

Bupa Care Homes (ANS) Limited

Collingwood Court Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Collingwood Court Care Home provides accommodation for up to 80 people who require nursing or personal care in one adapted building, split into three units. The time of our inspection there were 75 people using the service.

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

The provider had made improvements in relation to the areas of concern we found at our last inspection including safe care and treatment and statutory notifications submitted to the CQC. However we found records were not always consistently kept and we have made a recommendation to the provider about this. We have also made a recommendation in relation to the physical environment.

People using the service and their relatives were satisfied with the care they received from staff. They told us they felt safe at the service and care workers treated them with kindness. Risks to people were assessed and plans were in place to reduce the risk and keep people safe from harm. The provider contacted the appropriate healthcare professionals if referrals needed to be made. The provider operated robust recruitment checks which meant people were kept safe from the risk of being supported by staff who were not fit to do so. People received their medicines from staff in a safe way. The provider followed safe infection control procedures, including those associated with Covid-19. The provider recorded any incidents and accidents and used these as a learning opportunity and to make improvements.

Staff received training that was relevant to their role and regular supervision which meant they were able to carry out their roles effectively. The provider held regular staff meetings which provided an opportunity to give feedback. People were admitted to the service safely and the provider worked in collaboration with external healthcare professionals to ensure they met their health and dietary needs.

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

People told us that staff treated them well and we saw some nice interaction between staff and people using the service. Care plans were person-centred and included details about people's preferences, their likes and dislikes. Staff supported people in a dignified way, respecting their privacy.

Care plans and risk assessments were evaluated every month, these included end of life care plans. There was a varied programme of activities in place, which included both individual and group activities. However, some of these were on hold at the time of the inspection due to an outbreak of Covid-19. The provider recorded and followed up on any complaints that were received and there was a system in place to analyse these to try and identify any trends and make any improvements.

The culture within the service had improved since the last inspection, this was reflected in the feedback we received from both people and staff. There were thorough governance procedures in place, including a system of audits. The registered manager was supported by a deputy and clinical services managers and also an external quality and regional team which meant there was good oversight into all aspects of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 October 2020) and there were breaches of regulation. 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

This inspection was prompted by a review of the information we held about this service and the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Collingwood Court Care Home

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 Health and Social Care Act 2008.

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

This inspection was conducted by three inspectors, a specialist advisor and an Expert by Experience. The specialist advisor was a nurse. 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

Collingwood Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Collingwood Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people using the service. We spoke with the registered manager, the deputy manager, the clinical services manager, a unit manager, an activities co-ordinator, two business support staff, the maintenance officer, five care workers and the regional director. We reviewed a range of records. This included eight care records, staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, audits policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we were not assured that people were safe from harm as guidance from the Tissue Viability Nurse (TVN) and dietitian were not always being followed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 12.

- We reviewed care plans for people at risk of pressure sores, malnutrition and falls and saw these risks were being managed well.
- People at risk of pressure sores had waterlow risk assessments which were updated monthly by a nurse. Where people had pressure relieving mattresses in place, they were set on the recommended setting and this was checked by the care staff daily.
- MUST assessments were also in place and updated for people at risk of malnutrition, we tracked their weights which remained stable.
- We reviewed falls assessment for people who had been assessed as being at very high risk of falls. These were reviewed monthly and, in addition, had an additional plan of care, which included being more closely monitored. Actions were put in place for people such as being supported by two staff and the use of mobility aids.
- There was evidence that the provider liaised and made referrals to appropriate healthcare professionals. The deputy manager told us, "If there is a risk we try and get advice before it progresses, we have a good relationship with the dietitian."
- The provider had a checklist for daily checking of clinical equipment such as blood pressure machines, thermometers, scales, hoists, slings and other equipment.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staff's identify, previous employment, reference checks, and right to work in the UK. Peoples employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There had been a recent successful staff recruitment drive, which meant they had enough permanent staff to meet the personal care needs of people they supported. One member of staff told us, "Like most places we've had our fair share of staffing issues in recent years, but we're definitely using less agency now than we have been." A second member of staff remarked, "I would say we normally have enough permanent staff on duty these days, although you always get the odd occasion when staff ring in sick at the last minute and you

can't get any cover."

- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
- Staff were visibly present throughout the care home during this inspection and we saw there were enough staff on duty to meet people's needs and to keep them safe. We observed staff respond in a timely way to people's requests for assistance. People told us, "I have a call-bell in my room and if I use it I don't have to wait long for someone to come" and "I do have a buzzer in my room and they do come if I use it but I don't need to bother them very much. There is always someone around anyway. I believe they have enough staff."
- The registered manager told us they had recently introduced a new monitoring system which automatically activated a bleeper managers carried on their person, if staff failed to respond to a call bell alarm within five minutes of it being activated.
- The registered manager was a qualified nurse and could step in at short notice to fill in any gaps in nursing cover.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Collingwood Court, that there were enough staff around when they needed them and confirmed that staff treated them well.
- People told us, "I feel safe because there are nurses around", "I do feel safe. No-one troubles you here" and "I've lived here a year. I do feel comfortable and safe."
- Staff were aware of how to recognise and report and concerns about safety and safeguarding. Records showed safeguarding training had been delivered to staff.
- Where safeguarding concerns had been raised, the provider engaged with the local authority and investigated the circumstances surrounding them.

Using medicines safely

- People received their medicines from staff who were trained and competent to do so.
- One person told us, "The medicines are all done OK and on time. I know most of the time what I take."
- We observed a nurse giving people their medicines, they ensured that people were happy to take the medicines and clearly gained some implicit consent before doing so.
- Medicines administration was undertaken using the correct procedure, checking the date of the expiry, the amount and the route.
- However the nurse was not wearing the 'do not disturb' tabard whilst undertaking the medicines round, although this was available. The morning medication round almost merged into the lunchtime round, and this could potentially be a risk. One person who was prescribed Insulin for 8am, was given this at 11am. However, we queried this with the nurse who gave us sound clinical reasoning for doing so. We checked other medicines which were given on time. We raised the length of time for the medicines round during the feedback with the provider. After the inspection, they provided us with an action plan to demonstrate how they would manage this in future. We were reassured by their response.
- The temperature of the medicines fridge was checked daily and documented, the temperature was in accordance with the medication policy and within acceptable parameters.
- Medicines were signed appropriately on the administration charts. Controlled Drugs were kept in a locked cabinet in a locked room as were the medicine trolleys.

Preventing and controlling infection

- 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.
- Face to face visits were not being facilitated at the time of our inspection due to a COVID-19 outbreak apart from people at the end of life. Window visits were being facilitated where possible. The service was following Government guidelines at other times when not in outbreak.

Learning lessons when things go wrong

- There was a process in place for recording and reporting on any incidents and accidents that occurred.
- These were reviewed by the registered manager and monitored during regular audits to identify any trends. This helped the provider to make any necessary adjustments to try and reduce these from occurring in future.
- There is a governance team within BUPA who oversaw the incident reporting system called Datix system. We saw incidents were logged and assigned a severity rating of minor, moderate or major. These were updated as they were progressed and investigated through.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was provided in a safe, clean and well-maintained environment.
- The outside of the property was enclosed so people could access the back garden when they chose.
- People's rooms were homely and included their own belongings and personal items such as family photos.
- Some communal areas of the home could be made more homely. Pictures were used to decorate corridors and communal areas however it was difficult to distinguish one unit from another with little provided for interaction and engagement, particularly when considering people living with dementia. Within the unit outside each room there were no memory boxes in which objects and photos of the residents, past history/employment could be placed, this was a missed opportunity for people living with dementia.

We recommend the provider takes steps to consider the physical environment to make it more dementia friendly.

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

- Care and support plans reflected people's support needs. Assessment of people's needs started at admission and the service ensured these were regularly assessed and monitored.
- The provider used appropriate tools to assess risks and work out people's support needs, which were reviewed every month. These include a dependency profile, waterlow to assess the risk of pressure sores, falls risk, nutritional risk, oral health assessments and moving and handling assessments. This meant the provider could take steps to manage and reduce these.
- When people were admitted to the service, a 72 hour checklist focusing on the priorities such as medicines, risk of falls was developed following which more thorough care plans were done.

Staff support: induction, training, skills and experience

- People received care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- Staff received all the training they required to meet the needs of people they supported. This included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- A relatively new member of staff told us, "My induction was excellent. The managers have been so

supportive and I feel the training I've had so far has given me a really good grounding to be the best carer I can be."

- The providers training matrix identified when mandatory training required updating. This routinely refreshed compulsory training included, safeguarding, infection prevention and control, food hygiene, moving and handling and health and safety. There was also specialised training focused specifically on people's individual needs which included dementia awareness.
- The provides own recent audit of staff training indicated the service was 94% compliant and plans were in place for the remaining 6% to receive the training they needed within the next few weeks.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained relevant. For example, one member of staff told us, "The training here is very good. It's always being refreshed and if you don't keep your skills up to date the managers will chase you."
- People described staff who provided them with care at home as competent, one person told us, "The staff treat us well and they seem to know what they're doing."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their line managers and fellow co-workers, and an annual appraisal of their overall work performance.

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

- People's dietary preferences were documented in their care plans and kitchen staff were made aware of their preferences and any special requirements such as pureed meals. One person's plan addressed their specialist support needs and we saw that appropriate referrals had been made to external professionals. Additional support had also been provided by the service.
- People using the service told us they enjoyed the food provided to them. One person told us, "I enjoy the food. I had three perfect meals yesterday." Other comments included, "It's good food. I have what I like" and "The food is good. I have every meal in the dining-room. There is a choice and there is enough. You can always ask for more."
- There were different options available for lunch and supper. People were able to choose where they ate, either in the dining room or in their bedrooms. One person said, "I like to socialise so I eat in the dining-room. My neighbour sometimes orders in a takeaway. That's a treat."
- Printed menus were displayed in each dining room along with a 'nightbites' menu . It was however noted that the printed menus were not in large print and could be difficult for some people to read.
- The meal served to people on the day of inspection was not the one listed on the menu. A Caribbean meal was served instead which had been arranged after consulting with people using the service. Staff did not however highlight this when serving the meal to people and we did not see visual choices being presented. We fed this back to the managers at the end of the inspection who said they would feed this back to staff.

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

- People were supported to access healthcare services in a timely manner.
- Comments from people included, "If I need to see a doctor I'll ask someone to organise it" and "If I need to see the doctor he comes to visit. I've seen a dentist, a chiropodist and a podiatrist. If I 'm not feeling well I will tell a carer."
- The GP visited the service every week and reviewed residents as required..

Records showed that the provider liaised with professionals, for example, when people developed pressure sores. They completed multi-disciplinary notes and other related records.

- The registered manager told us they had adopted The National Early Warning Score (NEWS2) system. This is a system for scoring the physiological measurements that are routinely recorded at the patient's bedside.

Its purpose is to identify acutely ill patients, including those with sepsis, in hospitals in England.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to the care and support they received from staff at the service.
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.
- There were no unnecessary restrictions in place. People told us, "I do go out to the garden but I always let them know that is where I'm going. I go out to the local Sainsbury's too if I need anything. I do have freedom" and "I'm totally independent. Self-supporting. I go along with things here – they don't force you to do anything. They pick up straightaway on your individual needs. There is a lovely garden and I can go out there whenever I like."

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People typically described the staff who worked at the care home as "friendly". We observed several instances of staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting next to people so they could be in the person's line of sight and easily talk to them about the meal they were having.
- People said, "The carers are very kind. I do laugh with them. They know me and what I like. They do try to see things from my perspective", "The regular staff here are no trouble at all. They know me and treat me well" and "All of the staff are very polite. I don't feel inhibited about asking for anything."
- The majority of people appeared well dressed and groomed. Staff knew the people in the home and their relationships appear to be relaxed and friendly. We heard some friendly exchanges between them and people were not rushed when they were supported with personal care or mealtimes.

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

- People living in the care home and where appropriate their relatives were involved in making decisions about the care and support they or their loved ones received at the care home. One person said, "I have a yearly review of my care with a social worker."
- Care records included person centred information such as people's likes and dislikes, their eating and drinking preferences and their interests and hobbies.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy when delivering personal care.
- People were supported to maintain positive relationships with people that were important to them. For example, managers and staff routinely initiated contact with people's relatives through regular telephone and video calls.
- People told us they were able to lead independent lives. One person said, "I can do some things myself but the nurses support me with the rest. It is balanced. The regular staff know what I can do and leave me to it. There is one day in the week when I have a shower – they have a wet room. I'm happy with this" and "I'm happy with the support that I receive. I have to be turned regularly to prevent bed sores and they do this regularly for me. I still do things for myself though. I try to dress myself sometimes and I brush my teeth but I have help with that sometimes. They allow me to do the things I can do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; End of life care and support

- Care plans were based around people's needs/abilities, they had a stated goal and included any nursing interventions required by staff. These were reviewed monthly which helped to ensure they were current.
- Care plans were individual to people and covered areas that were relevant to them. They included areas such as personal hygiene, mobility, pressure area management, eating and drinking and medication.
- People receiving end of life care had individual support plans in place. Referrals had been made to external professionals as appropriate and their advice documented and acted upon. Any advanced decisions including how people wished to be cared for towards the later stages were also included.
- DNACPR documentation was available in the care plans we looked at.
- The provider worked with a local Hospice who provided guidance and support to the provider caring for people on end of life care.

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

- People were supported by staff to participate in a variety of meaningful social activities that reflected their social interests. The service had five activities coordinator who were responsible for organising social and leisure activities for people.
- People told us they were able to participate in social activities they wanted to and enjoyed. One person said, "I can't complain about the activities here as there's always plenty going on", while a second person remarked, "I like the games of bingo the staff organise and sometimes we go out for a walk with staff in the local park. We stopped off for a drink in the café last time, which was nice."
- We observed an activities coordinator engage people living on one unit in beauty therapy/nail painting in the morning, and other staff support someone to go for a walk in the garden and arranged for another person to visit their wife in the grounds of the care home.
- However, in the afternoon and according to the daily activities schedule people should have had the opportunity to have a hand/foot massage, but we observed this did not happen on any of the units. We fed this back to the registered manager at the end of the inspection who said that there were restrictions in place on some activities due to the Covid-19 outbreak and that they would revert back to the normal timetable once they were out of this period.
- The registered manager told us about a celebration of life barbeque they initiated in the grounds of the care home to commemorate all the people who had passed away during the COVID-19 pandemic, which staff I spoke with all felt had marked a new beginning for the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A pre-admission assessment was used to identify any care needs in relation to disability, impairment and/or sensory loss. Where people had support needs, a communication care plan was in place on how best to support people.
- The registered manager said alternate language formats were available should people or their relatives require this.

Improving care quality in response to complaints or concerns

- People told us, "If I had a complaint I would talk to the nurse in-charge first of all. I know her well", "My initial contact is the senior nurse on duty if there is a problem" and "I've no reason to complain about anything here. They make things easy for me."
- Peoples complaints were recorded on an online reporting database which made it easy to track and follow up. We saw there had been 17 complaints recorded in the past 12 months, 16 had been closed with eight either fully or partially upheld. Complainants were given the option of recording their concerns as formal complaints. The system allowed the complaints to be broken down into subject areas so any trends could be identified.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection we found the registered person failed to notify the Commission of abuse or allegations of abuse. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 18.

- Records showed the provider was submitting statutory notifications in line with their legal requirements. The registered manager told us they had improved the process around reporting. She said, "We are confident that we have reported everything and we have been transparent. If we have a fall, the carers will report to nurse in charge who will check the patient and according to their judgement we will call the emergency service. They have access to Datix. We will monitor that, the nurse in charge will do the paperwork. SG? will come to me and I will raise a SG and do the notifications."
- The registered manager told us they had recently introduced a new call bell monitoring system. Audits of this system indicated the vast majority of call bells were answered by staff within five minutes or at least within eight minutes, which was the providers policy and maximum time limit on responding to call bell alarms.
- Monthly care plan audits were completed where each month around 10% of care plans were audited, these were monitored on a tracker to avoid duplication and ensure that over a period all the care plans would be completed.
- There was a weekly medicines audit where 25% of medicines records were sampled therefore over a 4-week period all medicines records were reviewed.
- The provider used a 'quality matrix' which enabled them to have oversight in terms of infection control, weight loss, pressure ulcers and other indicators. This was linked to the online incident and accident tool, Datix. These were analysed by the regional quality team and then reviewed at clinical risk meetings which were held weekly.
- From the records we reviewed, we found some of the care plan documentation large and the files rather cumbersome. Food and fluid records varied in quality depending on who completed them with some being fully completed and others containing only basic information on the persons intake. There were other inconsistencies such as best interest documents containing conflicting information in some cases. One staff member told us "It's a lot of work" to keep the documentation for each person up to date. We spoke with the

registered manager and regional manager about this, who acknowledged this issue. They confirmed that the service was due to trial a new electronic system for some aspects of the record keeping such as audits, daily tasks and medicines tasks.

We recommend the provider takes steps to improve or streamline the record keeping within the service. We will follow this up at the next inspection of the service.

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 aware of her duties under Duty of Candour.
- We saw the service's previous CQC inspection report was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood her responsibilities under duty of candour. She showed us some examples where this had been met and letter of apologies had been sent to people or their relatives when things had gone wrong.

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

- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. For example, this included daily shift handover and morning huddle meetings.
- In addition managers conducted daily walkabout tours of the premises to observe staffs working practices. Regular heads of department and clinical risk meetings were also held where managers and senior staff would discuss and review the risks people might face, especially if their needs had recently changed.
- One person said, "There are residents meetings – once a month. You can say what your likes and dislikes are. I think we are listened to. They give you feedback too. We are waiting for them to start again."
- Various staff meetings were held including daily huddles, unit meetings and quarterly staff meeting. These included actions for follow up.

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

- Staff told us their morale and the support they received from their managers had improved since CQC's last inspection of this care home. The registered manager appeared competent and transparent and was well liked by the staff. One staff member said, "I like being here, being able to help people, I think the manager is doing well I can see she is different from the old manager, I was going to leave before she came, but she listened to me, so I stayed she is very helpful." Other comments included, "The management is now lovely, you can go and talk to them, I like everybody." one member staff said, "This place has had its problems , but the fairly new managers are all very supportive and approachable, which is a massive improvement on the last lot. Staff morale is as high as I've known it at the moment."
- The managers routinely used group and individual supervision meetings to remind staff about the provider's underlying core values and principles.
- People told us, "The manager is approachable. And fair play to her" and "The manager is (gave name) She spoke to me the other day. She is quite friendly and asked me if anything needs doing."
- The registered manager told us she had worked hard to try and improve the culture within the service and tried to engage and empower staff. Staff told us she received all the support she needed.

Working in partnership with others

- The registered manager told us they had established good links with a consultant geriatrician in relation to falls management in the home. We saw evidence of MDT meetings in relation to this. The provider had worked with the local authority in the Safe steps program in relation to falls prevention. This included training and a dashboard for monitoring falls, guidance and support.
- The registered manager had been put forward to take part in a 'pioneer leadership programme' with the local authority.
- The provider had recruited staff via the Beam project, helping and supporting people from underprivileged communities to get into work.

Continuous learning and improving care

- The registered manager demonstrated how they used 'Root Cause Analysis' which helped with learning and improving care. The provider had access to clinical governance support from BUPA for any complex incidents that needed investigation.
- There was a 'lessons learnt' document in place and also as part of the daily huddle, the registered manager said any incidents including safeguarding's were discussed.
- There was a quality improvement plan in place which was reviewed every two weeks and overseen by the regional director and the quality team.