Westholme Clinic Limited

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Westholme Clinic is a nursing home that provides personal and nursing care for up to 55 people. At the time of inspection, 50 people were living at the service. People were aged 60 and over and lived with a range of health and physical health needs including degenerative conditions such as dementia.

The building is purpose built over two floors. The communal areas are on the ground floor. The building and garden were fully accessible, bedrooms on the first floor were accessed by a lift.

People's experience of using this service
There was not an adequate process for ensuring care records were accurate and complete. The care records of some people did not show their nutritional intake had been appropriately assessed. Records did not always evidence how best interests decisions had been made. We found no evidence during this inspection that people had been impacted from these concerns and the provider took immediate action to address them.

The service was homely and welcoming, and people told us they felt safe. They said there were enough staff to look after them and they were listened to and treated with kindness. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from trained nurses

Staff provided personalised care. Positive and caring relationships had been developed between staff and people. People and their relatives spoke positively about staff and the care they received. People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well.

The service was led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service, and the staff who worked for them. The management team worked professionally with other agencies outside of the service and ensured a transparent, honest and open approach to their work.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Checks were carried out prior to staff starting work to ensure their suitability to work with people. People received support from a consistent staff team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

People were supported to have maximum control over 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.

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

Rating at last inspection
The last rating for this service was Good (report published 7 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Westholme Clinic 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. 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 was carried out by two inspector's and an Expert 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
Westholme Clinic 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and five 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 10 people who used the service and seven visitors about their experience of the care

provided. Visitors included one volunteer, two friends and five relatives. Direct observation was used to help us understand the experience of people who could not talk with us. We spoke with twelve members of staff including the registered manager, nominated individual, registered nurses, care workers and chef. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included mental capacity assessments and speech and language therapy assessments.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff were clear about their responsibilities in relation to safeguarding. They understood how to report any concerns they may have and were confident they would be listened to. Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training. Staff knowledge of safeguarding reflected up to date information and guidance.
- People and their relatives told us they felt safe. One person said," I think this place is nice, I'm safe" another told us "It's pretty good here and yes, I feel safe". Relatives told us they felt the service was a safe place to be, one said about their loved one "I feel he has been safe here".

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate these. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans.
- Staff understood how to support people to take positive risks. For example, staff told us how important it was for one person with dementia to maintain their independence by mobilising around the service. This person was provided with discreet supervision to ensure their safety was maintained whilst enabling them to move around the service freely. Staff said, "It would have a negative impact on the person's well-being if we kept asking them to sit down". The risks to this person were mitigated because staff were very knowledgeable about their needs and how to ensure the persons safety.
- Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use.

Staffing and recruitment

- People were protected by safe recruitment processes. New staff were appointed following robust pre-employment checks which ensured they were of good character to work with people who had care and support needs. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- New staff followed an induction process and all staff completed training that included health and safety awareness and fire safety.
- There were enough staff on duty. People received care and support in a timely way and we saw staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed this

was usual. The rota reflected the staff that were on duty.
● People told us there were enough staff. Comments included "I feel there are loads of staff, they are on the spot if needed" and "there are about the right numbers of staff".

Using medicines safely
● There were safe systems in place to ensure medicines were managed safely. Staff were trained in medicines administration and had their competency checked. Staff were observed to be knowledgeable about people's medicine needs and administered medicines to people in a personalised and compassionate way.
● Systems and processes were clear. For example, a medicine pod system ensured staff were provided with clear guidance for what medicines were due and when. Medicine administration records (MARS) were colour coded to provide clear guidance for staff and these corresponded with the medicines pods that were due at that time.
● Protocols were in place for administering 'as and when required medicines' (PRN). Guidance informed staff of people's PRN medicines, when these should be offered and how much the person could have within 24 hours. There was a clear and safe process on homely remedies.
● People's medicine records (MAR) were audited regularly and any omissions or errors identified, and appropriate action taken. Medicines were disposed of or returned appropriately.
● People received their medicines on time and in line with their personal preferences. A relative told us they were assured their loved one was receiving correct medical care. A visiting health and social care professional said, "They have an amazing ability to connect with people, they have no covert medication policy and people tend to come off medication as they spend a lot of time building trust with people". Covert medication is when people are receiving medicines in a disguised format such as in food or drink.
● The registered manager told us they made a conscious decision to "Try all we can to support people to have their medicine in a way they were comfortable with". For example, where people had some difficulty swallowing tablets the registered manager had requested medicine in a liquid form. This had ensured no body at the service was receiving medicines in a disguised format.

Preventing and controlling infection
● All areas of the home were seen to be clean and tidy and smelt fresh. Staff demonstrated a clear understanding of how to protect people by the prevention and control of infection. We observed staff were using personal protective equipment including plastic aprons and gloves when necessary.
● Feedback from visitors reflected the service maintained good cleanliness. Comments included "The service seems to be kept quite clean" and "they are always cleaning up".

Learning lessons when things go wrong
● The provider shared learning across their services. The registered manager told us shared learning enabled them to implement processes to improve the care experience for people. For example, following feedback from another service, systems and processes had been implemented to improve the recording and reporting of minor bruising and skin tears', and ensure immediate oversight by a registered nurse on duty.
● Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents; This ensured robust and prompt action was taken and lessons were learnt.

Good

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 good. At this inspection this key question has remained the same. 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

- People's capacity was assessed, and MCA assessments were in place. The Mental Capacity Act 2005 requires if a person has a condition that has the potential to affect their decision-making ability then providers should be assessing people's capacity in relation to specific decisions.
- For some people where they had a condition that had the potential to affect their decision-making abilities, decision specific capacity assessments were not always in place and best interests decisions were not always documented. For example, for flu vaccinations, the registered manager told us they asked people on the day of the vaccine if they wanted one. When people were unable to consent or make this decision a best interests decision would be made on their behalf, and in conjunction with the healthcare professional administering the vaccines. They confirmed individual and decision specific capacity assessments were not undertaken. We have covered this further in, in the well-led section of this report.
- Following the inspection, the registered manager acted to assess the capacity of people booked to have a flu vaccination. The registered manager gave assurances a process would be implemented immediately to ensure when decision specific capacity assessments were required these would be undertaken, and all best interests decision would be supported by the appropriate MCA assessment.
- Staff had received training in MCA and demonstrated an understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- People and their relatives told us staff checked with them before providing care. We observed staff knocking on doors and asking people's permission before engaging in any care support.
- DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed.

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

● People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
● People and their relative were involved in planning their care and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences.
● People had access to technology and equipment that met their assessed needs. People had access to call bells and sensor mats to alert staff of their movements and equipment such as hoists were used.

Staff support: induction, training, skills and experience
● People were supported by staff who were trained and skilled. New staff received an organisational induction which provided them with the expected level of knowledge to be able to do their job well. Staff had opportunities to learn skills to enable them to support people's assessed needs.
● Staff told us the training they received was very good and were positive about putting what they learnt into practice. One staff told us the moving and positioning training had been really helpful as they used the hoists, slings and slide sheets on each other to understand what it felt like for the people they were supporting.
● Staff received regular supervision which they said was constructive and provided opportunities for feedback on their performance and areas for development. Staff told us the registered manager and provider were very supportive in providing opportunities for career development and to expand their knowledge and they felt extremely valued for this. Staff practice was observed, and records showed staff were competent to provide care safely and effectively to people. A relative told us "Staff seem to be trained very well".
● We observed staff supporting a person to transfer from a wheelchair into a lounge chair using a hoist. A person nearby commented to us "They know how to use all the equipment, it's marvellous". Staff demonstrated compassionate care, ensuring the person was communicated with throughout the transfer and they remained comfortable. The person was calm and relaxed throughout. When the person was seated we observed staff paying special attention to the person ensuring their hair and clothing were positioned nicely and they were comfortable.
● Relatives told us their loved ones were supported by a competent team who knew them well. Comments included "They all seem to work together" and "they are doing a good job with the people here".

Supporting people to eat and drink enough to maintain a balanced diet
● People had enough to eat and drink. People had access to drinks and snacks throughout the day. Special diets such as a diabetic diet were catered for.
● The staff managed people's nutritional needs to ensure they received a balanced diet and enough fluids to keep them hydrated. Staff were knowledgeable about increasing people's calorific intake by adding cream and butter to foods and making milkshakes. This had a positive impact on people who required support to maintain their weight,
● Consideration had been taken to ensure the dining experience was pleasant for people. People were encouraged to maintain their independence as much as possible and staff were respectful and discreet when offering help. Support was personalised and flexible, and staff adapted to each person's level of need throughout their meal. For example, where it was identified a person found mealtimes unsettling we observed staff supporting them in a calm an uncomplicated way, allowing the person to sit wherever they chose avoiding questions that prompted a choice to be made such as "Where would you like to sit?". This was in line with the persons support plan and had the desired outcome for the person who was relaxed and

enjoyed their meal.
● People told us they were happy with the quality and standard of the food provided. Feedback included," I like the food, I can have it wherever I like" and "The food's good here, I am offered it" and "Tea and coffee is always on offer".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed people had regular access to health care professionals, GPs and specialist nurses.
● Care records showed people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured guidance provided was implemented.
● People told us they had good access to health services. One person said, "If I need a doctor they will get me one very quickly", another said "the chiropodist is here every two weeks". Relatives said if a doctor was required one would be called, a relative told us of their loved one "she is always seen to if she is unwell".

Adapting service, design, decoration to meet people's needs
● The service was suitable to meet people's needs; adaptations had been made to meet the needs of people using wheelchairs and walking aids.
● People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment and items to support their hobbies and interests. The living areas and the garden were fully accessible to people using wheelchairs, there was a sensory garden and raised flower beds so that people were able to participate in gardening.
● The service was decorated to meet the needs of people living with dementia. There were lots of sensory decorations enabling people, if they wished, to touch and feel. There was signage around the service to help people with orientation. Life-sized cut outs of the Queen and famous people, who the people living at the home may remember from their younger years, were displayed and we saw people looking at these. One person, who used to be an electrician, was observed moving the 'Queen' out of the way to look at the light switches. It was explained he would often touch the light switches due to his profession and it was clear staff enabled him to continue to do this.
● Posters were displayed which provided prompts for staff about the services values with inspirational quotes such as "sprinkle love like confetti" which gave a reminder the service was to ensure people felt loved and cared for.

Good

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 Good. At this inspection this key question has remained the same. 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

- People were cared for and treated well. People and visitors told us staff went the extra mile and were committed to ensuring people were happy and content in their lives. One staff said "This is their home. I make them feel at home and they are cared for. I am there to be a friend to them too, it's not just about delivering care". One person said about the staff "They are respectful to me and others", another told us "The staff are marvellous".
- People said they received care from staff who were kind, respectful and friendly. For example, one staff personally ironed all the men's shirts to ensure the men had freshly washed and pressed shirts to wear. The same person photographed the duvet covers before washing them to ensure people receive the right cover on their bed. Colleagues told us "She is passionate about attention to detail and understands how important this is for people". A relative said "The staff are super, there is not one bad person working here" and "The care and attention is so good, [name] is never overlooked".
- Staff were mindful of the therapeutic value of spiritual relaxation. The service had a room where people could be supported to experience a holistic approach to relaxation and healing through sensory touch, talking and music. Sessions ran three times a day and we observed five people relaxing in a cosy and comfortable environment, listing to music and trickling water whilst having a hand massage. People told us they really enjoyed these sessions and found they had a positive impact on their wellbeing.
- Staff demonstrated genuine empathy and compassion, and this was observed throughout the inspection. A volunteer was seen to take time to sit with a person who was coughing, giving them reassurance and gentle physical support. A visitor was shown empathy and compassion when they were asked about the wellbeing of another family member.
- Staff were observed throughout the day giving people reassuring physical touch and meaningful gestures such as smiling and touching their cheek or hands when talking to the person. People responded well to this, smiling and engaging with staff. Visitors to the service said, "The staff are very good, extremely kind" and "Staff are so friendly and kind". Staff told us "a simple cuddle can put a big smile on somebody's face".
- People spoke fondly about the staff who supported them and the relationships they had formed. One person/said, "I do feel we are well looked after". Relatives told us the reliability of the service and the care provided had made a positive difference in their lives too. We were told nothing was too much trouble for the registered manager and they went out of their way to ensure people had the best possible care and were happy. For example, the registered manager had enabled one staff to undertake a phlebotomy course, so people could have their blood taken by someone they trusted and knew rather than by a person who was unfamiliar to them. This demonstrated person centred and compassionate care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us they were involved in decisions about their care. One relative said, "The home does involve me in decisions about [name] and they care about me". Another said, "I do feel involved in decisions". Relatives told us the service communicates very well, and they are involved and kept up to date about their relation's welfare.

● People were encouraged to be involved in decisions about their care and make daily choices. Staff told us they did this as much as they could throughout the persons day, for example opening the wardrobe and showing people clothes and asking them what they would like to wear. Another talked about encouraging independence as much as possible and gave examples of how they supported people to be as independent as possible with personal care "I would pass someone a flannel and enable them to wash themselves offering support if they were unable to do this"

● People were supported to remain as independent as possible and participate in tasks they enjoyed and made them feel valued. We were told about a person who enjoyed washing up and helping to clear away after a meal and another person who enjoyed helping set the tables. Both people were encouraged and supported to retain these skills. Staff told us it was important for people to retain their independence and "for some helping around the service meant they had a sense of purpose and felt valued for the help they were giving to others".

● Staff told us how they enjoyed being alongside people sharing in their past times and interests. For example, people were supported to go into the garden to enjoy painting and others got involved in making cakes for tea. They told us "many people they like to be busy and we support them to remain occupied as much as possible".

Good

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● People experienced personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests. Information provided clear guidance for staff.

● We observed staff providing compassionate and person centred care throughout the inspection. Staff had a good knowledge of people and how to provide support that was personal to them. For example, staff were mindful for one person a particular dish might cause them to have raised anxiety levels as they associated this meal with pay day. Staff outlined the measures they took ensure the meal was a positive experience for the person including a consistent approach to reassuring the them.

● One person was asleep on a sofa and staff explained they sometimes prefer to sleep there rather than in their bed during the day or sometimes at night. Staff enabled the person sleep during the morning, checking regularly they were okay and providing fluids.

● The registered manager had a very good knowledge of people and was passionate about ensuring her team provided person centred care. Each person was respected and valued as an individual and this was evident when the registered manager spoke about people. For example, a person who often hallucinated would see small items which they would attempt to pick up. The registered manager advised us if we saw the person doing this to "accept the 'items' and reply gratefully". This way of knowing people, and the things that meant something to them was heart-warming and demonstrated a registered manager and a staff team who valued what was important to people and knew how to provide support in a person-centred way.

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.

● The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in support plans.

● Communication plans provided guidance for staff on people's communication needs. For example, one person's care plan said the person preferred information is an easy format with simple explanations We observed staff giving clear information to this person in an uncomplicated way which the person responded to.

● For a person who was hard of hearing their care plan outlined their communication methods as words, signs, writing, lip reading, short sentences and a white board. We observed staff engaged in positive

communication with the person using hand gestures as well as clear speech.

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

● Staff knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to engage effectively and provide meaningful personalised care and activities.

● People's care plans included information about their hobbies and interests. For example, one person's outlined their enjoyment of reading or listening to the Bible being read, spiritual songs and music. The service had a Chaplin that volunteered several times a week. This persons spiritual needs were met through these visits.

● Staff supported people to complete a care document called "Help me to know that I am important to you". This gave information on people's life histories and activities they had enjoyed in the past. One person's gave guidance on their music choices that may prevent the person feeling isolated. For a person who had a passion for gardening staff had been advised to show photographs of gardens and flowers and talk through these whilst ensuring the person has the opportunity to go out on nice days.

● Staff told us they had enough time to spend with people and also to go out to local places using the mini bus. We were told local cafes on the seafront were a firm favourite for tea and cake as well as afternoon tea at community hall in Worthing.

● People were supported to attend church. One person's care plan outlined how they enjoyed going to a local church hall for afternoon service with the Chaplin. They especially liked the tea and cake afterwards and their diabetic care plan had been developed to enable the person to have a slice of cake on these days.

Improving care quality in response to complaints or concerns

● People felt able to raise concerns if they wished to. The service had a complaints procedure, which each person had been given a copy of. People said they knew how to complain and who to complain to.

● Where complaints had been raised, they were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.

End of life care and support

● People and their families were able to make decisions about their end of life arrangements, and people had an end of life plan in place. Staff were trained to support people with end of life care.

● The service held medicines for people reaching end of life. These were reviewed by a GP on a regular basis. Some people had clear plans in place to support their end of life in a comfortable and dignified way which was in line with their personal preferences.

● 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) forms had been completed for some people. These showed people and a relevant healthcare professional had been involved in decisions not to resuscitate them if they experienced a cardiac arrest This meant people were able to die with dignity

● Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not an adequate process for ensuring some records were complete and up to date. This included records where best interest decisions were made and where people had modified textured diets. A modified textured diet contains carefully selected foods of an appropriate consistency which can be more easily chewed and managed by a person with dysphasia. It can also reduce the risk of harm from choking or aspiration.
- Care records showed 19 people received diets described by the service as either 'soft diet' or 'liquidised'. We viewed the records for three people. Records failed to identify why people required a modified diet and how the decision had been made. There was no record of people being assessed by an appropriate medical professional such as a Speech and Language Therapist (SaLT) to give assurance the modified diet each person was receiving was appropriate and safe for them. This meant the provider was unable to monitor whether people were receiving appropriate care and treatment because records were not always complete or up to date in relation to the care provided.
- Systems and process for quality monitoring had failed to identify the service was not following the most recent NICE and NHS guidance in relation to patient safety for modified textured diets. In July 2018 NHS England issued a Patient Safety Alert to support safer modification of food and drink. The alert was issued to eliminate use of the imprecise term 'soft diet' and transition to using the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI framework consists of a continuum of 8 levels (0-7) each giving clear definitions to describe texture modified foods and thickened fluids for example, '5-minced and moist' or '6-soft and bite-sized'. Records in the service did not follow IDDSI guidance. For example, one person's diet was described as 'soft mash', another was described as 'soft liquidised' and some people with a liquidised diet had a soft diet on a Friday so they could have poached fish and mashed potato. This meant the provider could not be assured correct consistency food was being served to people to reduce the risk of significant harm.
- The registered manager said the decision to give someone a modified diet was a joint one based on their knowledge of the person and a community healthcare professionals experience. They told us SaLT assessments and guidance had not been sought as they assumed the community healthcare professional involvement was sufficient.
- The lack of clarity and detailed guidance in people's care records meant we could not be assured people's needs in relation to a modified textured diet had been properly assessed or that they were in receipt of appropriate support. Giving people a modified diet without a supporting assessment may also be

considered a restrictive practice. In response to this we raised a safeguarding alert to the local authority for the three people whose records we looked at. We asked the provider to request a SaLT assessment for all 19 people who were currently receiving a modified diet.

● There was no evidence people had experienced harm from receiving food in a modified texture and people's food intake charts showed there had been an improvement in their nutritional intake. Following the inspection the manager took immediate action to address the concerns we had raised.

● The providers own processes had failed to identify best interest decisions were being made without undertaking decision specific capacity assessments. Processes had failed to identify some relatives being asked to consent on behalf of their loved one without having the legal power to do so. This meant people could not be assured all the relevant circumstances would be taken into consideration when a decision was being made on their behalf, or that their own capacity to make that decision had been properly assessed. Following the inspection, the registered manager acted to ensure processes were in place to record all best interests decisions and only people with a Lasting Power of Attorney would be asked to make sole decisions on behalf of their relative or friend.

● Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs.

● There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence.

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

● People were at the centre of everything the service did. The culture of the service focused on providing person centred care and support to people. The registered manager demonstrated passion and a commitment to providing people with good compassionate care and improving the quality of their lives. A visiting health and social care professional said, "It's an amazing home the manager and deputy are great people and they have a great philosophy it's difficult to put into words what you see when you go there" and "They have a real feeling of family".

● Staff were fully aware of their responsibility to give a high quality, person centred service. Staff said, "I see the person for who they are and look for the person inside too" and "treating people respectfully, giving people respectful care with dignity makes me feel good, it the culture of the service and it's what we all do so well".

● The service was led by an open and transparent registered manager who actively supported the nursing and care staff in their roles. Staff said the registered manager listened to them and was very approachable. They felt supported and valued by the registered manager and provider and had been given opportunities to develop a career in caring.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager promoted transparency and honesty. They had an open door policy and staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.

● The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.

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

● The registered manager had sought people's views on the care provided and people, relatives and staff were encouraged to make suggestions for improving the care offered and told us they were listened to.
● There was a positive workplace culture at the service. Regular staff meetings took place. Staff told us they felt valued and listened to by the management team and they were encouraged to share ideas.
● The registered manager was proactive and receptive to ideas and took up learning opportunities where they could. The registered manager and staff worked in partnership with other professionals and community groups.
● Records showed staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.