

Colleycare Limited

# St Leonards Care Home

## Inspection report

86 Wendover Road  
Aylesbury  
Buckinghamshire  
HP21 9NJ

Tel: 01296337765

Date of inspection visit:  
24 April 2023  
26 April 2023

Date of publication:  
31 May 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Leonards Care Home is a residential care home providing the regulated activity accommodation and personal care to up to 45 people. The service provides support to older people, including people with dementia. At the time of our inspection there were 44 people using the service.

St Leonards care home accommodates people across 2 units. 1 of the units specialises in providing care to people living with dementia. Each unit has a communal sitting and dining room facilities, with people having access to an enclosed outside space.

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

Risks to people were not consistently identified, mitigated, and reviewed.

Staff were not suitably recruited and did not have their competencies assessed for the tasks they were involved in, including administration of medicine. However, medicines were given as prescribed and the service took action to complete staff competencies.

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

Auditing was taking place and shortfalls in the service were identified. However, timely action was not taken to address the outcome of the audits to mitigate risks to people. Records were not consistently managed, with some records not updated in response to changes in people's needs and other records were contradictory.

People were supported by a consistent staff team. Whilst records and feedback from people and staff indicated staffing levels were suitable, some staff felt staffing levels were not sufficient to enable them to provide the high-quality care they aspired to, because of the volume of administration tasks. This was fed back to the provider to explore further with staff.

Systems were in place to safeguard people and actions were taken to prevent reoccurrence of incidents which impacted on people's safety.

People were assessed prior to moving into the service and their health and nutritional needs were met. The service had established community links and people had access to regular, varied, and engaging activities.

Whilst we found some areas for improvement within the service, people and their relatives told us they were happy with their care. They felt they got safe care and that their needs were met in a service that was well managed. People commented, "All I can say is that I feel privileged I am so well looked after. Staff who help

me are kind, they do their job with pride," and "The carers here are like my family. Whatever I need, I get. If I need to talk, staff are there to sit and ask if I need anything, they are there for me."

The registered manager was actively involved in the running of the service. They were passionate in providing person centred care and had positive relationships with people, relatives, and staff. They acknowledged the shortfalls we found and was committed to make those improvements.

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 good (published 14 November 2017).

#### Why we inspected

We received concerns in relation to the care people received and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. 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 changed from good to requires improvement based on the findings of this 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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report.

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

The registered manager took immediate actions to make the improvements and ensure these are embedded and sustained.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Leonards care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, recruitment and training of staff, consent to 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Leonards 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 1 inspector on both days of the inspection. An Expert by Experience was on site on day 2 of the inspection and a second Expert by Experience carried out calls to relatives after the inspection.

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

St Leonards 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. St Leonards is a care home without 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 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 inspect.

#### During the inspection

We spoke with 8 people who used the service about their experience of the care provided. We spoke with 4 staff which included the registered manager, deputy manager, a team leader and the training administrator. We observed lunch and 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 walked around the service and reviewed the environment. We reviewed a range of records relating to people's care which included, multiple medicine records and 7 care plans. We reviewed 5 staff recruitment files and a variety of records relating to the management of the service, including fire, health and safety, accident/incidents, safeguarding, and audits were reviewed, and other records were requested.

Following the visit to the service we sought feedback from relatives, staff and continued to seek clarification and records from the registered manager. We received written feedback from 6 relatives and spoke with a further 12 relatives. We received written feedback from 3 staff, and spoke remotely with the assistant manager, a team leader, a senior carer, the cook and an administrator.

# 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 good. At this inspection the rating has changed to 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

- Records showed risks to people were not mitigated. The records for a person recently admitted to the service showed they were deemed as at high risk of falls and pressure area damage. There was no management plan in place to mitigate those risks. The person was diabetic however, there no was guidance for staff as to the potential risks associated with the condition and how the risks associated with hypoglycaemic (low blood sugars) and hyperglycaemic (high blood sugars) should be managed. Another person's care plan referred to hypoglycaemic and hyperglycaemic symptoms, but no description was provided to ensure staff recognised the symptoms and took immediate action to mitigate the risks associated with diabetes.
- Several people were on prescribed flammable emollients. The service had not identified that the emollient was flammable and therefore the risks around this had not been identified and mitigated.
- A person's care plan, and risk assessments were not updated to reflect changes in the person's health and mobility. The person had a seizure. However, no risk assessment was in place to show how risks associated with any future seizures were to be managed. The person's mobility had deteriorated however, their care plan and falls risk assessment did not reflect this and how staff should mitigate falls. Care plans referred to distressed behaviours during personal care. The registered manager explained how staff support and distract people during personal care. However, care plans made no reference to the management plan to promote consistent care and mitigate the risks of people becoming distressed during personal care.
- A person's falls risk assessment indicated they required hourly checks at night. The night check record consistently shows gaps in checks between 04:00 am to 7:00 am. Gaps in records had been identified by the service and was being addressed. However, at the time of the inspection the risks to the person were not mitigated. Another person's moving and handling risk assessment indicated the person could mobilise independently. However, their care plan indicated they used a mobility aid and required a staff member to support, which indicated they were not mobilising independently. The contradiction in the person's records had the potential to put the person at increased risk of falls.
- Throughout the inspection we saw doors with signs on to say "keep locked" were not locked. A fire blanket found in an unlocked cupboard was last serviced in 2021 and a first aid box had out of date supplies and lacked stock. The registered manager advised these were not in use. However, they had not been disposed of, to mitigate the risks of people accessing them or them being used in an emergency.

Risks were not managed to promote safe care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection, with care plans and risk

assessments updated to mitigate risks. They put systems in place to ensure risks to people were identified, mitigated and reviewed.

- Staff spoken with were aware of risks to people and how to support them. Daily, weekly, and monthly health and safety checks took place which included fire safety, water temperature and window restrictor checks. Legionella testing was completed in January 2022 and equipment such as fire equipment, gas, electricity and moving and handling equipment were serviced. An up-to-date fire risk assessment was in place and regular fire drills took place to promote fire safety. Environmental risk assessments were reviewed in July 2022 and people had personal emergency evacuation plan (PEEPs) in place which outlined the level of support required to evacuate in the event of a fire. A contingency plan was in place to provide guidance to staff in the event of an emergency at the service.

#### Staffing and recruitment

- Systems were in not place to promote safe recruitment practices. The provider's recruitment policy outlined two references were required, one which should be from a previous employer, with a rationale provided if this was not obtained. The policy indicated the registered manager should verify all references by phone and make a note to indicate that.
- In 3 out of the 5 staff recruitment files viewed, we found references were not on file from the staff members' previous employer. In 1 of those files no references were on file. This staff member worked at another service belonging to the provider. The registered manager told us they had got a verbal reference from the registered manager however, there was no record of this. During the inspection references from the staff members file were made available but these did not include a reference from the registered manager that the staff member currently worked for. In another staff's file a second reference was requested but not obtained. During the inspection it was identified that the request for the second reference had bounced back however, this was not noted and addressed, resulting in that staff member being appointed at the end of January 2023, with only one reference obtained.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. In files viewed, we saw DBS checks were obtained. However, in one staff file there was a delay of 2 months in obtaining the DBS check. A risk assessment was in place. However, the risk assessment was not reviewed and had not identified that a reference had not been sought from the staff members most recent employer, which had the potential to increase risks to people.
- The service used agency staff to cover vacancies in the rota. However, the agency proforma provided did not indicate that references were obtained for agency staff members, which did not promote safe recruitment practice.

Staff were not suitably recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The required staffing levels were provided. The registered manager confirmed staffing levels were based on people's dependency levels, which were kept under review.
- The registered manager told us 7 staff were provided on the daytime shifts and 4 staff were provided on the night shift. Alongside, this the registered manager, deputy manager and assistant manager were on shift and other ancillary staff were provided which included catering, housekeeping, administration, and activity staff. The rotas and shift planners viewed showed the staffing levels deemed as required by the service were provided, with agency staff used to cover gaps in the rota.
- The service had an established staff team, which provided continuity of care. During the inspection call bells were answered in a timely manner and people's care did not appear rushed.



- People told us staff were available to support them when they needed it. Relatives felt reassured that their family members were supported by a consistent staff team and, whilst some relatives told us there could always be more staff, they raised no concerns about staffing levels.
- We received mixed feedback from staff on the staffing levels. Some staff felt the staffing levels were sufficient, whilst other staff felt the staffing levels were no longer sufficient and more support was needed from the management of the organisation, due to an increase in administration tasks and people's needs, with more people requiring 2 staff to support them with their care needs. Staff commented "Not enough staff on day or night shifts. The shifts can be challenging as a number of residents require a lot of help and support from 2 staff members," "More staff are needed throughout 24 hours care to meet the needs of all residents, as some residents can present with behaviours that challenge," and "The morning shift in particular can be rushed and whilst people receive the care they require, it is not as we would want it to be." This was fed back to the provider to explore further, to ensure sufficient staff are available to meet people's needs and other demands on shifts, including administration tasks.

#### Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. The GP had agreed a list of homely medicines that could be administered alongside prescribed medicines. Protocols were in place in relation to when "as required" medicines were to be administered and guidance was provided on where prescribed creams were to be applied. Systems were in place to stock check medicines, which ensured the administration of medicines was monitored.
- During the inspection we saw a staff member administer a person's eye drops, whilst they were sat at the dining room table having their meal. This practice is not in line with best practice in medicine administration. The registered manager was made aware to address with the staff member.

#### 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.

#### Visiting in care homes

There were no restrictions on visitors to the service.

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

- Systems were in place to safeguard people. The provider had safeguarding policies in place and information was displayed on notice boards to inform people and staff of the processes for keeping people safe.
- Staff were trained in safeguarding and were aware of their responsibilities to safeguard people. Staff told us they would record and report any concerns they witnessed or were made aware of. Staff commented "If I saw someone being abused, I would report it immediately," and "My priority is to keep the people living here safe so if anything concerned me, I would report."

- People told us they felt safe. They commented, "It feels very safe here, I have a (medical condition) so for me it's important that staff are able to recognise when I am not well. They certainly are very good at that and keep me safe," and "Being safe, it's better to say I never felt unsafe. Most important is that staff and people who can help are around, I sleep very well here that says a lot."
- Relatives told us their family members were safe. They told us equipment such as sensor mats were provided to promote safety. Relatives commented, "I don't have any concerns about safety, the staff are always helpful and friendly. They responded quickly to a fall that my mum had in her room at Christmas," and "I feel Mum's care is safe. Staff understand her personality and condition and they are quick to spot if there are any healthcare needs and a medical professional is called if needed."

#### Learning lessons when things go wrong

- Systems were in place to promote learning from accidents, incidents, complaints and safeguarding. A daily meeting took place which ensured key information on people was handed over and action taken in response to changes in people, including informing staff of any untoward incidents such as falls. A falls analysis was completed monthly. This picked up trends such as times of falls, frequency of falls and action was taken to prevent reoccurrence. At the time of the inspection the service was looking to change shift times to address the findings in relation to the times of falls.
- Team building and specific training had taken place in response to whistle-blowing information we had received, which we had shared with the provider to investigate. The registered manager and team responded positively to those concerns and reflected on it to promote learning and 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.

- We found the service was not working within the principles of the MCA. People's care plans showed decision specific mental capacity and best interest decisions were not in place for everyone who required them for medicine administration, personal care, vaccinations and use of CCTV in communal areas of the service.
- A decision was made with the family of a person who lacked capacity, for them not to go to hospital following them becoming unwell. This was not recorded as a best interest decision. We saw for other people who were deemed as lacking capacity, the service had asked relatives to consent to the forthcoming COVID-19 vaccinations. This was not in line with the principles of the Mental Capacity Act 2005.

Staff did not act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service had not assured themselves that staff had the required skills and competencies for their roles.

Staff involved in medicine administration were required, in line with the provider's policy to have their competencies assessed to administer medicines every 6 months. Whilst the provider's audits had identified staff competencies in tasks were not up to date, we found despite this a number of staff were administering medicines without an up-to-date medicine competency assessment completed.

- New staff completed an in-house induction. This was generally completed in one day, although not always signed off as complete. Alongside, this staff were required to complete personal care competency assessments. These were one off assessments. None of the new staff had completed the personal care competency assessments. This had been identified by the provider and was being addressed. We observed a new staff member stand over a person, whilst supporting them with their meal. This was not addressed with them by more experienced staff who were in the dining room at the time. Staff involved in moving and handling were required to have their competencies assessed prior to being involved in moving and handling people. The last moving and handling competency assessments were completed in December 2022, which had not included the newer staff. The service had no overview of who had their competencies assessed and when, in relation to personal care, moving and handling and medicine administration. Therefore, the registered manager had not assured themselves that staff were competent to meet people's needs safely. The provider took immediate action in response to our feedback and their own audit findings to address the shortfalls in staff training and competency assessments.

- The service had a schedule of planned training. However, some staff told us there was not enough time made available to always attend training and the live training schedule showed low attendance on some planned sessions.

- Staff new to care were required to complete the Care Certificate induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The training matrix showed aspects of training was overdue. However, this was identified and being addressed.

- Staff told us they felt supported and received formal supervisions. The supervision matrix showed supervision was not provided at the frequency outlined in the provider's policy. However, this had been identified by the registered manager and was being addressed. Relatives felt staff were suitably trained and supported in their roles. A relative commented, "We are so impressed by the philosophy within the Home that staff are expected to spend as much of their time as possible with residents. What's more the staff we know are happy to operate in that way."

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

- Systems were in place to ensure people were assessed and the service assured themselves they could meet people's needs prior to the move to the service. The management team were involved in those assessments and a profile of the person's needs and risks was put in place and shared with the staff team, prior to the person moving in.

- Assessments identified people's ethnicity, racial and cultural background, as well as their spiritual and religious beliefs. Staff had received training in equality and diversity to promote an inclusive non-discriminatory approach to individuals.

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

- People's care plans outlined people's nutritional, hydration needs and risks. During the inspection we observed staff offering people drink, food choices and supporting people with their meals. Alternatives to what was on the menu was available to people if required. Some staff used show and tell to support people to make a choice of meal and drink, other staff verbally offered people a choice which was less effective for the person to make a choice.

- The service had catering staff who took responsibility for planning and cooking the meals. They were

aware of people's likes and special diets, which were provided.

- People told us they were happy with the meals provided. A person commented "Lunch is mainly good, some nice meals and flavours. I don't know yet what is on the menu today, but I eat everything and sometimes ask for more."
- Relatives were happy that their relative's nutritional and hydration needs were met. They commented, "The food is nutritional and my mum who was very underweight when she arrived is back to her best weight and really enjoys the variation and the taste of the meals provided," and "I am assured that Mum's nutritional needs are met. She eats and drinks well when we visit her. She is elderly, frail and has supplementary drinks. I know she is weighed regularly, and staff know if she doesn't eat at mealtime they are to try later."

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

- The service worked closely with other professionals which included the GP, district nurses, dietician, mental health teams and speech and language therapist as required.
- People's files contained a hospital admission form, which went to hospital with a person to promote consistent care.
- People told us their health needs were met. They commented, "If I am unwell staff will make arrangements for me to see a doctor, but they will try to help first if they can."
- Relatives told us their relatives health care needs were met and they were informed and updated in any changes in their family members health and well-being. Relatives commented, "They are quick to act on medical matters," and "Mum gets much more regular access to health professionals now she lives at St Leonards. The staff work with medical professionals who visit the Home at least weekly. They have worked hard to address a [medical condition] and pushed for the GP and consultant to try further tests."

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

- The service was generally clean, free from odours and suitably maintained. There was an on-going programme of refurbishment and redecoration of the service. The stair carpet was worn, and this was due to be replaced. Improvements had been made to the dining and sitting room on the Beeches unit and a conservatory had been added which created more space for people.
- The service was homely with bedrooms personalised to people's individual taste and with their personal effects. People had access to an enclosed and maintained outside space. The dementia care unit was bright, welcoming and had tactile and visual wall surfaces to benefit people, with dementia.

# 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 good. At this inspection the rating has changed to 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, continuous learning and improving care

- Systems were in place to audit the service. Whilst these audits had identified areas for improvement within the service, we saw actions from audits were not always acted on in a timely manner.
- The provider had supported the service with extra administration support, however the benefit of that was not yet evident in some aspects of management and records. A staff member commented, "We have endless amount of paperwork to be accountable for and more time and support is needed to enable us to complete what is required of us."
- Records were not suitably maintained and accurate. We have described examples in the safe domain of this report where people's care records were not suitably completed to demonstrate care was given as required and other people's records were contradictory.
- Other records such as servicing records were not available at the service at the time of our inspection, for example, the gas servicing record was requested to be sent to us after the site visit.
- The service had no overview of competency assessments for staff and the rota was not accurate, in that the names of the agency staff were not recorded on it and the service had no record of the name of the agency staff member that worked the shift.

Good governance was not established to ensure the service was suitably monitored and that records were accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider is required to inform us of incidents such as an injury to a person, or safeguarding incidents. From the records viewed and the information held on our systems, we saw the required notifications were made.

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

- The registered manager was committed and focused to promote a person-centred approach to ensure positive outcomes for people. They had a visible presence on the units and had a positive, warm relationship with people, relatives, and staff.
- Staff described the registered manager as a people's person, approachable, empathetic, caring, calm, positive, genuinely warm, honest, professional, knowledgeable, fair, respectful, and respected. Staff commented "[Registered manager's name] loves his job and the residents are his priority. He is hands on,

very supportive in work and personal life," "I feel his passion is doing and being with the residents. However, this impacts on administration tasks as there isn't sufficient administration support," and "He always has time to listen, and will always put the residents first."

- People told us they were happy with the way the service was managed. They commented, "I feel very comfortable in this place, it feels like my home, so I think whoever is the manager, it is a job well done. I think it's well managed and I don't miss anything," "The manager is always around, and I feel able to ask or tell him anything," and "The manager is a very nice chap, I often have chats with him, he comes and ask if I need anything and we spend some time chatting. I am very content. I feel lucky I am here with nice people who work so hard to look after all of us."
- Relatives were all complementary of the registered manager and their management style. They described him as approachable, open, inclusive, honest, impeccably helpful, good communicator and welcoming. Relatives commented, "The [registered manager's name] has good intentions and good relationships with residents and staff," "[Registered manager's name] is very approachable and is open and honest about any issues. He understands Mum as an individual and he definitely goes the extra mile," and "We are really impressed by [registered manager's name]. He is devoted to the wellbeing of the residents, and we feel very fortunate to have him as manager. His whole demeanour and approach exemplify a very caring approach. He always acts as if this is his vocation, and much more than simply a managerial job. Time and again we have seen him go out of his way to address issues as they arise. He knows [family member's name] well and has involved himself personally in ensuring mum's needs are met. We have observed similar behaviour with other residents."
- During the inspection we observed staff engaging with people to review the relationships and culture within the service. Staff provided people with assistance, reassurance, choices and used appropriate touch and good eye contact when engaging with people, which promoted an inclusive, relaxed dining room experience. However, throughout the observation terms of endearment were used such as "lovey, and darling". This had already been identified by the service and was being addressed.

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 provider had a duty of candour policy in place. There had been no recent duty of candour incidents. The registered manager was clear of their responsibilities in relation to the duty of candour regulation. During the inspection we found the registered manager to be open, honest, transparent, and reflective in their approach and management style.

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

- Systems were in place to get feedback on the service. Service user meetings took place, and people were actively involved in choosing activities. Relatives told us communication with them was effective. Relatives commented, "Communication is extremely effective through multiple channels including social networks, email and in person," "There is always phone calls and emails on anything concerning my mum," and "Staff are also spot on with communication, being fast, open, and transparent. Inviting relatives to joint events, garden parties and being very welcoming is appreciated."
- Reviews took place which enabled people and their relatives to be consulted on their care. A relative commented, "We have regular reviews. We visit regularly (at least once a week) and often have ad hoc chats with members of staff to discuss [family member's name] progress and any medical issues."
- Relatives told us staff work well together which has resulted in the care being provided to a high standard. A relative commented, "You get a real sense of teamwork at the home as the staff have been together for many years. Always welcoming and taking time to listen and discussing ongoing care needs."
- Team meetings took place, alongside a daily meeting which promoted communication across the team.

Staff felt they worked well as a team, and they supported each other well on shifts. Staff told us that working in the service felt like being part of a family, and they all worked as one. A team leader told us they were a big fan of caring for the carers on shift to ensure they were adequately supported to care for people.

#### Working in partnership with others

- The service worked closely with health professionals to ensure positive outcomes for people. They had a varied, community based and in-house person-centred activity programme with people involved in making choices on what activities they wanted. People went on boat trips, pub lunches, theatre dementia screenings, garden and craft mornings and Tuesday tunes at the library. We saw ad hoc spontaneous activities took place with the engagement lead proactive in sourcing activities and seizing opportunities to involve people. In house activities took place which included arts and crafts, pampering sessions and external entertainers were brought into the service which included, dancers, pet a dog and alpacas were scheduled to visit.
- Relatives were complimentary of the engagement lead staff member. Relatives commented, "The activities are exceptional, the creative aspects and outdoor visits really stimulate and make lasting memories. Pictures are taken on the visits and posted on a private group on Facebook which we really appreciate. [Engagement lead staff member] is a huge asset to the organisation," and "Mum is doing more now than she ever did as she was never really a joiner in of things."
- The service engaged with local schools and had access to a range of volunteers to support them with individual and group activities. The service was in the process of completing individual "A story of me" booklet which would further promote and develop person centred care.



This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The service was not working to the principles of the Mental Capacity Act 2005.  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people were not always identified and mitigated.  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Good governance was not established to ensure the service was suitably monitored and that records were accurate.                   |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Safe recruitment systems were not established, which resulted in staff not been recruited in line with Schedule 3. |