

# Care UK Community Partnerships Ltd

# Winchcombe Place

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Winchcombe Place is a residential care home providing personal and nursing care for up to 80 people. The home is in one building and provides care and support facilities over three floors. The first floor specialises in providing care for people living with dementia, whilst the second floor supports people who require nursing care. People have their own bedrooms with en-suite facilities and use of a private garden. At the time of inspection, the service was supporting 56 people in the home.

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

Staff and visiting health and social care professionals had raised concerns about unsafe staffing levels. The provider had responded by significantly increasing staffing levels. At the time of our inspection the provider had also doubled the number of registered nurses being deployed and significantly overstaffed other staffing on each shift. The provider needed time to demonstrate that increased staffing levels had become embedded and the staffing situation had stabilised.

People experienced safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people effectively and managed them safely. Staff completed a robust selection process, including their conduct in previous care roles, to assure their suitability to support people. People received their medicines safely from staff, in accordance with recognised guidance. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Staff were supported to develop and maintain the required skills and knowledge to effectively support people. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked together with healthcare professionals to ensure care and treatment met people's changing needs and achieved good outcomes. The home had been purpose built, with bright spaces bathed in natural light to help orientate older people and those living with dementia, to the time of day and time of year.

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

The management team promoted a strong, person-centred culture where people felt valued. Staff were passionate about their role and placed people at the heart of the service, demonstrating the caring values of the provider. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The governance structure ensured there were robust measures to monitor quality, safety and

the experience of people within the service. Quality assurance had been embedded within the culture and running of the service, to drive continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 22 October 2020). There were breaches in Regulation 12 (Safe care and treatment) and Regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. The information the Care Quality Commission (CQC) received about the incident indicated concerns about the management of choking risks. This inspection examined those risks. However, this incident is being reviewed separately under our specific incident guidance and consequently this inspection did not examine these events. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We had also received concerns in relation to unsafe staffing levels and high use of agency staff. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

However, we have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Winchcombe Place

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a bank inspector and a specialist advisor. The inspection was supported remotely by 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

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 ten people who use the service and five relatives of other people. We spoke with 33 members of staff including the registered manager, clinical lead, regional director, operations support manager, customer services manager, five nurses, an agency nurse, five team leaders, eight care assistants, the lifestyle enrichment manager, two lifestyle enrichment assistants, the head chef, maintenance manager, a housekeeper and three agency staff.

We observed care during mealtimes, social activities and medicine administration rounds to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included nine people's care records, medicine records and daily notes. We looked at six staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

#### After the inspection

We spoke with four relatives of people who live in the home to get feedback on the family member's experience of the care provided. We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We received feedback from five professionals who have regular contact with service.

# 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 rating had remained the same.

This meant some aspects of the service were not always safe and there was not always assurance about some safety aspects. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection people were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. This meant that people consistently received their medicines when they needed them.
- There was comprehensive, person centred information within people's medicine management plans to inform staff how to safely administer people's medicines via percutaneous endoscopic gastrostomy (PEG) when required, for example when people experienced difficulty swallowing. This enables people to receive nutrition via a tube directly into their stomach.
- We observed staff explore people's pain relief requirements in a very kind and caring way. For example, people were consistently asked if they were ready for their medicines by staff who took time to explain their medicines to them. People were then given time to take them, without being rushed.
- People's medicine administration records (MARs) contained the necessary information about people's medicine allergies and were consistent with their care record information. This protected people from the potential harm of being administered medicines to which they were allergic.
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- The registered manager, clinical lead and nurses completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Daily temperature checks of medicine storage were carried out to ensure medicines were stored at the appropriate temperature to remain effective. Medicines were kept secure in medicine rooms and locked

trolleys.

- MARs clearly and accurately detailed prescribed medicines and the required dose. MARs had been fully completed and had no unexplained gaps. This confirmed that people had received their medicines as prescribed.
- There were effective arrangements for obtaining and disposing of medicines appropriately. Medicines were ordered in a timely manner to ensure that people did not have a break in treatment.
- Medicines requiring additional monitoring and support were clearly detailed within people's medicine plans and were managed in line with relevant guidance and government legislation.

### Staffing and recruitment

- The registered manager completed a staffing needs analysis, based on people's dependency assessments, which at the time of inspection, ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. Rotas demonstrated that sufficient suitable staff were deployed in accordance with the dependency tools and assessed staffing needs.
- However, staff and visiting health and social care professionals had raised concerns that the dependency tool was not accurately assessing the level of staff required.
- During our inspection staff and visiting health and social care professionals consistently told us that very low staffing levels had caused a detrimental impact on the safety and quality of care people received and the morale and mental wellbeing of staff.
- Staff told us that previous staffing levels had led to poor retention and a high dependence on the use of agency staff, who were often unreliable and did not always know people's needs, which records confirmed. Staff consistently told us that whilst the use of agency staff was welcomed, rotas did not accurately reflect the cover being provided because of the amount of time required for regular staff to support agency staff.
- Staff and visiting health and social care professionals told us that historically the service had not deployed enough nurses. Nurses unilaterally told us the minimum nursing requirement for the home with the current occupancy should be two nurses. At the time of inspection two nurses were being deployed on each shift, supported by the clinical lead.
- Staff consistently told us the staffing situation came to a head on 18 October 2021, when three agency staff failed to arrive for a night shift, creating a critical staff shortage. No person was harmed during this period of time, though staff reported being exhausted.
- Since this time, the provider has supported the registered manager with the presence of a relief manager, regional director, quality assurance manager and operations support manager. The regional director told us they had ensured that the service was now significantly overstaffed with more staff deployed on each floor, which rotas confirmed.
- Staff consistently told us they had been reassured by the regional director and the current level of staffing, especially the deployment of an additional nurse on each shift. However, staff were concerned that improvements in staffing levels would not be sustained.
- People and relatives gave mixed feedback regarding staffing. Some people told us they experience good consistency and continuity of care from regular staff who knew them well. However, others told us there were staffing shortages, highlighted by the level of agency staff used. People made comments like, "Don't think there is enough staff of their own. They [the provider] have to use agency" and "They [the provider] use agency. I don't like that, our own you get to know" and "They [staff] have been under a lot of pressure, staff are always busy, think at times they have been short staffed but it seems to be going back to normal pace now, not as rushed. It seems a lot more relaxed." A person who praised the quality and safety of their care said, "I do get different carers, they have been short staffed."
- People and relatives had noticed a significant improvement in the staffing levels and made positive comments like, "Staffing levels have been an issue but I know that they have been recruiting and things are beginning to improve."



- People, relatives and visiting health and social care professionals frequently praised the regular staff for their commitment and dedication to people and "doing their best when they were so busy."
- Most people told us that whilst staff appeared to be busy, they always responded quickly when people pressed their pendant alarms.
- The provider needed time to demonstrate that increased staffing levels implemented to meet people's needs safely had become sustained and embedded in practice.
- Catering, housekeeping and maintenance staff told us they had sufficient staff to complete their roles and responsibilities effectively.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment, exploration of any gaps in their employment histories and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Assessing risk, safety monitoring and management (Premises and Equipment)

- At our last inspection measures were in place designed to ensure risks to people were identified and appropriate actions taken to mitigate the risks. However, these measures were not always followed and actions to mitigate risks were not always taken.
- At this inspection we found full safety checks of thermostatic mixing valves (TMV) had been carried out twice weekly, including failsafe tests, which ensure water flow is cut off immediately if the valve is unable to moderate water temperature safely. This protected people from the risk of being scalded by hot water.
- Staff supported people to experience safe baths and showers by consistently checking and recording water temperatures.
- The maintenance manager was able to demonstrate that routine safety checks of the premises and other equipment had been carried out. For example, records showed that hoists, rising baths and the passenger lift had been properly maintained, serviced and assessed to be safe.
- Where defects had been identified, records detailed how these had been expeditiously repaired.
- During our inspection the call bell system became inaudible on one floor, although the emergency back-up system was audible on other floors. The maintenance manager immediately engaged the external contractors who attended to resolve the issue. In the interim period, the clinical lead deployed further resources to the area of the failed call system, to ensure people's needs were met promptly.
- There were comprehensive contingency plans to address any foreseeable emergencies, such as fire, flood, contagious illness or loss of utilities.
- The maintenance manager completed reflective sessions where they reinforced good practice and highlighted lessons learnt after regular fire safety and evacuation drills, for example; designated staff making sure they took the master key when investigating the source of a fire and management decision making and task delegation from the fire alarm panel.

#### Assessing risk, safety monitoring and management (People)

- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls management, skin care, oral healthcare and choking.
- People identified to be at risk of choking had risk assessments detailing the level of support they required to eat and drink safely. The head chef and staff knew each person identified to be at risk of choking and the support required to minimise the risk of choking. We observed staff supporting people during a lunchtime meal service in accordance with their individual risk assessments.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools,

installed specialist equipment where required and accessed support to manage risks to people's skin integrity.

- Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans.
- Staff knew people's individual risks and how to support them safely to reduce these risks. Risks to people associated with their behaviours which may challenge others, were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe.
- Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- People had individualised personal emergency evacuation plans (PEEP), which were kept in people's rooms. The PEEPs provided essential information related to a person's mobility, ability to follow instructions and formal diagnoses, required to carry out a safe emergency evacuation process.
- The service shared information about risks consistently and reliably, including in handovers and other meetings, one-to-one supervision and other formal and informal ways. The registered manager held daily meetings with supervisors from each department to discuss people's changing needs to ensure appropriate action had been taken to meet these needs.
- A healthcare professional told us they had concerns that people's changing needs and risks were not always communicated effectively during handovers. We observed two handovers, where detailed information was provided by the night nurse and relevant questions asked by the day nurse to ensure their understanding and clarify action required during the day. This ensured staff and visiting healthcare professionals were provided the most up-to-date information regarding people's changing needs.
- We confirmed that action required to meet people's needs identified in the observed handovers was completed during the day. A daily management meeting with heads of department also explored people's changing needs and sought updates, including confirmation that required referrals to health professionals had been made.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt confident in their safety. One person told us, "Yes, I feel safe with staff, they are always there to help you, any problems they try and sort them out. It is lovely, so peaceful, everyone is so helpful."
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistleblow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.
- Our observations throughout the inspection confirmed that people felt comfortable and relaxed in the company of staff. We saw staff going about their duties in a calm, unflustered manner, and were able to spend meaningful time with people during the day."

Preventing and controlling infection

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed, including enhanced cleaning of identified 'high touch' areas.

- The service had appropriate infection control policies and procedures in place, developed in line with current government guidance. There was prominent signage around the home for staff and visitors on what measures were being taken to minimise the risk of spread of infection and keep themselves and those around them safe.
- Staff ensured that visitors to the home were carefully screened so that they did not present a risk to people in the home, for example; their temperatures were checked at the door. Personal protective equipment (PPE) including face masks, disposable gloves and aprons were provided for visitors before entering the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support 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.

At the last inspection of this key question it was rated as Good. At this inspection this key question had remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, we recommended the provider sought guidance to ensure it sufficiently monitored and managed the risks associated with people's dietary and specialist nutritional needs. At this inspection the provider had made the necessary improvements.

- The provider placed a strong emphasis on the importance of eating and drinking well. The head chef and their team were passionate about protecting people from the risks of malnutrition and dehydration and took the lead in this respect.
- The head chef visited each person when they first moved into the home to introduce himself and complete an individual nutrition profile. This was so he knew their allergies, intolerances, their likes and dislikes, together with any specific dietary requirements.
- People's nutrition profiles were displayed in a secure area within the kitchen and were reviewed daily by the head chef. People's profiles visibly identified those people at high risk, medium risk and low risk of malnutrition and dehydration. These were updated as required to demonstrate people's changing dietary needs.
- Staff were aware of risks to people, individual preferences and their patterns of eating and drinking.
- Staff protected people from the risks associated with eating and drinking by consistently following the guidance provided by dietetic professionals.
- Staff had received additional training to support people with specific nutritional needs. For example, staff had completed training in relation to dysphagia. Dysphagia is a medical condition which describes the difficulty people experience when swallowing foods or liquids.
- The head chef had extensive knowledge in relation to providing texture modified food to protect people from the risk of choking.
- Staff told us about benefits and importance of supporting people to remain well hydrated. We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration.
- People consistently told us the food provided was very good. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required.
- People were encouraged to sit with others they got along with, who had similar communication and cognitive levels, so that people could form friendships.
- Menus were displayed around the home with pictures of the dishes to stimulate people's appetite and

choice. When required to support people to make choices 'show plates' were prepared so people understood the options being offered.

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

- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs.
- People and relatives consistently told us their care was safe, effective, promoted their independence and improved their quality of life, making positive comments like, "Her [relative] communication has improved since being there, they are getting her stimulated and helping with her talking, she gets regular care and attention there."
- The management team assessed people holistically and their needs assessments were person-centred, and considered all aspects of their lives.
- People and relatives told us they had been fully involved in developing their care plans and risk assessments and were consulted whenever their needs changed requiring them to be reviewed.
- Staff ensured people's needs were met during the delivery of people's care to achieve good outcomes and quality of life for them.
- Staff used recognised assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. The service arranged specialist equipment and accessed support to manage risks to people's skin integrity and to support them to mobilise and transfer safely.
- When people's needs changed, care plans were amended immediately, to ensure people received the care they required. A health and social care professional raised a concern that updates of people's changing needs and sharing of information may become a risk, if staffing levels were reduced again. The clinical lead and quality assurance manager were reviewing the service performance in this respect, together with nurses and unit heads to mitigate this risk.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. Two new staff members told us their comprehensive training made them feel confident they were ready and able to meet people's needs.
- When required, staff received additional training to meet people's individual needs, such as training in supporting people living with dementia and supporting people via PEG. One nurse told us how they had been supported with their continued professional development, having their training refreshed in relation to the administration of medicines via a syringe driver. A syringe driver is a small pump that continuously delivers medicines under the skin, to help manage symptoms such as pain, nausea, vomiting, seizures, agitation and respiratory secretions in a comfortable way.
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervision.
- Supervision and appraisal were used to develop and motivate staff, whilst assessing and monitoring their performance and practice during delivery of everyday care and support.
- Staff consistently told us they received effective supervision, appraisal, training and support, which prepared and enabled them to carry out their roles effectively.
- Senior staff had completed management courses relevant to their roles and responsibilities and the provider effectively supported nurses with their continued professional development and to maintain their accreditation.

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

- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals when the need arose.
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff were able to explain how they supported people to engage with healthcare professionals.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.
- People's health appointments were recorded in their care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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

- The home had been purpose built to meet the needs of older people and those living with dementia. The service was well decorated and maintained with bright spaces, which allowed in natural light to help orientate people to the time of day and time of year.
- Corridors were wide enough to accommodate people who used wheelchairs and lift access was available on all floors.
- Areas were available for people to enjoy activities, follow personal interests and hobbies and places to entertain visitors. The home had a cinema which showed films of people's choice during the day and a café where people could relax with relatives and visitors.
- People had access to outside space that had been assessed for risks, quiet areas to see their visitors, and areas suitable for activities such as gardening. One person told us, "I love to do gardening, been tidying up the flower beds, they [staff] say anything I need just ask, tools, soil. Got flower beds and raised beds. I planted little apple trees, can go in and out when I want to all day" and "They [staff] said do what you want, when you want, that made me feel pretty good."
- Specialist or adaptive equipment was made available when needed to deliver better care and support. People were helped to make choices about adaptive equipment. For example, one person had a bespoke wheelchair designed to meet their unique needs. There were various walking aids, specialist moving and handling equipment and other equipment available to promote people's independence.
- The provider had a rolling programme of refurbishment to continue to make the home more dementia friendly and had implemented aids that could support people with dementia in their day to day living and promote their independence. For example, adaptive crockery and plates and items of reference to assist with recognition of people's surroundings.
- People told us they enjoyed the environment in the home. One person said, "It is lovely, so peaceful, everyone is so helpful, my room is big enough, got two wardrobes, it is warm so I can keep my door open."

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.

- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. Where people did not have capacity to make certain decisions for themselves, people had a capacity assessment completed which related to specific decisions.
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.



# 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 had improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the registered manager failed to operate effective quality assurance systems, which meant that they could not always continuously learn, improve and innovate. Ineffective audits put people at risk of potential harm, as areas for improvement had not been addressed to manage risks. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection the registered person had effectively operated quality assurance systems to ensure compliance with their legal obligations and the regulations. Effective assessment and monitoring ensured that staff maintained an accurate, complete and contemporaneous record in respect of each person.
- Inconsistent documentation found at the last inspection had been reviewed and improved. This ensured that information was now reflective of people's current needs and accurately demonstrated the support people were being offered. For example, where people had specific support plans for mobilising, these were consistent with the overall care plan and did not contain contradictory information.
- Robust auditing identified areas for improvement and necessary learning, with a clear audit trail recording when the required action had been taken.
- People's care records regarding the management of epilepsy had been reviewed and now followed national guidance and contained the required information, for example; how people's individual seizures presented. The clinical lead told us they had reviewed all epilepsy treatment plans together with people's GPs.
- Care record audits were now being completed effectively by the registered manager and clinical lead, in accordance with the provider's policy. The auditing processes completed by the registered manager and clinical lead were assessed and monitored by the provider's quality assurance manager and regional director.
- These processes demonstrated continued improvements since our last inspection.
- At our last inspection the registered manager had introduced several new quality audits that were effective in ensuring they provided the best outcomes for people they supported. For example, the



registered manager had introduced a new falls trends and themes analysis tool. Where shortfalls were identified, these were addressed and discussed with staff at staff meetings and handover meetings. We found these audits had been sustained and embedded in the provider's quality assurance systems. A new unit manager had recently been appointed as the service "Falls Champion" with a remit to improve the service response to falls management further.

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- People, relatives and professionals described the service as well managed and organised. One person with experience of other care provision told us, "Management are good, one of the best places I have been to." A relative told us, "My background (health care for older people) gives me an insight and I get a feel for the place, the way it is being run gives me confidence." Another relative told us, "I would recommend them, the organisation of everything, nothing is too much trouble, I ask questions and you get answers, communication is good."

- The registered manager, clinical lead and customer service manager promoted a strong caring, person-centred culture in the home where people felt valued. People and relatives described the registered manager to be conscientious and committed to the people living in their home. Staff and professionals consistently praised the clinical lead who was dedicated, led by example and provided a good role model for staff. Relatives consistently told us that the customer service manager was very approachable and readily available if people wished to discuss anything, if the registered manager or clinical lead were busy.

- Observations showed that staff were passionate about what they did and consistently placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider.

- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

- The service lifestyle enrichment manager and team were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion. One relative told us, "They [staff] are quite amazing here, her [relative] life has been turned around by them here, someone will come along and join us, there is always stuff going on, they [staff] come and chat to her."

- Staff demonstrated pride and passion in their roles and valued making a homely atmosphere for people and visitors. One relative told us, "Staff are good, I go at different times but they always make time; it seems like home from home, they have got people at different stages of dementia but staff manage professionally and have got time 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

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.

- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- Staff consistently told us they felt valued and supported by the registered manager, clinical lead and customer services manager, particularly in relation to recent staffing issues. However, until the recent intervention by the regional director, they did not feel the provider's higher management were listening to

their concerns regarding staffing levels.

- During the inspection staff told us that the regional director, operation support manager and relief manager had been at the home daily to provide their support and guidance. Staff who had been disillusioned now told us that the support being provided by the higher management team made them feel appreciated, had relieved pressure and had improved their mental wellbeing.
- People and their relatives told us they were asked for their views on the service and regular resident meetings also afforded regular opportunities to feedback about the quality of their care.
- People told us the registered manager listened to their feedback and where appropriate took the appropriate action.
- Staff were enabled to discuss matters affecting people using the service during regular staff meetings. Staff were encouraged to comment and share ideas about how practice and care might be improved.

Working in partnership with others

- The management team worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection.
- Records demonstrated that staff liaised with health and social care professionals when required to support people to achieve good outcomes.
- The registered manager and clinical lead were active participants in local quality forums and had developed links with other health and social care professionals to share learning.