

Westgate Healthcare (Aylesbury) Limited

Hampden Hall Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hampden Hall Care Centre is a residential care home providing personal and nursing care to 113 people aged 65 and over at the time of the inspection. The service can support up to 120 people. Accommodation is provided on three floors in one adapted building. People living with dementia reside on the ground floor. Nursing care is provided on the first floor with both nursing and residential care on the second floor.

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

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. People's risks were assessed regularly in a person-centred way and medicines were safely managed. People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal. People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. 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.

People told us they received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. For instance, "The staff are caring, supportive and understanding of their needs. They seem gentle with them and I don't have any fears." People and those important to them were involved in planning their care.

People made choices and took part in meaningful activities which were part of their planned care and support. People had their communication needs met and information was shared in a way that could be understood.

Governance systems ensured people were kept safe and responded to people's feedback to drive continuous improvement and development. People and relatives were positive about the leadership of the service, for example, "It's a very calm and quiet atmosphere. Everyone is friendly there. I would recommend this home because it's a well-managed place".

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 August 2019). 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. Preliminary investigations were undertaken by CQC to establish if the concerns met the threshold of a specific incident. It did not meet the threshold, but we shared our concerns with the provider in order that they could address the areas identified and make improvements.

The information CQC received about the incident indicated concerns about the management of choking. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hampden Hall Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Hampden Hall Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 two inspectors and one specialist advisor on day one and two inspectors on day two. A medicines expert reviewed medicines management documentation. Two Experts by Experience telephoned people and their relatives to gain 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 17 relatives about their experience of the care provided. We spoke with 27 members of staff including care workers, agency care workers, activities, kitchen, domestic and maintenance staff, the provider, registered manager, deputy manager, unit managers and nurses. We observed staff supporting people to help us understand the experience of people who could not talk with us. We spoke with two visiting healthcare professionals.

We reviewed a range of records. This included 15 people's care records and multiple medication records and pre-admissions assessments. We looked at three staff and multiple agency 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage risks to people safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 regulation 12.

- The provider had introduced a new electronic system to improve recording and monitoring of people's care needs and risk management. We found the system had flagged that repositioning people (to help prevent and alleviate pressure ulcers) was completed late by staff in a minority of cases; there was no audit trail to show action taken to check the person's health and wellbeing or to prevent reoccurrence. We raised this with the provider who showed us in one case the system was down and written records were completed. We were also advised the system did not account for when people were engaged in other activities. During our inspection the management team reviewed the system with staff. This resulted in improvements to how staff recorded the reason for delays and to identify if further action was required to ensure people's safety and wellbeing.
- People's care records clearly identified risks and mitigating actions. For example, risks associated with people's health needs such as Parkinson's disease and diabetes were identified and understood by staff we spoke with. Emergency evacuation plans included the level of support each person needed in the event of fire.
- The registered manager had acted upon recommendations made by the fire service to complete fire drills for night staff. Records showed these were thorough and follow-up action had been taken to improve effective staff responses. A schedule was in place for an external contractor to replace fire doors to ensure compliance and people's safety. Other health and safety checks such as water safety, gas and electric were in place and well-managed by a dedicated maintenance team.
- The provider had reviewed systems to improve the management of choking risks to people in response to a specific incident October 2019. People's care records identified where modified texture diets were needed to reduce the risk of choking. This information was easily accessible to staff and was checked by a 'mealtime champion', who was responsible for overseeing people's specific needs were met at meal and snack times. All staff received training and competency assessments in swallowing difficulties. Posters were in place to remind staff of suitable snacks available for people who required modified texture diets. A meal colour coding system was used to assist staff to distinguish between people's different dietary requirements, such as modified textures and diabetic diets.

Using medicines safely

At our last inspection the provider had failed to always manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 regulation 12.

- A comprehensive set of policies and procedures were in place to support the safe handling of medicines. Staff were aware of these policies and received medicines training at induction and ongoing, including an annual assessment of their competency.
- People told us they received good support with taking their medicines, with comments such as, "The medicines are correct, they're [staff] red hot at that", "Medicines are review frequently. I've always been consulted" and "My medicines are all good and have been reviewed since I've been in here, because I needed doses changed following my stay in hospital".
- Staff told us they felt very supported by management with medicines responsibilities. Staff said there was an excellent relationship between the provider and the contracted pharmacy, which meant any identified medicines issues could be quickly resolved.
- We found medicines storage was safe; room and fridge temperatures were checked regularly and were within range. Two staff recorded administration of controlled drugs in line with the provider's policy and procedure.
- Staff consistently completed electronic records to confirm medicines were administered as directed by the prescriber. For example, a time specific medicine was recorded as being given at the right time for the treatment of Parkinson's disease. We found people's medicines care plans were up-to-date and staff demonstrated a good understanding of medicines protocols to support people safely. For example, there was detailed guidance about how to administer medicines for people who required this via an enteral tube (directly to the person's stomach).
- Records showed staff followed correct procedures where covert medicines administration was required in people's best interests.

At our last inspection we recommended the provider put in systems to ensure there are sufficient numbers of suitably trained staff. The provider had made improvements.

Staffing and recruitment

- People and relatives consistently told us there were enough staff and said responses to call bells were timely; "There are enough members of staff and there's been a low turnover of staff", "There are enough staff even at weekends. It's a fairly constant staff team and there seems to be a low staff turnover" and "They respond well when I use the call bell".
- Records showed the service regularly reviewed people's needs and adapted staffing levels, which was evident on staff rotas. We observed plenty of staff who were allocated across the home to ensure timely responses to people's needs. Call bells were not sounding for long periods.
- The service used a significant level of agency staff to cover care assistant vacancies and unplanned absences. In general, the service block-booked agency staff to ensure continuity of care. The provider was pro-active in recruiting staff, however, recent legislation that requires staff to have approved COVID-19 vaccinations was holding-up overseas staff recruitment.
- Staff told us there were enough staff. For example, "The staffing level is decent. The management is aware about the staffing level and does huge efforts to recruit new staff and to cover the shifts with agency staff when permanent staff not available" and "The staffing levels are good, they make sure that every shifts are covered by other permanent staff or agency care workers".
- The service followed robust recruitment checks to ensure staff were of good character prior to employment; staff responsible for overseeing this were knowledgeable about requirements and staff files were well organised. Recruitment candidates were well supported to provide all the information required to

enable timely checks, interviews and start dates for successful applicants.

- Agency staff profiles were checked for criminal disclosures and the barred list, relevant experience and training. Monthly audits of these profiles were undertaken to ensure requirements were in date and managed proactively with the supplying agencies. The provider told us they would only complete audits of agencies' systems and records if there was cause for concern, rather than routinely to check compliance with their agreed contract and regulatory requirements. We queried this and the provider agreed they would review their governance systems to introduce greater proactive scrutiny.

Learning lessons when things go wrong

At our last inspection we recommended the provider seek advice from a reputable source to establish best practice in relation to learning from incidents. The provider had made improvements.

- Governance systems routinely monitored accidents and incidents for trends. The leadership team discussed and recorded lessons learned with staff to improve ways of working and supporting people.
- The management team told us and records confirmed, they had taken action to adjust the deployment of staff in response to analysis of people's falls that had occurred in certain places and time of the day. Records showed a reduction in falls at these times.

Systems and processes to safeguard people from the risk of abuse

- Staff safeguarding training and procedures to monitor and act upon the outcomes of safeguarding concerns were embedded. Staff we spoke were knowledgeable about how to identify and report safeguarding concerns and told us they felt comfortable raising concerns with the leadership team.
- Records showed the management team reported concerns to the local safeguarding authority when required the majority of time. The service had not reported one incident of a person leaving the service unsupervised, because the occurrence was momentary and the person did not come to harm. We queried this decision due to the risk of harm and management decided to make a report retrospectively. We found the service had already taken appropriate action to reduce the risk of reoccurrence.

Preventing and controlling infection

- We were assured the provider was following national legislation and guidance to prevent people, visitors and staff from catching and spreading infections.
- There was a comprehensive set of policies and procedures and risk assessments in relation to infection control including COVID-19. We saw staff implemented robust procedures for visitors entering the home and used PPE effectively and safely. An isolation unit was used for people newly admitted to the service.
- People told us staff took precautions to protect everyone from the risk of infection and were positive about the cleanliness of communal areas and their private rooms.
- Monthly housekeeping and laundering audits checked cleaning systems were followed, such as laundering of hoist slings, cleaning of mobility aids and the safe storage of chemicals and substances hazardous to health.
- The kitchen had been inspected June 2021 by the food standards agency and was awarded five out of five, which meant hygiene standards were very good. We observed kitchen serving staff followed hygienic practices at mealtimes. For example, specific blue aprons were worn and these were seen to be disposed of safely after use.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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;
Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to always effectively assess and meet people's health needs to ensure their safety and wellbeing. This was a breach of regulation 12 (Safe Care and Treatment) 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 regulation 12.

- In general, care plans contained detailed information about people's health needs. For example, we saw clear directions about how to care for a person's enteral tube site to prevent infections. Malnutrition and skin assessments were completed and reviewed regularly. However, we received mixed feedback about access to dental care. For example, "The optician does an annual check here and I have dental appointments - the last one was last year in November" and "I've not seen a dentist in 2 years but I've not many teeth left now. The optician has visited here." We found two people's care records had limited information about dental hygiene outcomes. In one case a dental assessment had not yet been completed, although the nurse in charge of the unit was aware of the person's fear of visiting the dentist. In response to our feedback the registered manager ensured assessments and records were updated to reflect people's needs and preferences.
- Diabetes care was overseen by the surgery diabetic nurse, with referral to medical care if appropriate. We found staff to be knowledgeable about symptoms of high and low blood sugar (hypo/hyper/glycemia) and the actions to be taken. Pressure relieving mattresses were observed to be set to the correct weight for people; records showed staff checked and recorded these daily.
- The service followed a holistic pre-admissions assessment to make sure people's needs and preferences could be met. Where it was not possible for staff to obtain detailed information about people's backgrounds from hospital ward nurses, an assessment was completed in liaison with the funding local authority and people's relatives/representatives after admission. This was in line with national guidance to support timely hospital discharges where it is safe to do so.

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

At our last inspection the provider had failed to appropriately adapt the environment to meet people's needs and promote wellbeing. This was a breach of regulation 9 (Person centred care) 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 regulation 9.

- The home was clean, comfortable and well maintained and people's private spaces were personalised with their belongings and memorabilia.
- People and relatives were positive about the general environment of the home, with comments such as, "It's very clean here and very pleasant", "The home's bright and airy, clean and good décor. [The person's] room was redecorated and new furniture" and "The cleaners come every day and, apart from being good at cleaning, are also very friendly".
- There was a calm and quiet ambience throughout the home to minimise distractions. Decoration and signage were used to help orientate people living with dementia and there were points of interest around the home.
- The ground floor communal spaces had been reconfigured to create more suitable domestic style lounges and dining areas to benefit people living with dementia.
- In addition, the ground floor had been adapted to enable an isolation unit in response to COVID-19 to promote people's safety.

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

At our last inspection we recommended the provider seeks advice from a reputable source on engaging with people at mealtimes. The provider had made improvements.

- Overall, we observed people received staff support to choose meals and drinks and assistance with eating where required. In one of the dining rooms we found that menus and condiments had not been brought in from the main dining room. Staff explained that people were asked the day before what they wanted off the menu and were enabled to change their mind. We saw staff reminded people of their choices and alternatives were provided where requested.
- During day one of the inspection six people were eating their lunch in a lounge area. Some people had adjustable tables, but one person was using a coffee table and had to lean down and far forwards to reach their plate, which appeared uncomfortable. The registered manager told us they would address this with staff to ensure people who chose to eat in the lounge were offered appropriate seating and tables.
- Most people told us the food was varied, well-prepared and presented; "There is a menu choice now, which is better, and everything is cooked nicely. We do eat well and have plenty of fluids too", "They always try and make my meal a bit spicier" and "The food is home cooked and very good, it's well presented too. There seems to be plenty of fluids and [the person] says they really enjoy the food there".
- Pureed foods were shaped and separated to encourage people's appetites. We saw adapted equipment such as plate guards and lidded cups were used to promote people's independence.
- Staff appeared to be attentive to people's needs and promoted a relaxed atmosphere. For example, people were asked what kind of music they would like to listen to while eating their lunch.

Staff support: induction, training, skills and experience

- Staff demonstrated their knowledge throughout the inspection about areas such as, people's medical conditions, medicines management, safeguarding and mental capacity act requirements.
- People and relatives told us; "All the staff members know what they're doing and they seem very gentle in their approach", "I think that the staff are well trained both in terms of the medical and the care staff. The staff are good with people living with dementia" and "The staff seem well trained. They understand dementia".
- Staff training records showed mandatory and specific training to meet people's needs were attended and ongoing. Where face to face first aid training had lapsed due to lack of availability during COVID-19 restrictions, the provider had arranged E-learning as an interim measure.

- Records showed staff, including agency staff received thorough inductions relevant to their roles and had their competency assessed annually, in areas such as moving and positioning.

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

- A visiting GP told us nurses were knowledgeable about people's needs and communicated well with the surgery to ensure timely healthcare.
- The service had created a dedicated internal role to manage 'discharge to assess' cases with hospital and funding authority professionals to ensure timely care. We saw transfer notes about people's needs and preferences for hospital admissions were detailed.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the mental capacity code of practice and people told us staff asked their permission before providing care and support. Mental capacity assessments were completed for specific decisions. We found staff had not always followed-up to check relatives' lasting power of attorney application status. The registered manager understood the need to verify this and reminded staff of their responsibilities. They implemented an action plan to ensure relatives had the legal authority to act in people's best interests.
- The service applied to the local authority for approval where people were being deprived of their liberty. The quality and compliance manager kept a log of referrals and outcomes. We found this was not always up-to-date because some correspondence from the local authority was sent to the previous registered manager in error. We checked this did not result in any adverse effect upon people; the management team rectified the issue with the local authority and agreed more frequent checks to follow-up the local authority's back-log in assessing low-risk referrals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection we recommended the provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia. The provider had made improvements.

- Staff received specialist dementia training which included how to respond to and validate people's different experiences and feelings. Staff appeared friendly and engaged people in chit chat about their lives and interests and listened to people's concerns. For example, we saw one person became worried about their watch as they felt they had forgotten to wear it. Staff reassured the person they understood their concern and said they would help them look for it after lunch, which appeared to calm the person who went on to enjoy their meal. We saw there were visual cues to help people transition, for example, a poem and pictures about Autumn was accessible in large print on a coffee table.
- Most people and relatives were positive about the treatment they received from staff with comments such as, "Anxiety is difficult to manage in my [parent's] case - their care plan reflects likes, dislikes and triggers to help [staff] to manage this", "They are caring and kind, the staff know me well, I feel very safe", "I've noticed that the staff seem to be quite good at supporting people living with dementia and are very patient with them. There are five or six carers who are absolutely excellent", "They know how to deal with people living with dementia effectively and their approach is good. They're all patient and kind", "The staff are kind, very kind to me. I didn't meet anyone mean yet" and "They certainly keep morale up and they do a good job. I don't feel miserable here. Not one of them has rushed me and they are co-operative".
- One person told us they had felt rushed by a staff member with their personal care and another person told us that staff were "nice and kind" but a staff member had shouted at them. We fed this back to the provider who took immediate action to investigate.
- People appeared relaxed in the company of staff members. We saw many occasions where staff used gentle encouragement to support people who needed more time to adapt and engage with activities.

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

- In general, we observed staff involved people in choices and decisions and explained what they were doing whilst supporting people.
- Relatives told us they were involved in decisions and regular reviews of people's care plans. For example, relatives told us they were consulted in relation to 'do not attempt cardiopulmonary resuscitation' (DNACPR) GP decisions. We found two people's DNACPR records did not reflect the person's or their family's

views about the decision when reviewed by a healthcare professional. The management team took action with GPs to review and include people's and relevant others' views in accordance with national guidance.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. Staff knocked and announced themselves before entering people's bedrooms and made sure doors were shut when supporting people with personal care. We found that two people's care plans would benefit from more information about how staff should support them to protect their dignity. The registered manager took action to rectify this during our inspection and we saw this guidance was added.
- We received positive feedback from people and relatives about staff respecting people's privacy and independence; "They used to check my valuables every day, but I said it was unnecessary and they changed that for me. I felt that it was an invasion of my privacy having people root through all my drawers every day", "[Staff] have tried using all sorts of things to support [the person's] independence with eating. They have put on some weight since they've been feeding [the person]" and "I have a lot of independence and I can get up, go out and do anything that I wish to do when I want to do it".
- The management team described and showed us photos of various cases where people had been supported to develop their self-image, wellbeing and independence. For example, people were given opportunities to take on individual responsibilities in response to their interests, to develop a sense of value and engagement with the home's community.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection we recommended the provider seeks advice from a reputable source with regards to providing responsive and personalised care to people. The provider had made improvements.

- Systems were in place to find out about people's diverse needs, preferences and background. Detailed information was captured in people's care plans in most cases. However, we found some gaps in people's 'about me' records, such as religious information was left blank. Staff explained this meant the person did not hold religious beliefs, however this was not clear. The registered manager agreed and took action to rectify this during our inspection.
- Activity co-ordinators planned a range of group and one to one activities with people. We observed people to be laughing and chatting together during a pamper and sensory session. One person told us, "I enjoy most of the activities. They bring fun to life here. I would recommend this place because it does a lot, such as the activities and the good quality of care". A relative said, "[Staff] make a real effort to engage with Mum".
- Staff supported people to stay in touch with their loved ones during COVID-19 restrictions using video technology to maintain contact and celebrate special events. The management team assessed where people's emotional and physical wellbeing would benefit from regular face to face visits for 'essential care givers', which relatives told us were facilitated.
- iPads were accessible for people to use as they wished; we saw one person watched sport, listened to music and used it as a point of interaction and engagement with other people and staff.
- The home had initiatives such as 'make a wish' and 'big wish', which supported people's dreams and wishes to come true. For instance, one person wished for a signed football shirt; the provider arranged this as well as a personalised video from the football club's legend during COVID-19 restrictions. We saw feedback from the person's relatives who said it was a dream come true for their family member.

Meeting people's communication needs

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

- People's communication needs were identified in care plans and shared with relevant others, for example on hospital transfer forms.
- Information was provided in an accessible way such as large print and clear visors were available for staff

to wear if people found face masks were a barrier to communication.

- The service ensured that staff who shared a person's first language were allocated to their unit, one of whom was the person's key worker.

Improving care quality in response to complaints or concerns

- An appropriate complaints policy and procedure was in place and we saw examples where the registered manager had responded to complaints appropriately.
- People and relatives told us they knew how to raise concerns. For example, people said. "If I had any queries, I would go to see the [registered] manager, who's been very good at listening to my concerns about the discharge and distance from the family. They've been there for us all the way", "If there were any concerns, I would speak with [the Pines unit manager] or the [registered] manager. There have been no concerns to date and we are more than happy with how things are. It's such a lovely place. They would always inform us about any changes".
- The provider had systems in place to analyse complaints and identified a theme about misplaced items of clothes. As a result they had implemented a discrete labelling system to improve identification of people's belongings.

End of life care and support

- People had end of life care plans which included people's wishes and were regularly reviewed.
- Relatives told us staff involved them in reviews of people's needs and preferences as people approached end of life.
- The service facilitated relatives' visits to people who were at the end of their life during COVID-19 restrictions, in accordance with government guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to ensure effective oversight of the service. This was a breach of regulation 17 (Good Governance) 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 regulation 17.

- The registered manager followed an annual schedule of comprehensive tasks and audits to monitor the quality and safety of the service. The provider checked progress monthly through an electronic governance dashboard and completed routine provider visits to audit compliance.
- Records showed the provider had identified the schedule had not been completed by the previous registered manager at the beginning of the year; we saw actions were agreed and met to rectify this.
- A program of medicines audits meant the provider was able to demonstrate how they learned and improved when medicines errors happened to prevent reoccurrences. Audits did not identify any particular or ongoing concerns.
- We found the registered manager and leadership team were knowledgeable about regulatory requirements. They ensured CQC were notified of events and incidents as required.
- We found the management team were responsive to information requests and queries throughout the inspection; they demonstrated a drive to learn and develop the service to benefit people's experiences.
- The provider had invested in the service to improve the layout of the premises and in technology to improve people's care records and the providers' monitoring capability. The provider acknowledged the new electronic system needed ongoing monitoring itself to ensure care records were consistently completed and checks were ongoing, which was overseen by the quality and compliance manager.

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

- People and their relatives were consistently positive about the current leadership of the service, with comments such as, "The manager will always roll their sleeves up if required", "Wonderful place. Was not always the case. It was awful when I came here two years ago. The current staff have turned things around and its excellent now", "The home is well run. The unit manager and is a friend to me" and "This manager is better than the last one. If I had a problem I would be listened to".
- Staff received human rights training, including equality and diversity and the importance of empowering

people to make their own decisions and choices. Staff also told us they were well-supported by the leadership team and felt the registered manager was fair and knowledgeable and staff morale had improved.

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

- There was an appropriate duty of candour policy and procedure in place and the registered manager understood their responsibilities.
- Records showed investigations and actions were implemented to make improvement when things had gone wrong, along with written apologies to people and their relatives in accordance with duty of candour principles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider shared information and gathered and analysed feedback from people and their relatives to gain their views about the service. A people's survey dated July 2021 resulted in an action plan to address areas of improvement and a 'you said, we did' feedback was then given to people. For example, some people wanted their bedroom décor updating and an action plan was being progressed with work started in August 2021 with the aim of completing this by the end of the year.
- People and relatives told us, "I've been to relatives' and residents' meetings and there have been questionnaires about service provision as well. I'm happy with how things are and I wouldn't want to change anything at all" and "Covid-19 information has been good. There have been Zoom meetings to share information with us, emails with updates and we can speak with the care home managers whenever we visit. Communication is good all round".
- Staff told us there were weekly floor specific meetings where staff were encouraged to be open and honest. In addition, there were monthly whole staff meetings, and staff reportedly felt listened to and generally found management approachable.
- There were numerous examples where the service engaged with other health and social care professionals to meet people's needs. A speech and language therapist for swallowing said there had been improvements at the service and they were satisfied with staff management of people's diets; staff made timely referrals and had a good understanding of modified diets.