people living with complex mental health conditions and or learning disabilities. At the time of the inspection, 22 people were receiving care. Elsenham House consists of five houses, in two blocks.

People's experience of using this service:

People who live at Elsenham House Nursing Home were not always having their needs met by sufficient numbers of suitably trained staff. The service had identified shortfalls in training, and staff were booked on training courses across 2019, however, this training was not fully completed or embedded into practice at the time of inspection. Improvements had been made to the care environment to make it cleaner and more comfortable, however we continued to identify some concerns around the management of risks, particularly relating to fire safety.

The service was working with an external consultancy company. This company was leading with many of the internal auditing and quality checking processes. As the consultancy companies' level of involvement reduces, the service will need to demonstrate they can recognise and act on shortfalls when identified. We identified examples of incidents that should have been notified to CQC, but had not been.

People were accessing more activities and being encouraged to go on trips and access education courses. Staff showed more kindness and compassion at this inspection. People were offered a choice of meals and the service had sourced guidance from a dietician. Improved levels of monitoring were in place for those people assessed to be at risk of poor food and fluid intake.

Management plans were in place for people needing support at the end of their life. End of life care training was scheduled for 2019. The service was working hard to improve relationships with other organisations and healthcare professionals to ensure people had joined up care.

Improvements had been made to encourage people to give feedback on the service, and areas of improvement. The management team were finding ways to implement requested changes, and demonstrating where action had been taken.

Rating at last inspection: Elsenham House Nursing Home was last inspected on the 18 and 19 July 2018. As an outcome of this inspection, the service was rated as Inadequate for all five key questions. The last inspection report was published 16 November 2018.

There was a breach of Regulation 9, 10, 11, 12, 14, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected: The service was placed in special measures, as an outcome of being given an overall rating of Inadequate. Services placed in special measures are inspected within six months of the publication date of the report to determine if sufficient levels of improvement have been made.

Enforcement At the last inspection, we identified nine breaches of regulation, and issued requirement notices. The service provided a written action plan detailing how they would address these areas of concern. The action plan was reviewed as part of this inspection, with the details of our findings explained within the body of the report.

At this inspection, we identified a repeated breach of regulation 12 and a new breach of registration regulation 18.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Requires Improvement. As an outcome of this inspection, the decision was made for the service to be taken out of special measures.

## 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### 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** ●

# Elsenham House 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. 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: Consisted of two inspectors and one assistant inspector.

Service and service type: Elsenham House is a care home that provides nursing care.

The service had a manager registered with the Care Quality Commission who is also the provider and nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of the inspection, but we liaised with the clinical nurse lead and other staff members while on site. We offered the registered manager the option to speak with us by telephone after the inspection visit, but they did not feel this to be required.

Notice of inspection: This was an unannounced inspection visit completed 21 February 2019.

What we did:

Before the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used all this information to plan our inspection.

During the inspection: We spoke with five people who used the service and observed care and support provided in communal areas. We spoke with the newly appointed clinical nurse lead, two nurses, three care staff, one administrator and the cook. We looked at five people's care and support records and nine

people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We attended the morning shift handover meeting. We requested provision of additional information that was sent to us after the inspection visit. We liaised with local health and social care services after the inspection.

# Is the service safe?

## Our findings

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

Assessing risk, safety monitoring and management

- Personal Emergency Evacuation Plans (PEEPS) were in place, however, during the shift handover meeting, staff discussed two people who had been found smoking inside the building. We reviewed their care records and identified fire risk assessments and their PEEPS had not been reviewed or updated to reflect an increase in risk. It was unclear what action staff should take to proactively manage and mitigate these risks. Since the inspection, we have received confirmation from the registered manager that PEEPS and risk management plans have been reviewed and updated to manage and mitigate these risks.
- Changes had been made to the designated smoking area, which was now outside, however, we found that a smoking room remained within one of the houses. The room remained in poor condition with deeply stained walls and burn marks on plastic seating. The smell of smoke from the room permeated the surrounding corridor. We observed this room to regularly be used throughout our visit. Since the inspection the registered manager has told us this room has now been redecorated, and a new extractor fan installed.
- We noted that some bedrooms contained multiple cigarette lighters that were accessible to anyone living in the service, risk assessments needed to be developed further to account for the management of these risks. Since the inspection, the registered manager has told us this risk information has been added to people's PEEPS. Ongoing work is being completed to ensure risk assessments are in place for all people who have their own cigarette lighters.
- Some environmental risk assessments for the service including for the whole building, and in relation to window restrictors were found to be out of date. Since the inspection, the registered manager has told us all environmental risk assessments have been updated, and changes made to the screws used on the window restrictors to reduce the risk of these being tampered with.

The above information meant the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records reviewed contained more details in relation to changes in behaviour, mental health presentation, self-harming risks, malnutrition, falls or pressure ulcers. The measures in place to reduce the risks were documented and staff were aware of these.
- In the morning, we found large quantities of cleaning products in the laundry room, which is accessible by anyone living at the service. These had been put away by the afternoon, however we noted that items such as laundry powder blocks were not stored securely. Since the inspection, the registered manager has told us all cleaning and laundry products are now stored securely.
- Care plans included how staff should assist one person to move safely. The clinical nurse lead confirmed that they completed reviews of staff competence to use moving and handling equipment. However, we were told by staff that safeguarding concerns had previously been identified regarding poor use of equipment. These concerns had not been notified to CQC.
- Equipment such as for fire, moving and handling and water quality were regularly tested for safety. Where concerns were identified the service clearly documented the action taken and the timescale for this.

However, we did identify some rusty equipment in use to assist people on and off the toilet, and a heated towel rail that was very hot to the touch, which posed a potential scalding and self-harming risk. Since the inspection, the registered manager has updated us to confirm that any equipment in poor condition has now been disposed of, and adjustments made to ensure the safe temperature of the heated towel rail.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated greater awareness of the service's policies and procedures in relation to safeguarding. Refresher training for all staff was scheduled. However, for care staff, there was a tendency for them to pass concerns to the nurse in charge rather than to be supported to take the lead with referring these concerns to the local authority. The registered manager has provided assurances that ongoing discussions regarding safeguarding are being completed with staff to ensure they feel confidence to report any concerns as required.
- People gave us mixed feedback regarding whether they felt safe. One person told us, "No. [Name] causing trouble to residents and staff. Everyone feels unsafe. [Name] makes me feel worried. It is making the home unsafe." Another person said, "I feel safe most of the time, except when people become violent and start shouting."

Staffing and recruitment

- We continued to have some concerns regarding the number of staff on shift, particularly during the morning. This concern was shared by staff who told us there were not enough staff between 8am and 11am to assist people with personal care tasks, breakfast and getting them ready for activities and appointments. However, the service had a dependency tool in place to calculate the number of staff on shift in relation to people's assessed needs and complexity. Following on from the inspection, the registered manager has provided assurances that they build flexibility into their staffing rotas to ensure changes in staffing levels can be accommodated.
- At the time of the inspection, there was one person being funded to have one to one care 24 hours per day. We identified that additional staff had not been included on the rota to provide their care, instead staff were rotating on a two-hourly basis as part of their allocated shift. Staff told us this placed additional pressures on their workloads. Since the inspection, the registered manager has told us they have made changes to the rota to make it clear where one to one support is being incorporated into the staffing rota.
- There was one person that required two staff to assist with repositioning and use of moving and handling equipment. Overnight, there was one nurse and two support workers on shift. One support worker was assigned to the person on 24 hour one to one care. We discussed this with the service's administrator who told us that a fourth named person was on each night shift, but 'sleeping in' rather than awake therefore available to be called upon as required. From reviewing staffing rotas, night shifts consisted of one nurse and between one and two care staff. The registered manager has provided assurances that they build flexibility into their staffing rotas to ensure out of hours cover can be accommodated.
- The service told us that due to only having 22 people living at the service, and a restriction on admissions that had been imposed by the local authority, they were unable to fund additional staff on each shift to cover the one to one care. The service did confirm that additional staff were added to the rota to support planned activities and appointments and this was recorded on the rotas reviewed during the inspection.
- Improvements had been made to recruitment processes. For new and existing staff, the service had a clear Disclosure and Barring Service (DBS) checklist to ensure these were in place, and renewed at regular intervals. DBS can advise employers if an applicant is unsuitable for a role in care based on any previous convictions.
- Some staff members remained living on site, and they continued to share facilities with people. The service showed us tenancy agreements, but these did not clearly set out expected boundaries and standards of behaviour. We spoke with staff who lived on site, they were clear that they could not have



visitors on site and that they did all their cooking in a specified house (55). However, risk assessments were still not in place to safeguard staff and people from the risks associated with sharing facilities such as bathrooms.

#### Using medicines safely

- Medicines management had improved. There were clearer systems in place for ordering and administering medicines, including medicines that required specific storage and recording. Medicines were monitored regularly to ensure they had been administered appropriately. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely and appropriate records were kept.
- Where medicine errors had arisen, we could see that action was taken to review the nurse's competencies and supervision put in place before it was agreed they could return to giving medicines independently.
- Protocols for as required (PRN) medicines were more personalised, and provided staff with points for consideration such as changes in people's presentation and triggers found to result in changes in behaviour for consideration before using PRN.
- One person was receiving medicines mixed in their food or drinks (covertly). The decision to implement use of covert medicines had been made in consultation with the GP and pharmacy, with paperwork in place to support this decision in their care record.
- When we spoke with people, they confirmed they knew what medicines they were taking, and if they could not remember the names of the medicines, they were able to explain what they were taking them for.
- One person told us about their medicines management, they said, "Staff help me with medication, I need to receive it at specific times, which happens."

#### Preventing and controlling infection

- The standards of cleanliness within the service had improved. Previously damaged areas of carpet had been replaced. Improvements had been made to the condition of seals around toilets and baths to make them easier to keep clean.
- The service had had an external infection, prevention control audit completed by the health authority, and an action plan for areas of improvement had been provided and was being implemented by the service.
- Weekly audits of the environment were now in place including spot checks of people's bedrooms and communal areas, with daily checks of the condition of toilets and bathrooms.
- A "You said, We did" board had been installed. Feedback stated that, "Bathrooms are often messy and smelly." Action taken by the service was listed as, "We employed permanent domestic staff, robust cleaning schedules. Toilets are checked and cleaned up to six times in 24 hours."
- People gave feedback on the cleanliness of the environment. One person said, "It is very clean and maintained. The kitchen is always spotless." Two people confirmed that staff supported them to clean the houses they lived in. One staff member told us, "The service is much cleaner now."
- There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place. Changes had been made to the chemicals and cleaning products in use, in line with guidance provided to the service by the infection prevention control team.
- The condition of the kitchens in each house had improved, however we noted in houses with communal fridges, that items continued not to be labelled to indicate when food had been opened and was due to expire. The registered manager has told us, that since the inspection all staff had been reminded of the importance of making sure opened food is labelled, and this is being checked on a weekly basis by the chef.

#### Learning lessons when things go wrong

- The management team were working with an external consultancy company to review policies and

procedures in place. Changes had been made within the staff team to improve ways of working and personal accountability for tasks and actions by each individual member of staff. The service was continuing to improve and develop learning from events, and recognised previous shortfalls, and were implementing actions to address these.

- A written log of accidents and incidents was recorded. The service monitored incidents and accidents for patterns, completing internal investigations and implementing actions to reduce the risk of reoccurrence. However, some processes and procedures were newly implemented, therefore not fully embedded at the time of the inspection.

# 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

Staff support: induction, training, skills and experience

- The service's administrator showed us a list of all training and refresher courses scheduled for dates in 2019, but not all of this training had been completed at the time of the inspection. In addition, the service had decided to introduce specialist training for staff, to develop and refine their skills and to improve the psychological and emotional well-being of people living in the service. This training was due to start in March 2019, and would then require changes to be made to each person's care records.
- It was positive to see that shortfalls in training had been identified. However, there was still a lot of training and refresher courses to complete, and the outcomes from training were still to be embedded into staff's practice.
- Records reviewed showed a rolling performance appraisal programme. Staff files contained clear induction check lists, including spending time with more experienced staff shadowing shifts.
- Staff gave feedback on the training they had received. One said, "I feel I have the training I need to be able to work with people even when their presentation changes. I know when to step back, I feel confident."
- Staff told us they received regular support and supervision. One told us, "I have supervision every three months, I find this helpful. We discuss any issues. We also have a carers meeting. I feel confident to raise any concerns as needed." Clinical nurse supervision was being provided by the consultancy company, with plans to find an external clinician as their level of involvement reduced.
- The service had identified that some staff needed support to develop or improve their levels of written and spoken English. Where applicable, those staff were attending training courses and gaining further qualifications.

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

- Ongoing work was being completed by the service to ensure care records and staff approach was consistently person-centred. Improvements had been made to the care records we reviewed, with greater detail in relation to people's preferences. We found examples of care records indicating people's likes and dislikes regarding food, clothing and activities.
- The service completed pre-admission assessments before people moved into the service, however there had been no new admission at the time of the inspection as there was a restriction on admissions put in place by the local authority.

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 were two people with authorised DoLS in place. For one person, their DoLS paperwork stipulated that they should receive 11.5 hours of one to one care per week. Their care records did not demonstrate these hours were being provided. We spoke with staff who told us the person received welfare checks every 15 minutes, but were clear that allocated one to one hours were not provided. We also checked this with the service administrator who agreed to double check the paperwork against the person's care records to ensure these were accurate. Following the inspection, the service confirmed that the person's care records have been updated to reflect changes in their support needs, and that the local authority DoLS team have been informed.
- Improvements had been made to the recording of capacity assessments in people's records. Consideration had been given to those people with fluctuating capacity, or where they lacked capacity in certain areas of their daily life such as around the management of finances or medicines.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- We identified a person who was diagnosed with diabetes, but did not wish to follow a diabetic diet. Feedback was given to the service about the need to seek specialist advice from the diabetes team to determine what food the person should be eating. The person's mental capacity in relation to their diet had not been assessed, therefore it was unclear if the person was able to make suitable choices about their dietary needs and associated risks of not following a specialist diet. The registered manager told us that since the inspection, the person's care plan and fluctuating capacity assessments have been updated to reflect these risks.
- A dietician had visited the service, to review the menu and food served, and to provide guidance on nutrition, special diets and ways to encourage healthier eating. However, staff told us some people only enjoyed certain fast food. The management team planned to discuss the feedback from the dietician in the next resident meetings as a way of encouraging and educating people on options available. Kitchen staff had photographed food, which they could display and use to explain the menu in a pictorial format.
- Improvements had been made to the recording of food and fluids where people were at risk of weight loss or poor intake. However, we suggested for the service to add target levels for fluids so it was clear to staff if a person had drunk enough each day, or to assist staff to see when intake was poor and for action to be taken. For those people at risk of poor fluid intake, their levels from the previous 12 to 24 hours were discussed during the shift handover meeting we attended.
- People gave feedback on the food received. They told us, "Food is good, not so much in house 49 but in house 57, you can choose what you want to eat each day." Another person told us, "Very nice, the food is good."
- 'Well person' clinics had been introduced, supporting people to monitor their physical and mental health and wellbeing, including their weight, blood pressure, and to discuss any health-related issues or concerns they may be experiencing. There was an improved emphasis on the monitoring of people's overall health needs, in line with best practice guidance in mental health care.
- Overall, people's levels of personal hygiene were found to have improved, however we did note that for those records examined, these did not include oral hygiene plans to support people in the prevention of infections and poor health linked to a lack of oral care.

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

- The management team were working hard to try to improve communication and relationships with the

GP surgery and pharmacy. The new clinical nurse lead had met with the practice, and told us they were supporting people at medical appointments to get to know staff at the surgery.

- Changes were being made to medication ordering processes to enable orders to be placed electronically to ensure people had access to medication in a timely way.
- For the care records examined, we could see improvements in the documentation of guidance sourced for example from the GP. We also observed staff sharing more details around people's medical needs, changes in their presentation or the need to source a GP appointment during the shift handover meeting we attended.
- Where people's mental health presentation or behaviours were assessed by staff to be changing, or deteriorating, we saw evidence of staff contacting the community mental health team and other health and social care professionals for advice and support.

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

- Changes had been made to some bathrooms, that had previously contained baths, to shower cubicles giving people easier access.
- Changes had been made to the layout and location of some furniture to give people more space, and to offer people alternative places to sit and eat and spend time, either in groups or on their own.
- The decoration remained tired throughout the service, but where possible, improvements and repairs had been made to damaged surfaces and coverings to improve cleanliness. The registered manager has provided assurances that they have an ongoing refurbishment programme in place.

# 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

Respecting and promoting people's privacy, dignity and independence

- We overheard staff speaking Romanian to each other in corridors and communal areas. This was inappropriate as people would be unable to understand or join in with the conversations. For people experiencing changes in their mental health presentation, this could make them think the staff were talking about them. This did not demonstrate staff awareness into the impact this could have on people they were supporting.
- Staff and inspectors were spoken to rudely and unprofessionally by a member of nursing staff. This happened in the presence of people seated in the communal lounge and snooker room. This approach demonstrated a lack of respect and kindness towards others, and did not promote a caring atmosphere. Our concerns regarding this incident were escalated to the clinical nurse lead and service administrator during the inspection.
- Closed Circuit Television (CCTV), continued to be used throughout communal areas of the service, and in the staff office. From reviewing records, we could see that consultation had been completed with people since the last inspection. The management team told us that recordings were only held for an agreed number of days, then recorded over.
- We observed staff to treat people with more dignity and respect, and to offer reassurance and support if the person was worried or feeling unwell.
- Staff now had a designated office, with a separate medicine room. This offered staff the opportunity to make phone calls or discuss confidential information in private.
- Improvements had been made to the storage of people's records to respect their confidentiality, and ensure only staff had access to this information. Each person had been asked to sign an information sharing agreement in line with new government guidelines on data protection.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us about the care provided by staff. One person said, "Staff sometimes have time to spend with me. Staff ask permission before they come into my room." Another person told us, "The staff have time to spend with me, they are caring and treat me with respect and dignity."
- From our observations and from speaking with staff, they demonstrated a greater level of empathy and kindness towards people than previously seen. Staff gave examples of achievements made while working with people to support them to improve or to manage certain tasks more independently and you could see how proud they were to be involved in that process.
- The clinical nurse lead told us they were supporting staff to develop skills in working in more person-centred ways. Staff gave examples of where they recognised people's strengths and areas of personal interest to encourage participation in activities and daily living tasks.
- Care records were written with an improved focus on people's preferences, likes and dislikes. Where staff shared common areas of interest this was considered when allocating staff to work with people to achieve greater levels of engagement.

- We observed some lovely interaction between a person and two members of staff. They knew the person enjoyed singing and being sung to helped them to go to sleep. Whilst this person had limited communication abilities, staff were encouraging alternative means of expression.

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

- The service had a running programme of resident meeting dates. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service.
- The management team had made improvements to the ways they demonstrated that people's feedback was being listened to, and acted on. A 'You said, We did' board had been installed.
- Comments boxes and information on the service's complaints processes were accessible, along with information on external organisations that could assist people with making complaints or getting guidance on requesting changes to conditions associated with the Mental Health Act (1983), and receiving care at the service.

## Is the service responsive?

### Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- Improvements had been made to people's care and support plans, with more details included about personal preferences and choices. For some people, this also linked to areas of strength and personal importance that could be used as protective factors at times of mental health crisis.
- People's relapse indicators were recorded, to guide staff on how to monitor people if they were experiencing changes in their mental health, and how people wished to be treated when their mental health deteriorated, and they were unable to express their own wishes and preferences.
- There was a weekly activity plan in place, with people and staff telling us there were more activities for people to be involved with and more access to the local community. One person told us they enjoyed, "Horse riding, going to the farm, attending English classes, going shopping, to the cinema and the music group." Another person told us, "I go on trips and go bowling on Tuesdays." Another person talked about a recent group outing, "There were two staff and four residents, we went to Wroxham at the weekend. There are outings sometimes at weekend, there are a lot of them."
- From reviewing care records, we could see that the service was working closely with the GP surgery to support people where they were assessed to require end of life care and support. The service had access to anticipatory medicines, for use to ensure pain levels would be well controlled and person receives comfortable care.
- The service had training in end of life care scheduled for 2019.

Improving care quality in response to complaints or concerns

- The service had received one complaint since the last inspection. The service demonstrated that they had investigated the concerns raised in line with their own policies and procedures. The service was open in talking about this with us during the inspection.
- Improvements had been made in encouraging people to share concerns or complaints, and feedback on areas of the service they felt could be improved.
- All people spoken with confirmed they knew how to make a complaint, and who they would choose to talk to if they had concerns. One person told us, "I have raised concerns and they were sorted."



## 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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- From reviewing accidents, incidents and notifications submitted to CQC, we identified examples of incidents that CQC had not been notified about. This included safeguarding incidents.

The above information meant the provider was in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

- The clinical nurse lead was being supported to take a more active role within the daily running of the service, including providing out of hours cover. Their working week would offer cross over with the registered manager so that the service would have managerial cover seven days a week.
- We noted improvements in staff understanding of their roles and responsibilities, and who they needed to escalate concerns to. Staff were being empowered to take on more responsibilities and were being encouraged to develop professional areas of interest.
- There was more oversight of staff performance and competency, and where concerns were identified, we could see that competency checks and further training had been put in place.

Continuous learning and improving care

- The service was going through a considerable period of change following on from the last inspection. The implementation of change was being supported by the external consultancy company. From our observations, and reviews of service information, change was being embraced by the management and staff team, however, the level of improvement and change needs to be sustained and the service needs to be able to identify its own areas of learning and improvement going forward.
- The service had identified a lot of training courses for staff to complete across the course of 2019. It would therefore take time before the outcomes of training would be fully seen implemented into staff practice.
- Staff meeting minutes included reviewing the service's action plan linked to the last CQC inspection to encourage engagement from all staff in the improvement process.
- Where audits had been completed, for example of the care environment, these had action plans attached to them to address issues and shortfalls identified.
- We received positive feedback from staff on the implementation of walkie talkies to aid communication and safety across the service. Staff also told us they liked having the designated staff office to get work completed and make private phone calls.

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

- The service had sourced external guidance from a consultancy company to support improvement. At the time of this inspection, most audits were being completed by the consultancy company, rather than by the

service. There were plans in place for the service to take on increasing levels of responsibility for the audits and associated action plans, but this was not fully implemented when we visited.

- The consultancy company had supported the service to implement an improvement plan for the service, and this was being regularly reviewed and updated. Going forward, we will need to see that the service is able to independently identify and address shortfalls.
- There continued to be a registered manager in place. Since the last inspection, there was a newly appointed clinical nurse lead. They brought a fresh perspective and level of expertise to the service that over time, with support, will assist with the ongoing development of the service.
- From speaking with staff, and members of the management team, culture within the staff team was changing. Clearer expectations around performance were being given to staff, and in relation to nurse's clinical accountability. Staff meeting minutes showed personal and professional accountability, including where this linked to professional registration with the Nursing and Midwifery Council (NMC) was being discussed.
- Staff were clear that they had more responsibility to update care records and other paperwork. Through discussions with staff and the clinical nurse lead, explanations had been given as to why these tasks were important and what each staff member's accountability was within each person's care. This shared accountability was important to improving the cohesion of the staff team.
- Morale within the staff team was variable, but members of the management team were working hard to try to deliver improvement, while supporting staff through a period of readjustment.
- We did observe one nurse speaking aggressively towards two care staff, in the presence of the inspection team and some people living at the service. This approach towards staff continued during the shift handover meeting, and impacted on staff engagement and communication within this process. Our concerns regarding this were shared with the management team.
- Staff and the management team were clear that if they made a mistake or got something wrong that they needed to learn from this and implement change. This was an important change in attitude from the last inspection.

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

- People could provide feedback on the running of the service through resident meetings, the complaints process in place, and anonymously using a comments box.
- Staff and nursing staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting. One staff member told us, "The manager has asked us what could be improved, it is good we are being asked to give our views."
- The service was implementing specialist training, which would involve changes to the format and content of people's care records. Staff were being encouraged to embrace these changes. One staff member told us, "There needs to be more optimism within the staff group for the benefit of the residents."
- Staff had daily allocation sheets, with tasks and people they were working with set out for each shift. This gave staff clarity of what was expected of them.

Working in partnership with others

- The service had ongoing plans in place to improve relationships and work more collaboratively with organisations and third-party stakeholders. Records, and our observations demonstrated that the service was taking on board advice and feedback provided by external organisations to try to drive improvement within the service.

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The care provider had not consistently ensured that incidents and safeguarding concerns had been notified to CQC.  Registration regulation: 18: (1) (2) (e)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The care provider did not always ensure environmental risks were identified or well managed to keep people safe.  Regulation 12: (1) (2) (a) (b)