

SBDP1 Limited

The Coach House SBDP1 Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Coach House is a residential care home that is registered to provide accommodation and personal care to a maximum of 66 people. At the time of our inspection, 64 people were living there, some of whom were living with dementia.

People's experience of using this service:

People told us and we observed that staff were kind and caring in their interactions with them. Staff knew people well and used effective techniques to reassure people when they became distressed.

Auditing processes needed to be more robust and detailed to enable the service to identify where improvement was needed.

Further improvements were needed to ensure risk assessments and care plans were accurate and sufficiently detailed.

Staffing levels were observed to be adequate and staff were available to people when they needed assistance. However, given some of the feedback we received, we have made a recommendation that the service monitors staffing levels to ensure they remain adequate.

People's end of life wishes were not always documented fully so staff knew how to deliver care effectively, and we have made a recommendation about this.

Improvements were needed to ensure the service was adhering to the principles of the Mental Capacity Act 2005. Best interests decisions were not always in place where people lacked capacity to consent to their care.

Medicines were being managed safely at the home. However, we have made a recommendation that the provider takes steps to ensure sufficient and detailed information is available for staff to refer to about how people have their medicines given to them.

Recruitment procedures were not sufficiently robust to ensure staff were suitable for the role.

Staff understood the need to keep people safe from abuse and what was required to do this. Some staff however had not received safeguarding training whilst working in the service.

We observed staff to be skilled when supporting people with complex physical and emotional needs. However, training for many staff was either overdue or had not been completed. The registered manager was addressing this and had booked relevant training sessions throughout 2019.

Health care professionals were involved in people's care and referrals were made promptly.

We have made a recommendation that the provider reviews best practice guidance to ensure that the building is designed and decorated in a way that supports people living with dementia.

Rating at last inspection:

At the last inspection the service was rated 'Good' (Report published 13 December 2016).

Why we inspected:

We inspected this service in line with our inspection schedule for services currently rated 'Good'.

Enforcement: Action we told the provider to take is outlined at the back of the report.

Follow up: We will continue to monitor the service through the information we receive. We have also requested an action plan from the provider to monitor that improvements will be made promptly.

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 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 caring?

The service was not always Caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

The Coach House SBDP1 Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Three inspectors (one of whom specialised in medicines), one assistant inspector and two experts by experience carried out this 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:

The Coach House is a residential home that is registered to provide accommodation and personal care to a maximum of 66 people. At the time of our inspection, 64 people were living there. The Care Quality Commission 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at

least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service, four relatives, and four visiting healthcare professionals to ask about their experience of the care provided. We carried out observations of people receiving support and spoke with the registered manager, deputy manager, care co-ordinator, and six care and catering staff who worked at the service.

We looked at seven care records in relation to people who used the service. We reviewed medicine administration records for 12 people. We also observed medicines administration. We looked at four staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations were not met.

Assessing risk, safety monitoring and management

- Risks in relation to people's care were not always sufficiently detailed or accurate. They did not ensure staff knew how to deliver care safely and did not specify what was in place to mitigate risks to people. This included risks such as falls, moving and handling, choking, and supporting people during periods of distress.
- Risk assessments did not always contain a corresponding care plan on how to reduce risks. For example, one person was assessed as high risk of falling, but there was no information to show how staff could reduce the risk.
- Where people had health conditions such as diabetes, there were not always risk assessments in place. There was no guidance on symptoms the person might exhibit if their blood sugars were to become high or low so staff were aware.
- People's moving and handling needs were not clearly set out for staff to ensure people were moved safely. One care plan said the person was able to take a few steps, but if they, 'Weren't in the right mood', needed a stand aid. This was not appropriate wording to use and did not provide staff with adequate guidance on when the stand aid should be considered.
- We observed staff moving people using hoists and assisting people to stand; in most cases staff were seen to be skilled to do so safely. However, we did observe one incident where a person was moved using an underarm technique which is not safe practice. We brought this to the attention of the registered manager to address with the staff member.
- Where people may become distressed, there was not always sufficient information to inform staff of how to effectively support them or different methods to consider which might help to calm and reassure them.
- Some people were at risk of choking, however, not all people had a specific risk assessment in place. One record said to use 'preventative methods' but did not specify what these were or what action staff should take if a person were to choke.
- Where risks were identified in relation to pressure ulcers, guidance included that care staff were to check pressure areas, and but it did not describe where to check on the person's body, or where to record the information to show this had been completed.

This constitutes a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There was a fire risk assessment, and emergency plans were in place to ensure people were supported in the event of a fire. The fire service visited in November 2018 and concluded that the building was not high risk but made some recommendations. The registered manager told us these had been completed.
- Equipment such as hoists, and slings had been serviced to ensure they were safe to use.

- Water systems were monitored to prevent the risk of legionella. This included taking water temperatures. A recent water sample showed that no bacteria was detected.

Staffing and recruitment

- Recruitment processes were in place but needed improvement to ensure they were sufficiently robust. Employment histories were not always completed; where there were gaps in employment there were no explanations for these. One file we reviewed had no employment history logged.
- We could not always be assured that the original proof of identity documents had been seen, as this was not documented.
- Reference checks were not always suitable. One staff member had no references from their previous employer.
- One UK residency card had expired but there was no evidence of renewal held on the person's file. The registered manager confirmed this was in progress, but the information had not been added to the file to ensure this was followed up.

This constitutes a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We received mixed views from people using the service as to whether they felt there were sufficient staff. One person said, "I think they could do with more staff, they are overworked". Another told us, "I think there are enough staff; well enough for me anyway." A relative said, "I feel there is plenty of staff and they seem competent."
 - The service was split into three units, and staff were allocated according to the number of people in each unit. The provider used a dependency tool to determine how many staff were needed.
 - Staff had mixed views on if the staffing levels were sufficient. One staff member told us, "We had a person who needed one to one care at one point and then we had another member of staff come in to meet their needs, it wasn't taken away from [another unit]." Another said, "Sometimes I think we should have a few more staff, but we are a good team. When [person] needs extra monitoring it's harder, but we manage. There is always a second member of staff around if needed, and we answer call bells quickly; we are programmed to when we hear it. I would say people get excellent care here." A third said, "At times they could do with more staff on Chapel View. The care staff have to clean, wash and iron, as well as provide personal care. We always had two staff but when [residents] dropped from four to three the care staff were dropped to one. Now they have four [residents] again there is still only one carer." The registered manager told us that the dependency tool showed there was adequate staffing in Chapel View, but would monitor this.
 - Our observations on each of the three units were that staff were attentive to people's needs and movements. People who wanted to wander around the service could, but staff were available whenever they appeared to need assistance.
 - Staff worked well as a team communicating relevant information and ensuring people received regular attention. However, given some of the feedback, we would recommend the service monitors staffing levels to ensure they remain adequate.
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- We recommend that the service routinely asks people using the service for their views and experiences of staffing levels and the availability of staff during the day time and at night. This could also include the views of staff members and visitors to the service.

Using medicines safely

- Medicines were stored securely. There was a system in place for ordering and giving people their

medicines as prescribed. Medicines given by staff were recorded on an electronic medicine administration record (MAR) appropriately.

- Regular checks of people's medicines and their records were carried out. There was a system in place to report incidents and investigate errors relating to medicines.
- Members of staff handling and administering people's medicines had regularly been assessed for their competency to give people their medicines safely. This included their competency around giving people their insulin via injection. However, the service could not show that all staff administering insulin had their competence checked as some competency records had been archived by the previous manager and could not be found.
- People received regular reviews of their medicines by prescribers and when needed.
- There was guidance to show staff how people preferred to have their medicines given to them and there was guidance to help staff give people their medicines prescribed on a when required basis consistently and appropriately. However, this information was not yet written with sufficient detail on the electronic system for staff to refer to when considering giving people their medicines prescribed in this way.
- A number of people who would otherwise refuse their medicines had been deemed as lacking mental capacity and had best interest decisions made to give them their medicines hidden in food or drink (covertly). There were plans for clinical pharmacists to review this status. Staff told us that some people who could have their medicines given in this way usually had their medicines given to them with their consent, however, the information available was not always clear.
- For people prescribed medicines for external application such as creams and emollients, information available for staff applying these medicines was not always sufficiently detailed.
- For a person prescribed a medicated skin patch additional charts were in place to ensure patches were removed and applied to alternating areas of the body to ensure safety and reduce the possibility of skin reactions however, the records were not always completed by staff.
- We recommend that the provider takes steps to ensure sufficient and detailed information is available for staff to refer to about how people have their medicines given to them, in particular those medicines prescribed for when-required use and medicines prescribed for external application.

Preventing and controlling infection

- We observed that whilst communal areas appeared clean, we found some areas of the service could be improved. For example, in Chapel View we found a bath with old water stains on and the toilet was unclean.
- Access to the first floor was via two sets of stairs both of which had a gate at the top and bottom which were secured with a sliding bolt. We noticed that these gates felt sticky where you needed to touch them to open and bolt them.
- There were a number of hand sanitisers which did not look clean, specifically underneath where people would touch to dispense the gel.
- There were four dedicated domestic staff who worked between the units.
- The registered manager carried out infection control audits and identified actions for improvement from these.
- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infections. One staff member told us, "We use gloves and change them every time with personal care. We have red bags in place so if [infection] is in the building we can put all the soiled clothes in the bag and the whole thing goes into the washing machine. We have non-touch bins which are pedal controlled."
- Equipment used to move people, such as slings, were allocated to each person to prevent the risk of cross infection.
- Staff received training in infection control. However, we found that two domestic staff had only received in house training in infection control, but were booked to complete the formal training in July 2019.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. However, eight care staff had never received training in safeguarding whilst working in the service. The registered manager told us they had since booked training and were identifying all those in need of refresher training as well.
- The service had a safeguarding leaflet available to people, relatives and staff, which included types of abuse and contact details for reporting abuse.
- People and relatives told us they were happy with the care and felt safe. One person told us, "I feel safe, there are staff around." A relative said, "The care [relative] has received is great, I'm really happy."

Learning lessons when things go wrong

- Management were keen to develop and learn from feedback. During the inspection visit we discussed areas for improvement in relation to care documentation with the registered manager. Following the inspection, they sent us an action plan with dates for completion.
- The registered manager had recognised that improvements were needed in documentation across the service and was implementing new care plans.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were not met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager kept a log of DoLS applications which were pending and granted and when they were due to expire. There were 21 Granted DoLS, some of which had conditions attached.
- It was not always possible to see if any conditions were being met, as there was no system in place to check this. The registered manager told us they would have to go through each one to determine this.
- Some care records contained a brief DoLS care plan, which contained very limited information. For example, that an application had been made, but where conditions were in place, these were not noted so staff were aware.
- Where capacity assessments had been completed, it was not always stated what the decision to be made was, so it was not clear what the capacity was being assessed in respect of.
- There was CCTV (closed circuit television) in all communal areas of the service. Consent forms were available, but we did not always see that these were signed. A high percentage of people living in the home would not have been able to understand or consent to the use of CCTV, and there were no best interests decisions in relation to this.

This constitutes a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- At the time of inspection the training matrix had not been updated to show which staff had attended training. Training included relevant subjects such as moving and handling, medicines, safeguarding, infection control and dementia.
- Following the inspection, the registered manager sent us an updated training matrix. From this we could see that some staff had never undertaken training in fire safety, safeguarding, first aid, dementia awareness

or end of life care.

- We raised our concerns with the registered manager who sent us a schedule of training booked for 2019 and told us training was being prioritised.
- The registered manager told us that historically minimal supervision and appraisal had taken place in the service. We saw that they had started to implement supervision sessions with staff but some were still outstanding. They had arranged for the deputy manager and another member of staff to help with getting all staff supervised.
- Observational supervisions were being undertaken by the provider on an ad-hoc basis. The registered manager told us it was their intention to formalise this to ensure these were completed routinely.
- There had not been a formal induction procedure in the service for new staff. The new registered manager told us they had implemented documentation for new staff. New staff shadowed an experienced member of staff for three days or longer if necessary until they felt confident to work independently. There was regular contact throughout the induction period to identify any issues early.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met by the service. In most cases this was quite basic, and covered areas such as personal care, and how to support people who may become distressed. More information is necessary to ensure the full scope of people's needs and wishes are known.
- Care records contained information related to people's medical history, personal care, medicines, mobility, nutrition, and communication. However, often these did not contain sufficient detail to ensure person centred care was delivered by staff.

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

- Our observations showed people received a healthy balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- Most people praised the food and told us it was very good. One person said, "I get lots of food. I don't like vegetables and they don't usually give me any. They are always asking me if I want a cup of coffee". A relative told us, "The dinners are all full of gravy and vegetables, which [relative] loves."
- The cook confirmed that there were plentiful supplies of food, and fresh fruit and vegetables were delivered weekly. They showed us the supplies of food in the kitchen, emphasising that the food was of a good quality.
- The cook confirmed with us that they were aware of people's dietary needs. This included those people who were diabetic, or required their food to be prepared differently, such as pureed food to prevent choking. We also saw that recent changes to people's needs, such as the consistency of their food, had been communicated to the cook promptly.
- People's dining experience on Willow unit could have been improved. There was lack of organisation and effective deployment of staff. Service was very slow as it was brought from the kitchen on a trolley which held around seven plates of food. There was a very long time between the serving of the main meals and desert.
- We observed people being assisted to eat. Staff were engaged with people, waiting until they were ready for more and advising them of what was on the fork and offering a drink between mouthfuls.
- People were given different sized plates, according to their appetite. Some plates were coloured which helps people with impaired vision to see the food more clearly.

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

- Best practice was not always followed for people living with dementia. National good practice in dementia care, identifies that buildings accommodating people living with dementia should be designed and decorated in a way that supports people. For example, doors were not in a contrasting colour, nor were

toilet seats and handrails.

- Some areas of the building had good navigational and informative signage to support people to locate different rooms. People had individual identification on the doors of their rooms, which included a picture of them and their likes and interests. This helps people to more easily recognise their room.
- Walls in the corridors were bare, with the occasional picture. There were no interactive wall hangings or memorabilia from past times which might interest people as they walked around the building and spark conversations.
- The registered manager told us that they were already looking at different colour schemes for the buildings.
- Some changes had been made in the service to improve space for people. One staff member told us, "The dining room has changed. I spoke to [registered manager] about changing the layout and suggested we make one living room into a dining room. It was changed within about three weeks. We can now separate people, so people can sit away from others if they choose."
- We recommend the provider reviews best practice guidance in relation to ensuring the environment meets the needs of people living with dementia and/or visual impairment.

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

- Health and social care professionals were arranged when needed to support people. This included GP's, dieticians, district nurses, mental health teams and social workers.
- Professionals we spoke with spoke highly of the service. One health professional told us, "This is one of the better homes I would say. Always quick to refer to us if there are any concerns. Always staff available, they know people well." Another said, "They [staff] manage some very challenging behaviours very well. If I ask for behaviour charts they are done and are available to me, they always do what I ask. Staff are always supportive of me, they know who I am and what I am trying to do. They always follow my advice."
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- Records were maintained of all healthcare visits and contacts. The files we looked at included records of visits and contacts with district nurses, speech and language therapists, GPs and social workers.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- Since the new registered manager started in August 2018, there had not been any 'residents meetings'. These meetings give people an opportunity to voice any concerns or comments they may have in relation to their care. The registered manager told us these meetings would be reconvened as a priority, as well as meetings for relatives.
- In some care plans we reviewed it was not evident if people had been involved in creating their plans, as they had not signed these. We received mixed feedback from people about their care plans. One person told us, "I believe I have a care plan, but I don't know anything about it". Another said, "I have a care plan, staff write it all out. I'm always involved with my care". And a third said, "I've no idea about a care plan. I don't feel involved in my care." A relative told us, "We got some papers to fill in regarding [relatives] care plan".
- Given the feedback from people, improvement is required to ensure people are fully involved in their care, and in creating their care plans.

Respecting and promoting people's privacy, dignity and independence

- We observed that people using the service looked smartly dressed and presentable. Staff recognised the importance of privacy and dignity when assisting them with personal care tasks, such as ensuring doors were closed. We did however note that when people were assisted to move in a communal area, screens were not considered to ensure people's privacy was respected. The registered manager told us that it was not always practical due to some of the behaviours and movements of other people in the area.
- Care plans included guidance for carers on areas of care that people could independently attend to, and how to encourage this. However, this was not consistent across the care plans.
- One person told us, "I get up when I want. Sometimes I want to stay in bed a bit longer; they [staff] don't make me get up. I have help with washing but like to do most things for myself so I can choose." A relative told us, "[Relative] doesn't like [the hoist] it scares them and [relative] shouts and becomes quite difficult. Now they [staff] tend to help [relative] by asking them to push with their arms to stand, then two carers, one either side, will help to transfer [relative]. I like that [relative] is involved they always try to get [relative] to take two or three more steps, it's quite subtle and it's good for [relative] to keep moving."

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

- In the main, people told us that staff were kind and caring. One person said, "They're kind here, this morning they brought me a newspaper because they know I like to read." Another said, "Everyone seems very pleasant, very down to earth. Staff are very helpful, and they feel very approachable, everyone I've spoken to has been." A relative told us, "The care is marvellous. [Relative] is kept spotlessly clean. They always have time to talk to you. There are a few who are really dedicated. One member of staff took me aside when I was upset and crying, gave me a cigarette and a hug. I am going to put something in the paper

when the time comes, thanking everyone here as they are all wonderful." Another said, "The staff are very attentive, [relative] is looked after very well, they get everything they need and seems very happy. When we come, [relative] has always had a shave, is clean, appropriately dressed, you can see how [relative] is now".

- One person however told us, "Staff are friendly. Some are respectful, polite and courteous. There is one who is the exception. They have got no manners, calls you in the morning, doesn't knock, just switches the light on. [Staff member] is the exception, the others are kind and approachable". We brought this to the attention of the registered manager who confirmed they would address this immediately.

- We made observations throughout the day on each of the three units. We saw kind, caring, and meaningful interactions from staff. Staff knew people well and used techniques which were effective in calming and reassuring people when they were distressed.

Is the service responsive?

Our findings

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

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

- People's care records were not always sufficiently detailed, or person centred to ensure staff had clear guidance on how people liked to have their care delivered. This included risk assessment documentation.
- The registered manager told us they were implementing new care plans, so not all people had the newer version. However, when we looked at the newer care plans, these still did not contain sufficient detail to guide staff on how people liked to have their care delivered, or how to mitigate risk.
- The management team welcomed feedback to improve the level of detail and said they would prioritise this work.
- Despite the poor documentation, our observations were that people received care that met their needs because staff knew them well.
- There were two activity co-ordinators who worked across the Coach House and Willow units. There was also a volunteer who supported with activity, both in groups and on a one to one basis.
- We asked people if there was enough activity. One person said, "I don't do any activities, they paint my nails, if that's an activity. I watch the TV and I read and I'm getting a computer in July. I don't like people much and I like my own company. Staff are in and out of my room all the time, so I don't get lonely". Another told us, ""My family brought my dog in this morning, it's great that they can do that, it will make all the difference."
- We spoke with the activity co-ordinator who told us, "They [people] are all different so group activities are not very successful. We play simple games like throwing and catching a ball, some of them enjoy that. I do a lot of one to one's. I'll go to whoever is awake. I keep notes on who I've spoken with; I keep them in a folder for about a week then it's put into the care plan so there's a record of what sort of things we've done for each [person]."
- We observed that the co-ordinator was active throughout the day going from person to person, talking or playing a game but also stepped in if care staff needed some assistance in terms of occupying someone or distracting them which we saw was effective.
- In the morning they supplied a set of headphones and asked one person if they would like to listen to some music. They placed the headphones on the person who responded with a big smile and started to nod and wave a finger in time to the music. The activity co-ordinator told us they intended to get headphones for every person as this was proving popular and successful.

End of life care and support

- The service had not developed their practice in supporting people in relation to their end of life care. Planning ahead for when people may no longer be able to communicate their views regarding end of life wishes is sometimes called 'advance care planning'. This involves thinking and talking about how people choose to be cared for in the final months of their life.
- People's care plans contained a section in relation to their end of life care needs. However, we found these contained either no information, or very limited information on how staff could deliver care which met people's needs and wishes. One person's care plan stated, "Not known at present." However, they had lived

in the service since 2013.

- The training matrix showed that a high percentage of staff had not completed, or had refresher training, in end of life care. This training had however been booked for June 2019.
- We recommended that the service reviews best practice guidance for end of life care, and where appropriate, discusses end of life preferences with people or their representatives.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people and relatives to raise concerns.
- The service had not received any recent complaints. We saw several letters of praise from people, relatives, and professional staff who had visited the service.
- One person told us, "I have never had a complaint. A relative said, "Nothing official. [Relative] likes to sit in the same chair in the lounge and a while ago they'd changed things around and moved them to a different part of the lounge. [Relative] likes to be able to see out of the window and it was upsetting them so we asked if they'd put [relative] back where they liked to sit. It wasn't a problem; next time we came in [relative] was where they used to sit and they've not changed it again." A second relative said, "We have never made a complaint as we are always happy."

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- We found some information held within care plans and risk assessments to be inaccurate or lacking in detail. They did not always reflect a person-centred approach.
- Audits that were being used had not always identified areas for improvement such as procedures for consent, and documentation such as care plans and risk assessments not being sufficiently robust.
- The provider had not ensured that staff were up to date in their training to ensure they had the skills to support people effectively. Some competency records in relation to staff administering insulin could not be found.
- The quality and auditing system needed to be developed further so findings could be collated and actions taken to drive improvement. This will help to support positive changes to practice.

This constitutes a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager had been in post since August 2018. They were supported by a deputy manager and care co-ordinator. They worked effectively as a team and were clear on their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Despite the management team not independently identifying all of the areas requiring improvement we found during the inspection, they demonstrated a responsive approach and a commitment to address any shortfalls to ensure improvements were made in a timely manner.
- The registered manager told us that they planned to implement additional audits such as dining experience and more in-depth care plan audits.
- The registered manager was open and honest about where the service needed to improve. They welcomed feedback from the inspection team.
- Following the inspection, the registered manager sent an action plan listing the areas we had raised as requiring improvement, and timescales for action.

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

- Satisfaction surveys were sent to people and relatives annually. The service was awaiting the results of a

professional's survey recently sent out.

- Surveys showed mostly positive feedback, however, where less than positive feedback had been received, actions were listed on how to make improvements.
- On the day on inspection, staff were having a 'non-uniform day', where staff donate a small amount and the proceeds go towards the resident's fund and will be used to provide specific outings and activities for people.
- The culture in the service was welcoming, friendly, and person-centred. Staff showed a good understanding of their individual roles and spoke with each other throughout the day as to what was happening and what needed to be done.
- Staff meetings were held in the service and were well attended. The minutes from these meetings showed relevant topics were discussed such as safeguarding, documentation, privacy and dignity and MCA.
- We asked staff their views on the new registered manager and received mixed feedback. One staff member said, "[Registered manager] is very helpful. I have heard about [previous manager] and since she started things have got better, definitely. [Registered manager] does well for the home, is understanding, and does help if struggling, she will come on the floor and help us. I find her to be for the good of this home, she is excellent." Another said, "[Registered manager] won't listen to other's point of view and becomes 'shouty'. First time we have had it here so was a bit of a shock. I don't get on with her." A third told us, "[Registered manager] has been great. She's done a lot and for the better. She actively encourages your input, supportive in whatever you need."
- The registered manager had planned to send out a staff survey to understand more fully the views of staff.

Continuous learning and improving care

- The registered manager was aware of the need to improve staff training and had booked a number of courses for staff to attend throughout 2019.
- Service policies and procedures were issued to staff monthly who signed to say they had read them. Their knowledge was then tested by the management team asking staff questions to ensure they had a good understanding of various service policies.
- Team meetings were held in the service to share information across the staff team. Minutes of these meetings showed that relevant topics were discussed such as infection control, DoLS, and oral hygiene to ensure staff were aware of practice and procedures, and how they could improve care delivery. These meetings were attended by the provider.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. Professionals we spoke with during the inspection spoke highly of the care provided.

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 The provider did not always act in accordance with the Mental Capacity Act 2005. 11 (1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care were not always accurate and lacked clear guidance for staff. 12 (1) (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not always identify areas where quality and/or safety were being compromised. 17 (1) (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not robust and did not ensure that staff were suitable for the role.

19 (1) (a)