

Barchester Healthcare Homes Limited

Southgate Beaumont

Inspection report

15 Cannon Hill
Old Southgate
London
N14 7DJ

Tel: 02088829222
Website: www.barchester.com

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15 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Southgate Beaumont is a residential care home providing personal and nursing care to older people in one adapted building. At the time of our inspection there were 44 people using the service.

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

There was mixed feedback from people who told us some staff were not caring and did not engage in meaningful conversation with them,

There were systems in place to assess and monitor the quality of the service provided. However, improvements were needed to make sure people were always treated with respect and dignity. The provider's governance arrangements around ensuring that people were always well treated, had not yet made been fully embedded.

People told us they felt safe using the service. Appropriate numbers of suitably skilled staff were deployed to meet people's needs in a timely manner. Medicines were managed safely. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Where risks were identified, management plans were in place to manage these risks safely. Staff had the training, knowledge and experience to meet people's needs. People were supported to maintain good health and had access to a range of healthcare services when needed. People were encouraged to eat a healthy and well balanced diet for their wellbeing.

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

People were supported to receive personalised care based on their individual needs and preferences. There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 October 2018). There were seven breaches of regulations. 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 to meet the

regulations, however we found there was a continued breach of regulation.

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

Why we inspected

This was a planned inspection based on previous rating.

Enforcement

We have identified a continued breach in relation to ensuring people were well treated at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Southgate Beaumont

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, a medicines inspector, a nursing specialist adviser and two experts by experience. 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

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

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

Notice of inspection

The inspection was unannounced. The site visit activity started on 10 October 2019 and ended on 15 October 2019.

What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and certain accident and incidents. 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 fourteen people and six relatives to gain their views about the service. We spoke with fifteen staff members, two nurses, deputy manager, finance/HR manager, training manager, registered manager, divisional clinical lead and the regional director. We also spoke with four healthcare professionals.

We reviewed a range of records. This included fourteen people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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.

Staffing and recruitment

At the last inspection on 28 August 2018, we found the provider failed to ensure persons employed were of good character and appropriate recruitment checks were undertaken. This was a breach of Regulation 19 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 19.

- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the home. This included checks on their employment histories, criminal records checks and references to confirm that staff were of good character. Nursing staff also had their professional registrations checked to ensure they were fit to practice.

At the last inspection on 28 August 2018, we found the provider failed to ensure sufficient numbers of suitable staff were deployed to meet service users' needs at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked the provider to take action to make improvements and this action has been completed.

- During the inspection, there were sufficient numbers of staff to ensure people's needs were being met. A dependency tool was used to assess staffing levels in the home which was based on people's needs. Some people had one to one support in place to ensure their safety was maintained. However, there was mixed feedback received from people and relatives. Some people and their relatives told us, "I think there is enough staff", and, "Staffing levels are ok." However, some people and relatives told us, "Morning and afternoon there's lots of nurses about but it's not so good in the evenings", and, "No there's not enough staff."

- We discussed staffing levels with the registered manager who told us they regularly reviewed staffing levels and there was flexibility to ensure more staff were available based on people's needs, if needed. Bank staff were also available if needed. The registered manager told us none of the staff worked back to back day and night shift as we found at the last inspection and staff rotas confirmed this.

- During the inspection, staff did not appear to be rushed and were available to support people when needed. Staff told us there were enough staff on duty to enable them to carry out their roles. They told us, "There is enough staff and we help each other. There is good teamwork and flexibility to manage the shifts", and, "Team is very nice here, good teamwork and we can call on each other."

Using medicines safely

- Medicines were managed safely. Records showed Medicines Administration Records (MARs) showed people received their medicines as prescribed. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- However, information was not always available in people's care plans in relation to medicines to be given via Percutaneous Endoscopic Gastrostomy (PEG) tube and other medicines such as anti-coagulants and Diazepam. We raised this with the registered manager who responded after the inspection and provided copies of people's care plans which had been updated with the information required.
- There was a medicine policy in place to support medicines management and process in place to receive and act on medicine alerts. Staff were competency assessed and received training to handle medicines. A local GP visited weekly and the service was also supported by the local commissioning pharmacist to help review medicines.
- Staff completed monthly medicines audits to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe. A person told us, "Yes I feel safe because I am well cared for." A relative told us, "Yes [person] is safe. I have no doubt about that, staff fulfil their role of care."
- There were safeguarding and whistleblowing policies in place and staff had completed safeguarding adults training.
- Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. One member of staff told us, "I would notify the nurse and complete an incident form. I would speak to the manager and if needed will whistleblow. I can contact the local authority and CQC."
- Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place detailing guidance to prevent or reduce the risk of people being harmed which covered areas including personal care, mobility and moving and handling.
- Where people used mobility aids, risk assessments detailed the steps staff needed to take to ensure people were safe in areas such as transferring and repositioning to minimise the risk of harm. A person told us, "Yes they do handle me correctly." A relative told us "They [staff] put a mattress in front of the bed in case [person] falls. When I leave they put a blue sensory mat on the floor in case [person] gets up and they will be immediately alerted. [Person] has not had any falls."
- Malnutrition Universal Screening Tool (MUST) risk assessments were used to assess whether people were at risk of malnutrition. The Waterlow scoring tool was also used to assess risks to people's skin integrity. There were appropriate pressure sore prevention protocols and measures in place to minimise the risks of developing pressure sores. A relative told us, "I'm here daily and they do hourly checks on [person] and turning them"
- Staff understood where people required support to reduce the risk of avoidable harm. A member of staff told us, "When using a hoist, we make sure there is always two staff for the safety of the person, always explain to them what we are doing. We make sure there is enough room and nothing is in the way, we always check the sling and make sure it is working."
- Health and safety checks including fire tests, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use.
- People's care plans highlighted the level of support they required to evacuate the building safely in the event of an emergency. Fire safety and equipment checks were completed. Staff received fire training and

took part in regular fire drills.

Preventing and controlling infection

- The service was clean, and people were protected from the spread of infection. Infection control policies and measures were in place. Substances that could be potentially hazardous to people's health (Control of substances hazardous to health (COSHH) were locked away and kept safely away from people.
- Staff had completed infection control training and wore personal protective equipment such as gloves and aprons when required.

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents in a timely manner. Records showed action taken included notifying relevant healthcare professionals and CQC and measures put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents including clinical issues were reviewed monthly and a reflective analysis completed to identify any lessons to be learnt. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings, bespoke training and guidance to embed good practice.

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.

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.

At the last inspection on 28 August 2018, we found the provider failed to ensure that care was provided with the consent of the relevant person and act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 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 11.

- The service worked within the requirements of the MCA. Where people had capacity to make decisions, records showed they had consented to their care. Where people lacked capacity, records showed the best interests decision making process has been followed which included involving relatives, healthcare professionals and a power of attorney if needed.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review. A relative told us, "[Person] does not have capacity and is on DoLS."
- Staff understood the principles of the MCA and asked people's consent before providing care.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans. A relative told us, "Yes when we arrived, there was a care plan put in place."

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to effectively meet people's needs. A person told us, "The staff are knowledgeable and skilled." A relative told us, "I think it is a very good home. The carers are well trained. They are all very nice to [person]."
- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A member of staff told us, "It is good here. I am enjoying it."
- Staff had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid.
- Staff were also supported through regular supervision and appraisal. A member of staff told us, "We have supervision, training including face to face refresher training." Another member of staff told us, "There is too much training! It's good and they give you time to learn new skills."

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

- People received the support they needed to eat and drink safely. Care plans contained information on people's dietary needs and individual preferences. Guidance was also in place detailing how to manage identified areas where people were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties. Advice was sought from healthcare professionals such as a speech and language therapist (SALT) when needed.
- Kitchen staff were aware of key information relating to people's dietary needs including food allergies or required specialised diets. There were set menus in place, and alternative meals were available if people chose not to eat from the main menu.
- During the inspection, people were provided with a choice of drinks and snacks throughout the day and spoke positively about the support received with their food and drink. A person told us, "They bring my food and they make me a cup of tea. I am very happy with the food." A relative told us, "The food's very good compared to other places I've seen. [Person] has a soft diet, the food is pureed properly and not runny."

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

- People were supported to access healthcare services when required. The service worked in partnership with other services, and health and social care professionals such as social workers, district nurses, speech and language therapists (SALT) and GPs to deliver effective and timely care. Relatives told us, "We mentioned dental care and [registered manager] arranged for a dentist to come and see everyone and a dentist came about a week ago and saw [person]."
- Healthcare professionals spoke positively about the service. They told us staff act quickly to refer people to healthcare professionals when needed and people are looked after very well. They also told us they get excellent support from staff and any issues are dealt with and relatives are involved if needed.

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

- The service is in a grade 2 listed building based on two floors with lifts to allow easy access. The first floor was being refurbished at the time of the inspection and measures were in place to ensure there was minimal

disruption and disturbance to people using the service.

- People's bedrooms were personalised with their belongings to assist people to feel at home. A person told us, "I've got my own furniture. Wonderful laundry next door; they put your clothes back in the drawers, ironed and everything."

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At the last inspection on 28 August 2018, we found failures in systems and practices to ensure people are treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 10.

- People told us some staff were not caring and did not engage in any meaningful conversation with them. People told us, "A few kind words from staff would be rather nice and helpful. To make an improvement, the staff need to be more friendly", "They [staff] knock and come straight in to do what they have to do without greeting me", "No the staff don't really sit and talk to me", and, "They're not chatty people and some don't even say hello."
- Comments from relatives also reflected this. They told us, "I saw [staff] being a bit rough with [person] and I said, 'can't you see, you're hurting them?' [staff] is not a friendly communicator. It's more about getting it done rather than caring. They need to be told how to care for you", and, "The priorities of the staff are nursing people rather than spending time with the person or making sure there is a community or family here."
- During the inspection, improvements had been made in ensuring call bells were answered in a timely manner. Call monitoring records showed calls bells had been answered within a couple of minutes and anything above that, had been investigated to identify the reasons behind any delay. During the inspection, we observed call bells were answered promptly. People told us "I don't have to wait long" and "Yes if I ring the buzzer they come quickly."
 - We also received some negative feedback from people centred mostly around the attitudes of staff. People told us, "When I ring them on my call bell they get angry during the day and at night", and "My only complaint is that if I use the call bell they don't like it." One person told us their call bell would be answered within minutes however, staff would then tell them to wait as they had another person to tend to first.
 - We did note this was identified by management in their audits that staff were not smiling and communicating effectively with people.

There were instances where people were not treated with respect. This is a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the registered manager about the feedback we received who was disappointed but told us it was their duty to listen to any feedback and will try to improve upon this. The registered manager told us she would ensure measures were put in place to improve staff interaction with people.
- Some people and their relatives spoke positively about staff and told us, "I am on my own, they [staff] come in pairs and have a chat which makes it nice", "The girls are wonderful, lovely girls. Smiling faces and she's [staff] lovely", and, "I know the staff. I know their names and I love them all. It was my birthday. We had cake and biscuits." Relatives told us "From what I've seen, the staff are respectful and kind." The service has a compliment book and thank you cards which showed positive feedback from people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person told us, "I think they [staff] do a very good job. Yes, they respect my privacy and dignity. They make sure I am clean." A relative told us, "The quality of the care is very good. [Person] gets washed everyday. [Person] has a shower once a week and respect [person's] privacy and dignity. In all the time I have been here I have not experienced any concerning or disrespectful treatment."
- Care plans detailed how people wished to be supported with their personal care and what staff should do if a person refused personal care to ensure people would not be left in any way that would compromise their dignity.
- Staff were able to tell us how they maintained people's privacy and dignity, and ensured they were comfortable when providing people with personal care. A member of staff told us, "I would knock the door, close the curtains and explain why I am there. This is their home. I always get consent, before I support them and explain that I am there to help them." A dignity champion was in place who worked closely with staff to promote dignity awareness.
- People were supported with their independence and encouraged to do as much as they could for themselves. A person told us, "I'm perfectly happy. I couldn't have better treatment. I try to do a bit myself, but I need help with washing."
- Staff understood the importance of promoting people's independence. A member of staff told us, "We encourage them to do what they can but we look out for them as well."
- People's cultural and religious beliefs were detailed in their care plans and accommodated for. A person told us, "I am church of England and there is a lady who comes every week from the local church. She brings me a copy of the service and monthly I get a copy of the parish magazine."
- Staff had a good understanding of equality and diversity. A member of staff told us, "We have to make sure everyone is treated equally and respect their wishes, cultures and beliefs." Staff also received training from Queen's Mary Hospital in relation to dignity and respect and will be used a part of staffs' learning and development.

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

- Records showed people and their relatives were involved in decisions about their care. Review meetings took place with people using the service and relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. A person told us, "I am interviewed quite regularly as part of my care plan." A relative told us, "Yes I have been involved in [person's] overall care plan."

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 improvements. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection on 28 August 2018, we found the provider failed to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 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 16.

- There were procedures for receiving, handling and responding to comments and complaints. Complaints were logged, and records showed the registered manager investigated and responded appropriately when complaints were received to help resolve these to the satisfaction of complainants.
- People and their relatives were aware of how to complain and had confidence that any issues they raised would be addressed. People told us, "No I don't think I have any complaints if I did the managers would deal with it", and, "No not really I haven't had to make a complaint. I am confident to complain." Relatives told us, "I know how to make a complaint but not had the need", and, "If I have any concerns all I have to do is speak to the nurse or the management and they respond immediately."

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 care plans contained information which showed how people communicated and how staff should communicate with them.
- The registered manager told us they were able to tailor information in accordance to people's needs where needed and in different formats.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives spoke positively about the service they received which met their needs and preferences. People told us, "They're very friendly and helpful and if there's anything I need they're responsive to my requests", and, "I have had no infections or illnesses since I have been in here." Relatives told us, "We talk through things here; they are a responsive organisation".

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.

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

- The service had activities and activity co-ordinators in place and people who engaged in these activities spoke positively about them. People told us, "There are things to do; people to talk to and we get attention and all sorts of things, so it is really nice", and, "I don't feel isolated or alone. I had my hair done the day before yesterday." A relative also told us, "[Person] loves classical music and they have had an orchestra, piano concerts, it is absolutely fantastic, and we can take part in it. One chap plays the piano and the banjo and there are singers and entertainers every Tuesday in the terrace lounge downstairs."
- For people who were in their rooms or remained in bed, the activities co-ordinator told us they did one to one session with people in their rooms and this was documented on people's activity evaluation plans. We reviewed some plans however noted they were not completed appropriately as they did not detail what activities took place and what attempts were made to engage with people. We discussed this with the registered manager who told us she would ensure the plans were completed clearly and accurately.
- During the inspection, we observed a range of activities taking place including a quiz, arts and crafts and a music session involving a musician playing the piano and singing with people, songs that were well known to them and enjoyed. People participated in the singing and enjoyed the session so much, they asked for more. People were also supported to engage in gentle exercises which was done by a physiotherapist who worked with the service. This was well received by people who participated.
- People were supported and encouraged with maintaining relationships with family members. Family members were able to visit at anytime and spend quality time with people and in private if they wished to do so. During the inspection, we observed a social event with people and relatives in the dining areas with drinks of their choice where they were able to spend time together in a pleasant and comfortable environment.

End of life care and support

- People's end of life wishes were detailed in their care plans to help ensure these could be met. Care plans contained a 'hopes and concerns plan' which enabled end of life support to be managed in a sensitive manner.
- The service worked with relevant healthcare professionals and organisations including GPs and a local hospice to ensure people's end of life needs were met.

Is the service well-led?

Our findings

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

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

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

At the last inspection on 28 August 2018, we found the provider failed to notify the Commission of certain notifiable injuries. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had notified the CQC of any significant events at the service as they are required to do so. Records also showed the registered manager had notified relevant health and social care professionals, including the local authority safeguarding team when required and worked with them to make improvements where needed.

At the last inspection on 28 August 2018, we found systems were not effectively operated to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take action to make improvements. Action had been taken by the provider to meet the breach, however, there were areas that still required improvement.

- Since the last inspection, the provider has taken sufficient action to address the concerns in relation to recruitment checks, MCA, call bell monitoring, failure to send notifications and responding to complaints and met most of the breaches of regulation identified at the last inspection. However, during this inspection, we found some people and their relatives still felt staff were not caring and did not engage in a meaningful manner. This meant the provider was in breach of one regulation. We will follow this up at the next inspection.

- The provider had a range of audits in place covering areas such as safety, care records, supplementary charts, medicines, accidents and incidents and call bell monitoring. Spot checks and unannounced visits were undertaken by management staff. Records showed any areas of improvement identified were actioned

upon. For example, practical supervisions with staff were undertaken after it was found supplementary charts and care plans were not being completed accurately. Feedback from people from recent surveys identified people did not recognise care workers and communication needed to be improved. Some of the measures proposed in response to this included care workers were to introduce themselves to people when supporting them.

- Monthly unannounced visits were also conducted by the divisional clinical lead nurse who since the last inspection, has had significant involvement with improving and training staff on clinical issues such as pressure ulcer prevention, nutrition, falls, accidents and incidents, medication errors and choking.

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

- People and their relatives spoke positively about the registered manager and the way the home was managed. A person told us, "I do think the home is well run and well managed because I have no complaints. I would rate the overall quality as wonderful and I think I am quite fortunate to be here." Relatives told us, "The management is excellent", and, "[Registered manager] is very responsive and puts herself out. She listens to your concerns. I do have confidence in her."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. A member of staff told us, "The manager is supportive. She gives you the opportunity to prove your worth and lets you get on with it. Any problems, she will always say let me know."

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

- The provider obtained feedback from people and relatives about the service through review meetings, resident and relatives' meetings and surveys. Feedback was analysed, and any areas of improvement identified was actioned upon. For example, some feedback from people included "The food is still a problem" and "It would help if I knew the names of carers in advance when they change shifts." An action plan has been put in place to address these concerns including speaking to the kitchen staff and introducing a dining audit to ensure any issues in relation the quality of food was promptly identified and addressed.
- Feedback from people and relatives indicated they were supported and encouraged to contribute their views on how the service was managed. People told us, "I have been to the resident's meetings that take place. I am interested in them and like talking to people", and, "Yes I am supported to express my views, we get surveys from Barchester which I complete." A relative told us, "They take monthly feedback from us." The service also received positive reviews on an external website.
- The service promoted an inclusive and open culture. Management recognised staff contributions on the way the service was delivered. A member of staff won a national provider award of carer of the year 2019.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A member of staff told us, "We discuss, how we can improve the service and the manager tells us anything important that we need to know."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up 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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	There were instances where people were not treated with respect Regulation 10 (1)