

## Havelock House Nursing Home

# Havelock House Nursing Home

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Havelock House is a residential care home providing personal and nursing care for up to 27 people aged 65 and over. There were 21 people living at the home during the inspection. Most people needed support with personal care and moving around the home safely and were living with different healthcare needs. This included living with dementia, physical disability, Parkinson's Disease and frailty linked to age.

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

A quality assurance system had been developed and introduced following the last inspection and audits were used to monitor the services provided. However, it had not been consistently effective and concerns found at the last inspection had not been addressed. This included the management of medicines, learning lessons when accidents or incidents occurred, to prevent a reoccurrence, and record keeping.

We observed people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Although the information in the care plans did not reflect this. Staff had completed a mental capacity assessment for a person who had capacity and a relative had signed the consent form in the care plan for a person who had capacity. The registered manager agreed additional training was needed.

A robust recruitment procedure made sure only suitable people were employed at the home and there were enough staff to provide the care and support people needed. There was an ongoing programme of training, which was continually reviewed, and staff were supported to develop new skills. Additional training was being arranged following this inspection to support staff to develop their practice.

Staff had completed safeguarding training and were confident if they had any concerns they could raise them with the registered manager and action would be taken.

People received care and support that was delivered by staff who understood their needs and how they should be met. Staff knew about people's dietary needs and preferences and nutritious meals and drinks were provided based on these. People had access to health professionals to promote their health and social well-being.

The home was clean and well maintained and staff followed infection control procedures to protect people, relatives and staff.

A range of activities were provided for people to participate in if they wished. These included one to one time with people who chose to remain in the rooms, so that people were not isolated. Complaints were listened to and resolved in line with the providers policy.

The registered manager knew people, relatives and staff well and promoted an open culture where they

could share their views and suggestions. They understood their responsibilities and were committed to delivering a high standard of care to each person living in the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement. (Published 28 February 2019)

This was a planned inspection based on the previous rating.

This is the second inspection that the service has been rated as requires improvement.

We identified a repeated breach of regulation, in relation to record keeping and the quality assurance system and additional breaches of regulation, in relation to safe care and treatment.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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 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** ●

# Havelock 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Havelock House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection, as they had previously completed one. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and four relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, nurse, care workers, cook, activity staff, maintenance staff and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training plan, minutes from residents' meetings, residents and relatives' surveys and the actions taken; minutes from staff meetings, staff rotas and improvement plans.

# Is the service safe?

## Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- At the last inspection the provider's audit of medicine administration records (MAR) had not been effective because records were not correct. When errors had been identified on the MAR, such as gaps, staff had reminded colleagues to sign the MAR later. This had not followed current Nursing and Midwifery Council (NMC) guidance. In addition, staff were unable to show they gave the correct amount of insulin for people with diabetes because they did not know the range that each person's blood sugar should be within.
- At this inspection staff no longer reminded people to sign the MAR and people living in the home were not prescribed insulin for diabetes. However, we found additional areas of concern.
- One person told us they had not been given medicine for pain relief the previous evening and they had to ask for them in the morning. We looked at the MAR; it had been signed by staff on both shifts. Staff said this meant the person had had their pain relief in the evening and morning, although records showed they usually had them at night. The management of medicines had not included counting and recording the number of tablets on the MAR, this meant staff had been unable to confirm the person had been given their pain relief when needed and as recorded.
- There was guidance for 'as required' medicines. Such as anxiety medication if a person became distressed. The side effects that people can experience taking this medicine are drowsiness and dizziness. Staff had given this medicine to a person who was at risk of falls. They had not put additional support in place to observe and support the person to reduce risk, and they had a fall. We looked at their care plan and found no specific guidance for staff to follow about falls, when this medicine should be given, and what additional support was needed to reduce risk and keep the person safe.
- Prescribed topical creams were recorded in the MAR and staff signed they had been applied in people's individual folders. These records were not consistently clear which cream or how much should be used and staff had not always signed to show that creams had been applied. This meant people may not have had their prescribed creams to protect their skin.
- Staff had not followed the provider's policies and procedures to ensure medicines were available when needed. For example, certain types of medicines were stored separately and should have been checked weekly, to ensure they were available when needed. Records showed that staff had not always done this.
- Staff had not checked emergency equipment to make sure they were working. Such as the suction machine, used to remove fluids from a person's mouth and prevent obstruction. This had not been checked for six months and a suction catheter was not attached, which may delay staff in an emergency.

The provider had not ensured the proper and safe management of medicines. This was a breach of

Regulation 12, (Safe care and treatment) of the Health Social Care Act 2008 (Regulation Activities) Regulations 2014.

- There were areas of good practice and people said staff gave them their medicines when they needed them. One person told us, "Yes I have my tablets at the right times."
- There were systems in place to order, receive and store medicines safely. Staff had completed medicine training and they said their competency was assessed yearly.

Learning lessons when things go wrong

- At the last inspection accidents and incidents had not always been correctly recorded. There had been no evidence that they had been investigated to look for trends and to reduce the risk of a re-occurrence. This meant lessons had not been learnt and risk had not been reduced.
- At this inspection improvements had not been made. Staff continued to record some accidents, such as falls, but this had not been done consistently.
- When falls had occurred a person's care plan had not been updated and there was no guidance for staff to follow to observe and support people to reduce the risk.
- In addition, the information about falls had not always been included on the handover sheet. This meant staff on the next shift had not been aware that people had had a fall, and appropriate care and support may not have been provided.
- Staff had not always followed the providers procedures following accidents. For example, one person hit their head on the hoist when they were being transferred from an armchair to a wheelchair. The nurse was informed and checked the person for injuries. However, they had not followed the provider's procedure following possible head injury, which included regular checks on pulse rate, blood pressure and breathing.

The provider had not done all that was reasonably practicable to mitigate risk, had not followed good practice guidance and had not adopted control measures to make sure the risk was as low as is reasonably possible. This was a breach of Regulation 12, (Safe care and treatment) of the Health Social Care Act 2008 (Regulation Activities) Regulations 2014.

- There were areas of good practice in managing risk. For example, one person had several falls over two months. Staff said they had contacted health care professionals for advice and support to find out the possible cause and what action they could take to reduce them. Such as, changing their medicine as some medicines can increase the risk of falls. However, these actions had not been recorded, and the person's care plan had not been reviewed and updated following health professionals' involvement. Record keeping is looked at under good governance in the well led section of this report.

Staffing and recruitment

- People said there were enough staff to provide the care and support they wanted. One person told us, "Yes they usually come quickly when I need anything." A relative said, "There is always at least one of the staff in the lounge, if residents need anything."
- Staff told us there was enough of them and we saw they assisted people promptly when they needed support.
- Robust recruitment procedures made sure only suitable staff were employed. Applicants were required to complete an application form and attend an interview. Checks were completed before they started work. These included their eligibility to work in the UK, two references and disclosure and barring service check (DBS), which enables employers to make safe decisions about staff and prevent unsuitable people from being employed in the care sector.
- Checks were also carried out with the NMC to show nurses were registered to practice.

## Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems, processes and practices to safeguard people from abuse.
- People said they were comfortable, and the staff made sure they were safe. One person said, "I stay in my room all the time now, but they check up on me. I am quite safe." Relatives were confident their family members were protected and safe. One relative told us, "He stays in his room and is quite independent, I visit every day and know the staff keep him safe."
- Staff had completed safeguarding training and knew about the providers whistleblowing policy. Staff said, "Yes we have all done the training and if I had any worries I would talk to the nurse or the manager" and "I don't think we would have any safeguarding issues here, but the number for safeguarding team is on the board if we need it."
- The registered manager had a clear understanding of safeguarding procedures. They had contacted the local authority when needed, in line with current guidance and also informed CQC.

## Assessing risk, safety monitoring and management

- Risk had been assessed and recorded in the care plans. These included skin integrity and risk of pressure sores and nutrition and risk of weight loss. This information was used to develop guidance for staff, to reduce this risk as much as possible.
- One person told us, "Yes I have a special mattress because I stay in bed and it protects my skin." A relative said, "They have pressure cushions on the chairs as well to help their skin."
- Staff talked knowledgeably about the risk for each person and understood how much support people needed to reduce this. One member of staff told us, "Several residents have pressure mattresses and cushions to prevent pressure sores and they are checked daily to make sure they are on the correct setting, based on weight."
- Certificates showed that gas and electrical systems were safe to use and equipment was maintained and service regularly. This included hoists, call bells, emergency lighting and the lift.
- Staff had completed fire safety training and the registered manager said there was a fire marshal on each shift. Staff talked about the personal emergency evacuation plans (PEEPs) and how they would assist people to leave the building if there was an emergency. The fire alarms were checked weekly and they had an agreement with a nearby home for people to stay if they had to leave the building.

## Preventing and controlling infection

- People said the home was clean and comfortable. People told us, "They clean my room daily." "The lounge is always clean and tidy" and "I think they work hard to keep it nice and clean for the residents and visitors."
- There were hand sanitisers and hand washing facilities throughout the home for staff and visitors to use. A relative said, "Oh yes it smells fresh and clean and I use the cream when I come in."
- Staff used personal protective equipment (PPE), such as gloves and aprons, to reduce the risk of infection and had completed infection control training.
- The hot water was tested to reduce the risk of burns for people, staff and visitors. The risk of legionella infection was reduced through regular testing, and laundry facilities provided clean clothing and bedding.

# Is the service effective?

## Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People said they were comfortable living at Havelock House and felt staff had a good understanding of how to provide the support they needed. One person said, "Yes chose to come here, hope to stay." A relative told us, "The manager came to see (person) before they moved in and they have been happy here. I think the staff are very good and look after all the residents."
- Staff said care and support was delivered in line with current legislation and guidance and there was some information to support this. For example, if people remained in bed and were at risk of pressure damage. Pressure relieving mattresses and cushions were provided to reduce this risk; the pressure was linked to each person's weight and the mattresses were checked daily to make sure they were correct.
- The registered manager said they were careful to offer rooms only to people whose needs they could meet, and who could live comfortably with those already living in the home. Care plans were developed with people, and their relatives if appropriate, and there was some evidence these had been reviewed and updated.
- Information about people's specific support and care needs had not been consistently recorded. Staff were unable to show that they followed current guidelines and there was a lack of provider oversight in this area. Such as, with risk of falls and the lack of action taken to reduce a re-occurrence as much as possible. The registered manager spoke about additional record keeping training to improve this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff said they had completed MCA and DoLS training and the training plan supported this. They explained what MCA and DoLS meant for people living in the home, but records did not show that staff had a clear understanding of capacity and how this should be assessed. For example, a mental capacity assessment had been completed for one person who had capacity for decisions about all aspects of their health and social care needs, while they had not completed one for another person who had capacity.
- In addition, a relative had signed the consent form in the care plan for their family member. The care plan stated the person had full capacity and would have been able to do this themselves. Staff said this was because the person did not want to talk about their care plan at the time. Staff had not looked at alternative ways of recording this. Such as, stating that the person did not want to discuss this at that time, and they would talk to them when they had become more settled.
- People said they decided how and where they spent their time and staff supported them to do this. They told us, "I spend all my time in my room now. I am quite happy with that and the staff look after me." "Yes, I stay in here (bedroom) and I have what I need" and "We like to sit in the lounge and watch television and sit together." A relative told us, "The staff make sure residents sit where they want to, in the lounge to watch TV and join in activities."
- Staff said people could make decisions about the support provided, when they got up and where they spent their time, although some were living with dementia.
- Staff told us, "All of the residents can make decisions about how they spend their time and what they want to eat." "We know if residents' can't tell us from their behaviour and response when we ask them, if they are comfortable and if they need anything else" and "All of our residents can tell us if they do or don't want anything. Like if they have changed their mind about lunch or a drink, through their expressions or moving away."
- Staff consistently asked people for their consent as they supported them to use the facilities, move from their bedroom, and to and from the lounge or dining room.
- The registered manager had made applications to the local authority for DoLS. Some were for the use of bed barriers, to ensure people did not fall out of bed, while others were for the locked front door and they were waiting for a response for most. Best interest meetings had been held to discuss people's specific needs, if they had been unable to verbalise their preferences, and to ensure any decision was the least restrictive.

#### Staff support: induction, training, skills and experience

- At the last inspection staff has used unsafe ways of assisting people to stand up from their armchairs, by putting their arm under the person's arm and holding on as they stood up. This was contrary to best practice.
- At this inspection staff had completed additional moving and handling training. They supported people to transfer safely by using a hoist and assisted them to stand up safely.
- Staff said there was a programme of regular training that they were expected to complete. One member of staff told us, "We have a training programme and are reminded when it is due." The training included moving and handling, infection control, health and safety and food safety. Additional specific training was also provided, such as, dementia awareness.
- All new staff had induction training and worked several shifts with more experienced staff before they provided support on their own. One member of staff said they had completed the induction training and had previously working through the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said they management of the home was good, and they were supported to develop their practice through vocational qualifications and additional training. One member of staff said they had completed level 2 and another hoped to work towards these.

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

- People were offered nutritious meals based on their preferences and choices. One person said, "Yes the food is good, we are given options and can choose what we want." A relative told us, "The meals seem to be very good and residents like to sit in the dining room."
- The cooks and staff had a good understanding of people's likes and dislikes and specific dietary needs. For example, soft or pureed meals for people who had swallowing difficulties or were at risk of choking.
- Staff assisted people to eat their meals when needed and reminded or prompted people as required. Records had been kept of how much people had to eat and drink if staff had any concerns and were aware that people had different eating habits. One member of staff told us, "(Person) may eat more one day than another, but over the week they have enough to eat and drink, might depend on their previous life and what their job was."
- People were weighted weekly and staff contacted the GP if they had any concerns and dieticians had provided advice and support.

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

- People said they could see their GP when they needed to and there were regular visits from health and social care professionals. One person told us, "The staff arranged any visits quickly if I need to see anyone. Very helpful." A relative said, "They support (person) to go to appointments, GP for blood tests and feels safe with them."
- Records showed people had received healthcare support from GPs, chiropodists and opticians.
- Where people had specific individual needs, guidance was sought from the appropriate health professional. For example, referrals had been made to the Parkinson's disease nurse and speech and language team (SaLT). Visits had been recorded in the care plans and staff talked about any changes to people's care plan following these.
- The registered manager was aware of the importance of good oral health and staff said they supported people to clean their teeth and keep their mouths fresh with regular drinks. Records showed staff assisted people as part of their personal care morning and evening. One person said they looked after their own teeth although, "Staff have to get the brush and water as I am in bed."

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

- Havelock House is an older building that has been converted to provide bedrooms on two floors, with communal areas, kitchen and offices on the ground floor.
- People have access to all parts of the home using the lift and there is enough corridor space to allow people using wheelchairs to join friends in the lounge and dining room.
- People liked their rooms and had personalised them with pictures, ornaments and small pieces of furniture. People told us, "I have everything I need here to carry on with my interests" and "Yes I like my room, it is exactly as I need it and I can reach everything, including the bell."
- The registered manager and staff continued to review the internal decoration and were considering more signage, so people living with dementia knew where they were in the building.

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind, caring and provided the support they needed. One person told us, "The staff are all very good and pop in to see me as I don't leave my room. My choice." A relative said the staff were, "Fantastic and really look after him."
- Observations and the SOFI showed conversations between people, visitors and staff were relaxed, friendly and respectful. Staff showed a genuine interest in people's comfort and well-being. Staff noted that one person seemed sleepy, they asked them if they wanted to lie down and assisted them to return to their room. One member of staff said, "We support people to spend time where they want to, it is up to them and (person) often has day when he likes to have a lie down."
- Staff respected peoples' equality and diversity. Staff talked about treating people equally. One member of staff said, "The residents have different personalities and needs, we respect them and support them to maintain these." Staff said they had completed equality and diversity training and promoted people's individuality. One member of staff told us, "Each of the residents are different and they have preferences and we respect them and support them with these in mind."
- Relatives said they were always made to feel very welcome. Staff knew who they were as they let them into the building and, "They say hello and offer a drink as soon as we come in, very nice. They also know exactly where (person) is sitting and tell us." People were encouraged to maintain personal relationships and friendships between people in the home were supported. For example, people sat in small groups, so the could chat or watch TV together.

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

- People said they made decisions about all aspects of the support and care provided, their meals and how they spent their time. One person told us, "I decide everything really, when I get washed, I stay in bed, and what I have to eat. They are very accommodating, and I see staff regularly." A relative said, "I have watched staff asking people where they want to sit in the lounge and I know some people can't tell them. I don't think we could expect better."
- Staff took time to listen to people and waited for a response before assisting them. For example, staff had time to ask people living with dementia if they wanted to use the bathroom. They were very discrete and waited for people to respond by starting to stand up or smiling.
- Staff chatted to people as they entered the lounge and involved visitors and relatives in discussions about how people were feeling and if they had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how important it was for people to regard their rooms as their personal space and they respected this. One person told us, "Oh yes they knock and say hello can I come in. So nice." A relative said, "I think the staff make sure others don't enter when they are looking after residents. They have this little sign to put on the door to let everyone know, which I think is lovely."
- People were supported to be independent and staff were aware that people may have been at risk if they tried to get up and walk about without their walking aid. For example, one person liked to walk around at different times. They had been assessed as at risk and a walking aid, a zimmer, had been provided so they could walk when they wanted to and reduce the risk of falls. Staff knew they person often forgot the zimmer. They said one member of staff was always in the lounge. If the person got up and started to walk without the zimmer they would remind them and encourage them to use it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

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

- People said staff provided the support and care they needed. One person told us, "Oh yes I think they look after me very well. They know how much support I need and what I can't do." Relatives were equally positive. One said, "I think the staff are very good. They understand the residents' needs. We visit every day and can see they are well cared for."
- Staff talked about each person's needs and how they provided personalised care based on these. One member of staff told us, "We get to know residents and their families really well, we know what they do or don't like. (Person) stays in their room and only comes down for some activities, but it is up to them."
- Care plans included information about each person's needs and how these should be met. However, reviews had not been consistently carried out and care plans had not been updated when people's needs changed. This did not impact on people because staff knew them well and provided the care and support people needed. We look at care plans and records in more detail in the well led section.

Meeting people's communication needs

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

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities. The provider had made improvements.

- At this inspection staff said they had completed the training. Information about each person's support needs was included in the care plan and staff spoke about these. For example, if people used glasses or hearing aids. Staff knew about these and said they checked that people had them when they assisted them with personal care.
- People living with dementia were supported by staff who knew what their expressions and body language meant, and they stayed with people if they had internal or external appointments with health professionals.

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

- At the last inspection there was no ongoing programme of activities for people to participate in if they wanted to. The registered manager had advised they were looking to employ an activity co-ordinator.

- At this inspection the activity co-ordinator organised a range of activities and involved people in planning and booking these. People said they liked to watch the news and quiz programmes and they enjoyed these during the inspection. A person who chose to remain in their room told us, "I like to watch TV, I can then choose what I want to watch, which suits me." Relatives said, "Residents like the musicals, they sing along and really enjoy them. We had a lovely Christmas party as well we all enjoyed that."
- The activity calendar showed internal and external activities. These included quizzes, games, craftwork, hand care and massage, cooking, movie day, pet therapy, entertainers and one to one activities.
- The activity co-ordinator told us, "I catch up with all the residents when I go around with the morning drinks. We have a chat about how they are. I remind them about the activity for the day and ask if they want to join in. It really depends what is offered, most people like the pet therapy, singers are very popular and the quiz, the old trivial pursuit gets everyone involved including staff."
- People told us they were given the activity programme and could join in if they wanted to. One person said, "I go to the lounge to listen to the singers and see the pets, I enjoy them." Another person said, "I don't go for the activities, not really interested, like to sit quietly here."
- People said their relatives could visit at any time and some visited daily. Relatives said they were always made to feel very welcome and enjoyed talking to their family member and staff.

#### Improving care quality in response to complaints or concerns

- People and relatives were confident that if they had any concerns they would be listened to and action would be taken. A person said, "I know I can tell the staff if I don't like anything and they deal with it. Not really complaining, but they act quickly." A relative told us, "I don't have any complaints. I think all the staff are very good." Another relative said, "I haven't seen or heard anyone complain, they might not like the meal or something, but staff change it, so it is sorted out, more a change of mind rather than complaint."
- The provider had a complaints policy that was displayed in the entrance area and was included in the information folder given to people and relatives.
- The registered manager was proactive in responding to any issues or complaints. Records showed complaints were dealt with thoroughly and resolved to the complainant's satisfaction.

#### End of life care and support

- Staff said when people's health needs changed, and they needed end of life care they took account of their wishes and provided the comfort they needed. One member of staff told us, "We have had training and contact the GP if the resident needs additional support to keep them comfortable."
- People's preferences and wishes had been recorded in their care plan. Do not resuscitate forms were included, when these had been agreed with the person concerned, their relatives and health professionals.
- Where people had chosen not to discuss their end of life wishes staff had respected this and recorded this information in the care 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.

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection an effective quality assurance system to assess and monitor the services provided was not been in place, and the registered manager was developing these at that time.
- At this inspection audits had been developed to look at all aspects of the services provided. These included medicines, falls, accidents and incidents, wounds, infection control, complaints, GP visits, equipment, maintenance and weekly repairs.
- Some improvements had been made, such as the reduction in errors recorded on medicines administration records (MAR). These had reduced when staff recorded them as incidents and the registered manager said action was taken with the staff concerned through observation of practice and supervision.
- However, staff had not followed the provider's 'medication management' procedures and there continued to be areas of concern with the administration of medicines. For example, there was no clear audit trail to show how many medicines were available, such as PRN medicines for pain relief. Staff had not counted the number of tablets, so they were unable to show medicines had been given when requested by people, although staff had signed they had been given.
- Daily records had not clearly reflected how people had spent their day, how they had felt or how much they had to eat and drink. When assessing records for several people there was different information about prescribed creams, staff had not signed them consistently to show they had provided appropriate support. In addition, there was no evidence that nurses had checked the daily records or individual folders to ensure they had been completed and reflected exactly what support and care had been provided.
- The registered manager said the checks were a requirement on each shift for nurses to complete but, was unable to show this had occurred, as nurses had not signed the sheets or the daily records.
- Records about incidents, accidents and falls had not always been completed or were inaccurate. This meant people may not have had the care and support they needed and continued to be at risk of harm. For example, when a person at risk of falls had been given medicine to reduce anxiety, which may increase the risk of a fall. Additional guidance was not provided for staff to reduce this risk and they had a fall.

The provider did not have an effective monitoring and assessment system in place to ensure people were protected against inappropriate and unsafe care and support, and to ensure improvements were made and sustained. This was a continued breach of Regulation 17 (Good governance) of the Health Social Care Act 2008 (Regulation Activities) Regulations 2014.

- Staff said there were clear lines of accountability; they knew their area of responsibility and this was evident for some aspects of the service. For example, as keyworkers care staff worked with people and relatives to ensure people had appropriate clothing and toiletries to support their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted an open and inclusive culture in the home. They had regular contact with people, relatives and staff and involved them in discussions about the care and support provided. One person said, "Yes the manager pops in to see everything is ok." A relative told us, "The manger is very good, always around and checking that residents have the care they need."

- Staff were confident they worked well together as a team and said the registered manager was very supportive. One member of staff told us, "The manager has an open-door policy, so residents, relatives and staff can talk to him at any time and I think we all have the same aims, to provide the care residents need. After all this is their home and we are lucky to work here."

- We saw the registered manager knew people and relatives very well and they were clearly comfortable when talking to them.

- The registered manager was fully aware of their responsibilities including those under duty of candour. Relevant statutory notifications (changes in service provision that might affect the care and support people receive) were sent to CQC promptly.

- The registered manager acted in an open, honest and transparent way. They worked with the local authority to develop the services provided, when making referrals to safeguarding and for advice and support when needed.

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

- The registered manager continually sought the views of people, relatives and staff. People and their relatives were encouraged to feedback their views and requests through surveys, meetings and informal conversations. One person told us, "They are always asking if everything is ok and if they can do anything else. There are surveys, but we can talk to staff at any time if we want anything or don't like something. I am quite comfortable here." A relative was equally positive and said, "I think we are kept involved in decisions about the care (person) receives. Staff always ask how I am, and it makes me feel like I am part of the team."

- Staff said there were regular meetings to keep them up to date with any changes, and they felt comfortable and able to speak to the registered manager about work or personal issues at any time.

- Minutes of recent meetings showed staff discussed different aspects of the support and care provided; how they could improve their practice, and there were opportunities for staff to raise issues themselves if they wanted to.

Working in partnership with others; continuous learning and improving care

- The registered manager was aware that there were areas for improvement and discussed how they would move forward through working with staff and external professionals. Additional training would be arranged to support staff with record keeping, to make sure they followed best practice guidelines.

- There was ongoing support from the local authority Market Support team to identify areas where improvements were needed and reports showed the registered manager had taken action when needed.

- A weekly report was produced by the registered manager for the provider which provided information about complaints, safeguarding, enquiries/admissions and staffing needs. The provider visited the home regularly and joined people and relatives to talk about the support and care provided. The registered manager said they would discuss the provision of a providers report to record feedback from these visits to

help the service move forward.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safe management of medicines.</p> <p>The provider had not done all that was reasonably practicable to mitigate risk, had not followed good practice guidance and had not adopted control measures to make sure the risk was as low as is reasonably possible.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.</p>