

Shaw Healthcare (Group) Limited

Maitland Park Care Home

Inspection report

Maitland Park Road
Maitland Villas
London
NW3 2DU

Tel: 02074246700

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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

Maitland Park Care Home is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 52 people using the service.

The service is spread across three floors and comprised of six units. People had en-suite facilities and access to communal lounge/dining areas on each floor. People also had access to outdoor paved areas.

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

We found shortcomings in relation to how the service managed medicines. There was a risk people did not always receive their medicines as prescribed.

The service assessed risks to people but risk assessments were not always consistent. Some risk assessments lacked details and staff did not always follow guidance from existing risk assessments.

Staffing levels were assessed regularly but were not always appropriate. Some of the feedback we received from people, relatives and staff suggested that there were times when not enough staff were on shift.

People's eating and drinking needs were catered for but not everyone was satisfied with the meals they received.

People felt safe at the service, and staff understood their responsibilities regarding safeguarding people from abuse and improper treatment. Processes were followed to protect people from the risk of catching and spreading infections.

People's needs were assessed and care was delivered in line with best practices. Staff supported people to have access to healthcare services when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received the support they needed to perform their roles.

People received individualised care and were encouraged to make decisions about their care. Staff were kind to people and treated them with respect. Staff helped people to be more independent where possible.

Staff were responsive to people's needs. A variety of activities were provided to people to reduce social isolation.

There was an open and inclusive culture at the service. People, relatives and staff spoke positively of the management and the support they received. The team worked in partnership with healthcare services and other professionals to achieve good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider remained in breach of regulations, and their rating remained requires improvement.

At our last inspection we recommended that the provider arranges further training and ongoing supervision for staff on safeguarding, and assesses and reviews the level of staff deployed to support people at the home. At this inspection we found the provider had improved staff training and supervision, but staffing levels remained an issue.

This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations and enforcement

We have identified two continued breaches of regulations in relation to safe care and treatment and the governance of the service.

We have made two recommendations. These were in relation to staff deployment and supporting people with eating and drinking.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Maitland Park Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a member of the CQC medicines team, a specialist advisor nurse and three Experts by Experience, including two Experts by Experience who contacted people's relatives by telephone for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maitland Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maitland Park Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the information we gathered as part of our monitoring activity that took place on 12 May 2022. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and one visiting relative about their experience of the care provided. We also spoke with one visiting professional.

We observed mealtimes and interactions between people and staff.

We spoke with staff on duty, which included kitchen staff, housekeepers, activity coordinators, care workers, nurses and the management team.

We reviewed a range of records. This included six people's care records and medicines records for 15 people. We also reviewed additional care records and monitoring charts for people.

We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, complaints log, accidents and incidents records, staff training records, audits, health and safety checks and meeting minutes, were reviewed.

We conducted a tour of the premises and looked at equipment and medicines storage.

Following our visit to the service, we spoke with the relatives of 19 people on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, systems were either not in place or robust enough to demonstrate medicines were always safely and effectively managed. This had put people at risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvements had not been made and the provider remained in breach of regulation 12.

- Trained staff managed people's medicines safely but we found a few instances where some people may have not received their medicines as prescribed.
- Staff did not always consider medicines' dispensing instructions when giving people their medicines. In one case, staff crushed a person's medicines due to their swallowing difficulties without making sure it was safe to do so. The crushing of medicines, if done without following the manufacturer's instructions, may prevent the medicines from working as intended. For another person who was prescribed a transdermal patch (where a medicine is absorbed through the skin via a patch), staff did not record where they applied the patch on the person to ensure it was rotated in accordance with the manufacturer's instructions.
- People who took their medicines covertly (in disguised formats due to non-compliance) had plans in place to ensure this was done in their best interests. However, for two people, their covert plans had not been updated with their current medicines.
- When medicines were no longer required, they were not always removed and stored separately from people's current medicines.

The lack of improvement meant people were still at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visits, the management started to review people's medicines, including covert medicines plans.
- Protocols were in place which guided staff on when to administer PRN (as required) medicines, such as painkillers and medicines for anxiety. People had topical medicines administration records in place that clarified where creams needed to be applied.
- We saw examples of care plans for the management of 'expressive behaviours' in people living with dementia. The care plans provided guidance on non-drug measures that staff could try before using medicines.
- Medicines were stored in locked medicines trolleys within locked clinical treatment rooms. Staff managed controlled drugs in line with national guidelines. Controlled drugs are medicines that the law requires are

stored, administered and disposed of by following the Misuse of Drugs Act 1971.

- Staff used alarms to remind them when to administer time-sensitive medicines. A system was in place for reporting and managing medicines incidents.

Assessing risk, safety monitoring and management

- The service identified and assessed risks related to the health, safety and welfare of people. However, we found certain risks associated to some people were not always safely managed.
- Some risk assessments lacked details. For example, one person's care plan stated that they were on food and fluid monitoring because they presented with a choking hazard. Their risk assessment wrote, "[Person] is on a soft diet but can eat independently and under supervision," but contained no further elaboration on the specific support they required when eating and drinking, and the actions staff must take if the person was choking. The person's eating and drinking plan did not specify the consistency of their soft diet or if they had specialist guidance in place.
- For another person, their risk assessment around their mobility did not reflect the actual support they were getting. According to their care plan, the person was at high risk of falls and staff needed to monitor them at all times. However, we observed this person walking around the service, whilst being unsupervised and often looking anxious, multiple times. This placed them at risk.
- Staff used monitoring charts to monitor different aspects of people's care to ensure risks related to their health were minimised. However, we found some of people's monitoring charts were not being completed in accordance with guidelines. For example, due to the health risk for one person, staff had to monitor their bowel movements regularly, but this did not always take place as we found gaps in their bowel charts. For another person who was on food and fluid monitoring, their chart also contained several gaps.
- Some people had long hair and long nails, and appeared unkempt. The registered manager told us people did not have access to a hairdresser for some time but they were in the process of deploying a hairdresser. The registered manager also told us some people were under the care of a chiropodist for their nails. A staff member told us people refused personal care at times. However, people's daily care logs contained a lack of information on their hair and nail care, or refusal of personal care.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate people's risks were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risk assessments for people were comprehensive and provided clear guidance to staff on how to support people safely and reduce risks. We saw risk assessments for people covering issues such as moving and handling, medicines, their environment, diabetes and skin integrity.
- Staff demonstrated knowledge of people's needs and associated risks. We asked a nurse if they knew the requirements of setting up air mattresses for people who were at risk of developing pressure sores; the nurse told us, "It is based on the weight of the patient," and went on to explain further how they would contact the manufacturer if there were any issues. They also said, "I checked the setting of the beds and they are on the correct setting." A newly recruited staff member told us they were not allowed to physically move anyone as they had not yet completed their moving and handling training.
- The service carried out safety checks on the environment including checks on electric, gas, water and fire safety. People had Personal Emergency Evacuation Plans in place which contained clear information on the support the needed in the event of an emergency.

Staffing and recruitment

- Staff were recruited safely and the service reviewed staffing levels regularly to accommodate people's

needs. However, there were times when staffing numbers were insufficient.

- Feedback from some people and some relatives indicated there was not always enough staff on shift. This could have had an impact on the time staff spent with people when engaging with them. One person told us, "I want to play cards but unfortunately no one here knows how to play and the care workers are very busy, they cannot sit with me." Comments from relatives included, "I do think there is a lack of resources and a lack of staff," "I'm not sure they have enough staff especially at the weekends" and "They have lots of agency staff at weekends, I don't think they have enough staff."
- Some staff also felt there should be more staff, especially on the nursing units, due to people having more complex needs. A staff member told us, "One staff per unit [during the night] is not enough, should be reviewed."
- We observed people to be sitting on their own quite often at different times throughout the inspection.

We recommend the provider review their staffing arrangements to ensure people receive safe care and treatment at all times.

- Management staff told us managers and team leaders supported care workers when needed.
- A manager explained that staffing levels were assessed and regularly monitored with the use of a dependency tool.
- Staff responded to call bells in a timely manner. A person told us, "I use a call bell and they respond quickly."
- Many of the staff had been there for a long time and knew people well. One relative told us, "Most of the carers have been there for some time and most of them are quite regular."
- The service followed safe practices when staff were recruited, which included obtaining proof of identification, references from previous employment and criminal records checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from abuse.
- Staff were trained in safeguarding and knew how to identify and report abuse. If abuse was suspected or found, a staff member told us they would, "Discuss with the team leader, they will take it up. Team leader takes photos, do body maps and complete report. If you are a witness, you sign. Can go to CQC [if unresolved internally]."
- People felt safe with the care they received. One person told us, "I have been living here for the last 'X' months and feel it's a very safe place." A relative said, "I feel [person] is absolutely safe."
- At our last inspection, we found staff had not reported incidents or concerns in a timely manner. This meant people may not have received appropriate care and treatment when they needed it. At this inspection, we found staff were clear on what steps to take when an incident occurred. Records showed incidents had been appropriately documented and referred to the relevant services/authorities promptly, which meant people were not neglected.
- Whenever things went wrong, clear processes were in place to ensure lessons were learnt from them. These lessons were communicated to the whole team through meetings so that the necessary precautions could be taken to reduce the risk of accidents and incidents taking place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors in the service when they wanted and visits were carried out safely and in line with best practices.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider had failed to robustly assess the needs related to the health, safety and welfare of people and thorough recording of what care was provided. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made around the assessment of people's needs and the provider was no longer in breach of regulation 9.

- People's care, health and welfare needs were assessed in line with standards, guidance and the law.
- People received a comprehensive assessment of their needs prior to their admission into the service. Based on the initial assessment and engagement with people, their relatives and professionals, staff produced a person-centred care plan for people which outlined all of their needs and the level of support they required. Staff reviewed people's needs regularly and updated their care plans accordingly.
- People's care plans contained detailed assessments of their individual needs which differed from person to person. For example, one person had a breathing and respiration care plan in place due to a lung condition they had. Another person had a spirituality assessment done to ensure their religious needs were respected.
- After the last inspection, the service implemented an electronic care planning system. The new system made people's care records more accessible, and gave staff a better oversight of each record so that it was easily reviewed and updated when required. Staff received training on how to use the new system and a staff member told us, "[The new system] is very helping."
- There was a clear policy on how people were transferred from the residential units to the nursing units (or vice versa) if their needs changed. This included a full assessment of their needs and a detailed handover among staff to ensure the process remained smooth and effective.

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

- Meals at the service did not always meet people's expectations. We received mixed feedback from people on the quality of the food.
- There was a diverse menu in place and people were able to choose from a selection of foods and drinks. A person told us, "They cook nice food." Comments from relatives included, "She [person] does get choice of her food" and "They [staff] keep an eye on him [person] to drink more."
- We observed pleasant interactions between people and staff during lunchtime on the days of inspection.

Staff offered people tea and coffee after they had had their meals.

- Staff supported people with eating and drinking according to their dietary and cultural/religious requirements, which were clearly documented in people's care plans. One person told us, "We have requested for halal meat so they serve." A relative told us, "They even offer him [person's country of origin] food sometimes."
- Some people felt the food was not good. Comments from people included, "Food is appalling" and "I don't like their food but I have to eat." Two people told us drinks were not offered unless they asked." A relative told us, "[Person] doesn't like the food here because it's not her taste."

We recommend the provider review their menus to ensure people's individual preferences are taken into consideration.

- The service recorded people's views on their foods and drinks. We also found some people had expressed their dissatisfaction during meetings regarding their meals. The registered manager told us they had discussions with some of the people who complained about the food and their relatives, to try and improve the service in this area.
- We observed people had access to a jug of water in their room.

Staff support: induction, training, skills and experience

- The service provided staff with the skills and support they needed to carry out their work.
- Staff received a comprehensive induction when they started work. This included completing mandatory training and working under the supervision of experienced staff.
- Staff also received regular training in a wide range of areas as applicable to their roles, including first aid, food safety, fire safety, infection control and data protection.
- Staff were supported via regular supervision and appraisal. A member of staff told us, "[Registered manager] gives us a chance to progress and to learn. You can see him for any issue."

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

- The service ensured people received appropriate healthcare promptly when needed.
- Staff were able to recognise changes in people's health and well-being. If a staff member was concerned about a person's health, the staff member immediately raised it with a team leader or the registered manager, who then contacted the appropriate health services for support. A healthcare professional told us, "Staff are trained to pick up abnormalities, very active in that sense. Everyone is helpful and professional." Another healthcare professional informed us that there was good communication between them and the service, and staff did not hesitate to contact them when needed.
- People's care plans contained clear information on their medical needs and the support they needed with these.
- The service worked in partnership with health and social care services, including speech and language therapists, GPs and district nurses to ensure people received good care. Comments from people's relatives included, "They did get a physiotherapist to see him after the fall" and "They did even get a nutritionist to see her."

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

- The service was adapted in a way that met people's individual needs.
- The building was wheelchair accessible. Each room had ensuite facilities which meant people did not have to share bathrooms. Rooms also had underfloor heating which made them safer for people.
- People's rooms were personalised to their own liking. Many of the rooms had doors which were painted in

different colours and memory boxes which made it easier for people to recognise their rooms, and reduced their anxiety.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- People were encouraged to make their own decisions as much as they could. We observed staff offering choices to people and seeking their consent before offering care.
- Where it was safe, some people were able to mobilise independently and had their own access cards to get through doors freely.
- People's care plans contained detailed information on their mental capacity. Where people were deprived of their liberty, appropriate authorisations were in place to ensure this was done lawfully and in people's best interest.

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 inspection before last (published 3 September 2019) we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people kindly and with respect.
- People and their relatives spoke positively about the staff who cared for them. Feedback from people included, "Everybody is very good and kind," "The care workers are very caring and respect my dignity" and "Staff are trustworthy." Comments from relatives included, "I've no worries at all. The staff are lovely" and "They [staff] try to calm her [person] down [when person becomes anxious/agitated]. They will say, what's wrong [person's name], they are gentle with her."
- We observed friendly interactions between people and staff. On the second day of the inspection visit, the staff threw a surprise birthday party for one of the people who lived at the service. The room where the party was held was nicely decorated. A group of people and staff had gathered around the table and sang 'happy birthday' to the person, who appeared extremely delighted.
- Staff respected people's culture and religion, and were trained in equality and diversity. Feedback from relatives included, "They did a small party for Eid" and "They take her [person] to church every week to the one on the corner, she really likes going." People's care plans contained clear information on the support they required to perform any prayers or religious activities.
- Staff promoted people's independence by allowing them to do more for themselves. We observed a staff member encouraging a person to hold their own cup while having a drink. A relative told us, "[Person] sits in a wheelchair as he has just got used to that, but he can walk a bit and they do encourage him to walk." A staff member told us, "After personal care, if they [people] can dress themselves, I allow them to. Some people can do their own oral care."

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

- The service involved people and their relatives when planning and making decisions about people's care and treatment.
- People who wished to, had the opportunity to attend regular meetings with staff and the management, where they were able to share their views on the care they received.
- People's relatives had a good relationship with the registered manager and nurses/ team leaders. A relative told us, "[Staff] is brilliant. [Staff] is one of the nurses and [staff] calls me regularly. [Staff] checks how things are and will update me. The calls are even just to say everything is ok. They do these update calls now and not just when something happens."

Is the service responsive?

Our findings

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

At the inspection before last (published 3 September 2019) we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- A wide range of activities was available for people to engage in.
- Activity coordinators, with the support of other staff, planned and delivered activities to people. We observed group activities which were lively and brought people together. Feedback from people included, "We do exercise and singing in the activity room" and "I like artwork. I did painting with the help of the activity coordinator." A relative told us, "[Staff] is excellent. He is one of their major assets. For example, at a music session I saw he ran, he knew what kind of music each person liked, and I could see them light up as the music played."
- The registered manager and staff told us people who could not or chose not to join group activities had one-to-one sessions with the activity coordinators.
- During our inspection visits, we observed a number of people who did not join the group activity sessions sat on their own. We asked the activity coordinator about this issue, and they said, "Oh we do go to them and paint nails and read with them."

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

- People received care and treatment that met their individual needs.
- Staff were responsive to people's changing needs and acted in their best interest. Staff reviewed people's care regularly and updated their care plans accordingly.
- People's care plans were person-centred and contained clear guidance on their care, support and treatment needs. Care plans contained information about people's behaviour, health, communication, diets and other support needs. Care plans also included detailed information about people's life histories, previous occupations, relationships and significant events that took place in their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood.
- For people who had limited speech, staff communicated with them using signs and gestures. Information was available to people in different formats if required.

- Care plans contained detailed information on people's communication needs which enabled staff to interact with people effectively.
- The registered manager told us additional training could be provided to staff (regarding communication) if necessary.

Improving care quality in response to complaints or concerns

- A system was in place to handle complaints.
- We found, where people/relatives had complained about their care, the service had taken appropriate actions in a timely manner to address the concerns. This included comprehensive investigations, meetings with relevant parties and outcome letters sent to the complainants.
- Most people/relatives told us they had not needed to make any complaints but knew how to do so. Feedback from relatives included, "I do [know how to complain], we have not needed to complain" and "Only about the shower (a complaint they made about their relative's shower), they dealt with that quickly."

End of life care and support

- Staff supported people in a caring and dignified manner at the end of their lives.
- The service communicated with families, and involved the palliative care team and GPs to ensure people remained comfortable and received appropriate care at the end of their lives.
- A visiting healthcare professional told us they were alerted on time when people experienced a decline in their health and well-being.
- People's last wishes and religious requirements were clearly documented in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider was in continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014 due to shortfalls related to the management of medicines, person-centred care planning, information handling and clarity of staff roles. At this inspection, enough improvements had not been made and the provider remained in breach of regulation 17.

- Whilst the provider had improved the service in different areas, they had not identified the shortcomings we found at this inspection.
- Management staff carried out regular audits of the service to assess and improve the quality of care. However, audits were not always effective as they had not identified most of the issues we found around safe management of medicines and assessing people's risks. Where audits had identified shortcomings; for example, gaps in people's monitoring charts, we were not assured appropriate actions were taken in a timely manner to address these issues.
- Further improvements were needed around staff deployment, and supporting people with eating and drinking.
- People's daily care notes were not always completed, and often lacked details. This meant it was not always possible for managers to analyse trends in people's care and welfare.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management and staffing structure in place. Managers were clear about their role concerning managing the home, supporting staff and meeting regulatory requirements.
- Notifications about significant events at the service had been submitted to the CQC and managers were aware of their responsibility to be open and honest if anything went wrong.
- The information system implemented by service made it easier to access and display management and people's care records.

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

outcomes for people

- The culture of service had improved since our last inspection.
- There was a pleasant atmosphere and good communication among staff which meant people were at the heart of the service.
- Staff felt supported in their roles and told us they were able to speak up and raise concerns, if they had any. Staff also said teamwork had improved. A staff member told us, "Pretty happy with all the positive changes. Confident we are delivering good and person-centred care. Happy with management style, everybody is on board." A newly recruited staff member told us, "The environment is friendly, staff relationship is good and staff are welcoming."
- Relatives and healthcare professionals provided positive feedback on the quality of the service. A relative told us, "As far as we are concerned, [person] is in a nice place, the staff are caring, interested and patient, and she is well looked after." A healthcare professional commented, "Current managers have created a more calm and organised home. Atmosphere in the home [has been] more positive over last year."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service engaged with people, their relatives, staff and other professionals to ensure people received good quality care.
- People and their relatives had formed good relationships with staff and management. One person told us, "I know the manager, he is a good friend of my son." A relative said, "I usually talk to the team leaders, they are quite good and if I have questions, they usually answer them."
- The service sought feedback from people, their relatives and professionals through satisfaction surveys. Management staff used the feedback to drive improvements.
- There were clear communication routes which promoted an effective engagement of people and staff. Staff discussed any issues with their team leaders who then reported to the managers. Regular meetings took place which involved people and staff.

Working in partnership with others

- The service maintained a good working relationship with a number of organisations, including healthcare professionals and local authorities, to provide effective collaborative care.
- An officer from the local authority told us, the service responded positively to their engagement and welcomed feedback on new processes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not always ensure people's medicines were safely managed. The provider did not always ensure risks relating to people's health, safety and welfare were safely and consistently assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider failed to ensure quality assurance processes were robust enough to identify and rectify issues around managing people's risks and medicines, staff deployment, and supporting people with eating and drinking.