

Mr & Mrs M Hopley

Georgian House Nursing Home

Inspection report

20 Lyncroft Gardens
Ealing
London
W13 9PU

Tel: 02085676232

Date of inspection visit:
26 October 2022
01 November 2022

Date of publication:
19 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Georgian House Nursing Home is a care home for up to 25 people aged 65 and over with personal care and nursing care needs. Some people were living with the experience of dementia. At the time of our inspection, 22 people were living at the service.

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

The provider did not always have effective systems in place to safeguard people from risks.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We made a recommendation the provider consider current guidance and implementation of The Mental Capacity Act 2005 (MCA).

Meaningful recreational activities for people to help prevent social isolation were limited.

Care plans were not always personalised so staff knew how to respond to people's individual needs appropriately, for example end of life care.

We recommended the provider seek and implement national guidance to make sure people have personalised plans around end of life care.

The provider had quality assurance systems in place to monitor and manage the quality of service delivery. However, these were not always effective as they had not identified the various areas we identified during our inspection that needed to improve.

Staff were recruited safely and supported to develop their skills through supervision and training to help them deliver appropriate care to people.

People were supported to access healthcare services. People and their relatives told us people were cared for by kind staff who knew the needs of the people they cared for.

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 30 June 2021) and there was a breach 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 we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 March 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Georgian House Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, safe care and good governance.

Please see the action we have told the provider to take at the end of this report.

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 work alongside the provider and 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Georgian 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 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 conducted by 2 inspectors, a nurse specialist advisor and an Expert by Experience who spoke with people living in the home. 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

Georgian House 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. Georgian House 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 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 10 people who used the service. We spoke with 8 members of staff including the registered manager, nurses and care workers.

We reviewed a range of records. This included 10 people's care records and various medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We emailed 16 relatives to ask for feedback about the service and received responses from 4.

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.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of avoidable harm. At our last inspection, during our check of the environment we found some cleaning products were stored in an unlocked cupboard. At this inspection we found a number of unsecured areas that gave people access to medicines and cleaning products that could be of danger to them.
- The ground floor medicines cupboard had been left open, it was not secured and contained multiple prescribed medicines and creams. This meant a person using the corridor could have gained access to the open cupboard with prescribed medicines and taken them.
- Two garden stores / sheds were unlocked and contained products hazardous to people's health. These included lighter fuel.
- On the ground floor beside the main stairs, a cupboard containing electrics was left open with the key in the lock. The door stated 'Danger electric' risk.
- The provider had a number of risk assessments in place. However, we identified that not all people had appropriate risk assessments.
- During the inspection we observed 3 people were supported by staff using a moving and handling belt. We checked people's care plans and found that the risk assessments did not have guidance for the use of the moving and handling belts and whether these items of equipment had been identified as necessary to help support people with their mobility in a safe way.
- We reviewed the care records for one person who was at a high risk of falls. Multiple care records indicated the person climbed over the bedrails, which was a risk to the person's safety, but the provider had continued to use the bedrails despite the risk to the person.
- Their falls care plan stated, '[Person] uses bedrails when in bed but they can come out of bed' and 'Sensor mat is in place near bed so staff can be alerted that [person] is out of bed and falls can be prevented.' Incident forms indicated the bed rails contributed to the person falling when they climbed over them and therefore the sensor mat was not preventing the falls as intended.
- Additionally, the care plan for bedrails recorded that the person was seen by the falls clinic in September 2022 and advised not to use the bedrails. The care plan review of bedrails also in September 2022 confirmed this but the review on 20 October 2022 recorded, 'No changes. Still able to climb the bed rails and come out of bed'. This indicated the bedrails were still being used against the advice of the falls clinic and continued to pose a risk to the person.
- An incident form for September 2022 recorded '...[person] is already sitting on the floor. Bedrails are up...' which was further evidence despite the risk posed by the person climbing over the bedrails and the advice

not to use them, they remained in use, putting the person at risk of harming themselves.

We found no evidence that people had been harmed, however the provider had not always robustly assessed and mitigated the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection to address the issues we raised around maintaining a safe environment.
- People had personal emergency evacuation plans (PEEPs) for how each person should be evacuated and the assistance which was required to help ensure people could evacuate safely in an emergency.
- Appropriate environmental and fire risk assessments were carried out. This included fire equipment, gas and water systems checks.

Using medicines safely

At our last inspection we identified the provider had not always managed medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Medicines were managed consistently and safely in line with national guidance.
- Staff received relevant training and underwent annual assessments of their competency to administer medicines. We observed staff being patient and kind during medicines administration.
- Medicines Administration Records (MARs) contained information such as photographs and allergy status of each person to help ensure the safe administration of their medicines. MARs were completed accurately and stocks we checked tallied with the balances recorded.
- Medicines audits were completed to help identify any concerns and address any shortfalls.

Preventing and controlling infection

- Overall, we found the standard of cleanliness in the home was good. However, we did see dry food had been decanted into old ice-cream containers, but none were dated with a use by date. The registered manager confirmed they would in future keep food in original containers with use by dates.
- We also saw a COVID-19 test in a foodstuff fridge. The fridge was locked but it is not good practice to keep food for the use of people in the service in the same fridge as COVID-19 tests.
- 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. One person said, "The place is quite clean. I can't complain about it not being clean. It is always clean."
- 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. One person commented, "They allow me three named visitors to come visit me."

They make my children feel welcome when they visit. They give them tea and biscuits. They are very professional." A relative said, "I can visit whenever I like COVID permitting."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from harm or abuse. People and their relatives told us they felt safe in the service. People commented, "I do feel safe here. Everything is secure. They don't allow anyone in, the doors to my balcony are secure and they have CCTV outside everywhere" and "I do feel safe. The general public are not allowed in."
- Records confirmed staff had relevant training and they were aware of how to respond if they suspected people were being abused.
- The provider had systems for reporting and investigating suspected abuse. The provider knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm. Where concerns had been identified, the registered manager worked with the local authority to resolve the concerns.

Staffing and recruitment

- The service had adequate staffing levels to meet the needs of people, including a number of people supported by staff on a one to one basis. People told us, "There is enough staff, but they could do with more staff", "I think there's enough staff, usually short staffed around lunchtime. That's because they are working around" and "I do have a call bell. If I ring the bell, they do run up to me. They are very prompt."
- The registered manager told us they had a full staff team and they were not recruiting but were reviewing staff in preparation for December sickness and annual leave. Although, in general the service had a low staff sickness rate.
- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Staff members received an induction when they began working at the home. Regular training and supervision were provided so staff had the required knowledge to care for people.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. Incidents and accidents were recorded, investigated and included action to be taken to help prevent reoccurrence.

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 good. At this inspection the rating has changed to requires improvement.

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

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.

- During the inspection we observed some practices which could have amounted to restrictions on people's liberty. In the later part of the morning on the first day of the inspection we saw one person sitting in the lounge, observing their surroundings and not engaged in anything, who tried to get up from their chair. When they tried to get up staff asked them to sit back down again. Shortly after the person did manage to stand and three staff went over to them to ask them to sit down again. The person moved as far as another chair and sat down. The three staff stood in front of the person, appearing to want to monitor the person, but not interacting with them.
- After lunch we saw another person who was also not engaged in anything, getting up from their chair. Staff immediately asked the person to sit down and went over to encourage them to do so. Half an hour later the person tried to get up again, and again staff asked them to sit down.
- On the second day, we observed one of the people from the first day trying to stand up from their chair and being asked to sit down again. Later when a different person tried to get up, staff put a hand on their shoulder to encourage them to remain sitting.
- We did not observe that people were being supported to walk or to stretch their legs as after sitting for a while as some people might have wanted to change their position. The fact that people were not being enabled to walk or to stand up to stretch their legs meant that people might have been restricted from

moving around the home. We were not assured that care was being delivered to people in an enabling way that fully met their individual needs.

- The provider was not always consistent in following the principles of the MCA. In some people's records we identified relatives had signed their consent for the provider to care for the person but without having evidence the relative had the legal authority to do so.
- We found two people were sharing a bedroom and neither person had the capacity to consent to this. The provider showed us that relatives for both people had given consent to the arrangement. However, there was no evidence one of the relatives had the legal authority to do so.

We recommend the provider review and implement the code of practice around the Mental Capacity Act 2005.

- We found, for other people, the records we looked at around consent to care, and restrictive equipment such as bedrails and sensor mats had been completed appropriately.
- Staff had completed MCA training and understood how to support people in line with the principles of the MCA.
- DoLS were applied for appropriately to help ensure people were not unlawfully deprived of their liberty.
- People using the service told us the staff asked them about how they wanted to receive their care. One person told us, "I make all my decisions to do with my care" and a relative confirmed, "The staff communicate very well with [person] and engage with them directly to discuss specific needs. [Person] is supported to choose what to wear and eat. When they want to go to their bedroom or go for a walk, they decide and the staff enable it."

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance. This information was used to write people's care plans according to their assessed needs.
- Appropriate referrals to external services were made to help ensure people's needs were met.

Staff support: induction, training, skills and experience

- People were cared for by staff with suitable skills and knowledge. People told us, "They are very good and very supportive and they do talk to you" and "They are very professional. I can't speak highly of them enough and they're very kind and excellent staff."
- Staff were supported to develop their professional practice through an induction, training, one to one supervisions and team meetings to help ensure they had the appropriate skills to care for people. This included training the provider considered mandatory as well as training specific to the needs for the people using the service.
- We reviewed training records and staff confirmed they were supported in this area. One staff member said they had requested further training around mental health needs and dementia and had received this.

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

- People were supported to have enough to eat and drink and maintain a balanced diet. People's nutritional needs were assessed, and food preferences recorded. Dietary needs such as fortified diets and cultural choices were taken into consideration in terms of meal planning. The menu indicated two main meal choices were prepared daily and alternative options were available.
- Meals and drinks were served to people to manage independently or on a one to one basis as required throughout the day. Overall, people were happy with the meals and told us, "I enjoy the meals, the good thing about it, is that they are being cooked fresh on-site and they do not bring food from outside", "If you don't like it, they will give you alternative." and "I do like the meals thank you. I do get a choice of meals I

want to eat. If I get hungry, I can ask for a snack and they do get it for me."

- When required, people's nutritional needs and weight were assessed and monitored for changes.

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

- Care plans recorded evidence of the provider working with external agencies and making referrals to other professionals in a timely manner to help maintain and improve people's health and wellbeing. These included the GP, social services, the optician, the district nurse, the speech and language team and the palliative care team.
- People indicated they saw professionals as needed and told us, "You can tell them if you want to see a doctor when you are not well. They do arrange that for you", "I have seen an optician because I have peculiar eyes" and "When I need to see a doctor, they do arrange it for me, I have seen the optician and I am going to see the skin specialist soon."

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

- The home consisted of two former residential houses and had a good size garden. It was clean and well maintained.
- There was a well-used communal lounge and small dining area. The main nursing office overlooked the lounge which gave the nurses an overview of staff interaction with people.
- Some of the people the provider supported were living with the experience of dementia and the provider had adapted the service to help meet their needs. There was some signage to help orientate people to toilets and bathrooms. The bedrooms were named with the occupant's name, a photo and a short description of the person.
- People were able to decorate their rooms to their liking. Communal areas were brightly decorated and included photos of people using the service and staff. There were some tactile boards on the walls for sensory stimulation.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant people's needs were not always met.

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

- Care plans were not always person centred and some lacked personalised details. It was not always clear why the care was being delivered or how it met the person's need.
- For a person who had moved into the home on 13 October 2022, we found the care plan had not been completed. After the inspection, the registered manager told us the care plan had been completed on 29 October 2022 but due to a printing error, it had not been printed out. This meant during that period of time there was a risk that care was not planned and delivered in line with the person's needs, wishes and preferences as these had not been identified and recorded.
- Care plans did not always provide clear guidance to staff about how to care for and support people. For example, how to manage people's agitation or anger. Instead of guidance, the behaviour was described in a generic way such as 'reassure', 'leave and re-approach'. The reviews for one person's care plan provided descriptions of the person shouting, slapping and spitting at staff. However, there was no strategy to identify triggers, exploration of what helped to reduce these types of responses or what techniques staff had found to be successful.
- Three people had support from one to one staff and did not have a personalised programme, as part of the strategy to help support them with their behaviour. Under the mental health care plans it was indicated one to one staff should be interacting with them and doing activities, but we did not observe any meaningful interaction between people and staff providing one to one support.
- During lunch on the first day we observed people were not always supported in a way that met their needs when eating lunch.
- Two people had meals placed in front of them. No staff provided encouragement with eating their meals, and as a result they did not try to eat. Half an hour later staff asked one of the people if they were okay but walked away without asking why they were not eating or if they wanted something else for their lunch. Another staff member came over and began supporting the person to eat, but before the person had finished their meal, the staff member left a few minutes later. We saw that they had gone to have their own lunch break. A third member of staff came over to continue supporting the person with lunch. As the meal had been served over half an hour ago, it was now cold, and the person did not eat it. Sandwiches were eventually brought to them at 1.20pm.
- The second person had one to one support, but the staff providing this did not start supporting the person to eat until half an hour after lunch was served. We asked the staff if they had warmed the meal up, as it was served half an hour ago and staff confirmed they had not.

- A third person was supported to the dining room from the lounge to have lunch. Halfway through eating their lunch, they were taken out for an appointment which meant they could not finish their lunch. After the inspection the registered manager told us that although this person's lunch was stopped because of an appointment, they were given a packed meal to take away.
- On both days of the inspection we observed there was a lack of proactive, positive interaction with people and a lack of meaningful activities for some people.
- The provider had scheduled activities but the only activities we saw on the first day of the inspection was colouring in after breakfast and in the afternoon a person began singing spontaneously and others joined in.
- On the first day of the inspection, the television in the lounge was on but no one was watching it. A couple of people had drawing materials but were not engaged in drawing unless staff supported them which was irregular.
- A number of people were sitting passively not engaged in an activity. We did not see any sensory activities that people could initiate themselves which meant people were reliant on staff for all their activities. This was a missed opportunity to support people in a way that met their needs and promoted their interests.
- On the second day, an inspector observed people in the lounge between 10-11am and saw no activities were offered to the 11 people in the lounge. There was no music played or books, magazines, reminiscence cards or objects to interact with provided. The television was on a channel no one was watching. As a result, people slept, looked around the room or tried to get up.

The provider did not always ensure care was personalised to meet people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained a section entitled 'my profile and daily routine'. This informed staff about the person's background and some cultural, religious and status information.
- The registered manager told us that through their pre-admission form the home was able to adjust routines to meet people's individual needs. For example, the home provided a large lunch and small dinner. However, someone who was recently on respite wanted a small lunch and large dinner and the home was able to accommodate this.
- People told us they were involved in contributing to their care plan. One person said, "I am totally involved in my care plan. [Name of] the nurse is always communicating with me."
- The registered manager told us the home had tried different activities and assessed peoples' likes and dislikes. They observed that bingo was no longer so popular, and now people enjoyed the theatre, music and one to one sessions. Consequently, a theatre group came to the home once a month. From residents' meeting minutes we saw the home had a best of British week, jubilee celebration and summer party.
- People's views on activities were varied. Five out of ten people we spoke with commented about activities. Comments included, "I don't feel isolated. I have so much going on in my room. My door is always open, everyone who walks past all say hello" to "I don't get involved in activities. They don't have anything anyway."

End of life care and support

- People's end of life wishes were recorded in their care plan but were not always consistent in the level of detail. For example, the palliative care team had visited and liaised with staff for one person. Pain relief had been reviewed and an advanced care plan was in place but there was little information in this. The care plan contained information about the medical condition of the person but lacked details about how they would have wanted to be cared for in end of life and if they had any religious or cultural considerations.
- Another person's plan stated their religion but their end of life care plan had not taken their spiritual needs into account.

We recommend the provider seek and implement national guidance to make sure people have personalised end of life care plans around end of life care.

- The staff had adopted and followed the principles of the Gold Standard Framework (GSF) which is an approach to planning and preparing for end of life care.
- The registered manager said they had a good relationship with the palliative care team, and it was important that people experienced good care at the end of 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.

- Care plans included information about people's communication needs.
- Staff spoke different languages which facilitated some people speaking in their preferred language.
- The registered manager confirmed documents could be translated into different languages or large print and easy read formats if people required this. For one person, staff translated the person's prayers into their own language.
- Staff had created a pictorial aid for one person who was losing their ability to talk, so they could continue to communicate.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. Relevant information was displayed, and people and their relatives knew how to make a complaint.
- The provider had not had any formal complaints since the last inspection. They told us for smaller concerns such as cold tea, this was raised at the daily handover meetings to make sure staff were aware of the concerns and any issue were addressed.
- People we spoke with indicated the registered manager was available. One person said, "[Person], the manager, always says hello. They all make themselves available to see you."

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.

Continuous learning and improving care

- The provider had quality assurance systems in place, however these were not effective as they did not always identify where improvements were needed so these could be addressed. The issues we raised with the registered manager, such as medicines and cleaning products not stored securely were addressed immediately, after we pointed these out to them. However, their checks had not identified these concerns in the first instance.
- The provider carried out a 'care plan monthly review audit'. These audits were not robust enough as it was not clear what areas of the care plan had been audited. In addition, the audits had not identified the shortfalls we found with the content of the care plans and other care records. For example the audits had not identified that moving and handling assessments did not include guidance for the moving and handling belts staff were using and no changes were made to a person's care plans even though they were using bedrails which could have been a greater risk to them as they were climbing over them.
- The provider's monitoring systems and daily observation of care had not identified that care was not always provided in a person-centred way and that people were not always receiving a range of stimulating and meaningful recreational and social activities.
- Additionally, the provider had not identified that the principles of the MCA were not always followed, and some people might have experienced restrictive practices, such as not being supported to move freely around the home.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the provider did have checks and audits to help ensure continuous learning and improving care. These included medicines audits and a safeguarding tracker. A monthly nutritional audit tool included weight, dietary requirements and referrals to the dietician and GP. There was also an audit for pressure ulcers. 'Do not resuscitate' documents and mental capacity assessments were reviewed monthly. This helped the provider to have an overview of people's health and wellbeing needs and assess what further action was needed.

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

outcomes for people

- People and staff spoke positively about the service, and most people indicated that overall they were satisfied with the service provided. Comments included, "This is a very good care home and the staff are very caring" and "They have been very kind to me. "I would not hesitate to recommend this care home."
- The registered manager told us they tried to make people and staff feel empowered by asking for their views. For example, when the service has a party, they asked people what they would like to eat and drink. If people asked for alcohol, they confirmed this did not affect their medicines. The staff had told the registered manager they were not satisfied with the training provider and so another one was identified who was more interactive which helped staff to learn better.

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 understood their responsibility around the duty of candour.
- They submitted notifications of significant events to CQC and informed other relevant agencies such as the local safeguarding teams when things went wrong. The registered manager told us they analysed any incidents or safeguarding concerns and learned from the situation to reduce the risk of the issue happening again.

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

- The registered manager had been in post for over 11 years and was suitably qualified, as were the senior staff.
- They understood their responsibilities regarding the Health and Social Care Act 2008 and when to notify CQC or other relevant agencies.
- The provider had systems in place to monitor the provision of care and safety at the home. Regular checks had been carried out.
- Staff felt supported and there was good communication within the staff team through handovers and team meetings.

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

- The provider engaged with people using the service and other stakeholders. There was evidence of residents' and relatives' meetings taking place. Relatives found the registered manager approachable and helpful. Comments included, "The managers are visible and excellent" and "The manager seems very pleasant and capable. I can speak to them whenever I feel there is a concern, either in the home or on the telephone."
- We viewed satisfaction surveys completed in June 2022 about people's experience of the service, and overall, the feedback from the survey was positive.
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- People's care records included information about their protected characteristics such as religion and their communication needs.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the GP, dietician, speech and language therapist and tissue viability nurse.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.
- The registered manager attended meetings and forums with other local managers and the local authority to keep themselves updated and share ideas and information.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively operate systems and processes to assess, monitor and improve the quality of the service or identify, assess or mitigate risks to service users.</p> <p>Regulation 17(1)</p>