

Milkwood Care Ltd

# Chatterwood Nursing Home

## Inspection report

Huntsbottom Lane  
Hillbrow  
Liss  
Hampshire  
GU33 7PA

Date of inspection visit:  
30 September 2020

Date of publication:  
30 October 2020

Tel: 01730893943

Website: [www.elderlycare.co.uk](http://www.elderlycare.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Chatterwood Nursing Home is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 37 people. Chatterwood Nursing Home accommodates people over two floors in single or double rooms, the majority of which have ensuite facilities.

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

People and relatives told us the service provided safe care. However, the reporting of incidents including those which could indicate abuse required improvement. We found not all incidents were identified or investigated to ensure people were safe and used to inform learning and improvements. The recording of incidents where people had been supported in their 'best interests' when they were resistant to care did not always explain how staff had provided this support. We have made a recommendation about this. The system in place to monitor the safety and quality of the service had not identified the incidents we found. The provider acted to address this. Incident reporting needed to be more robust to ensure the provider could always meet their responsibilities under the duty of candour. The provider had started to collect feedback from people, relatives and other professionals at the time of our inspection. Relatives told us they did not always feel involved in the service and the provider is acting to address this.

Staff reported the culture in the service had improved since the previous inspection and all those we spoke with told us the home was a 'happy' place to work. People told us they were happy living at Chatterwood and feedback on the internet showed the home had received many positive comments.

Risks to people had been assessed and plans were in place and implemented to minimise these. People had achieved positive outcomes as a result. Staff were safely recruited and there were enough staff to meet people needs. Peoples medicines were managed safely, and we were assured the procedures in place to promote safety and prevent the spread of infection were being implemented.

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. Staff completed an induction and training in their role. People had been effectively supported to reduce risks to them from poor nutrition and hydration. People's oral health care was assessed but actions taken to support people who refused oral health care were not always clear. We have made a recommendation about this. People's healthcare needs were met by health professionals in the service and in the community. The environment was in good decorative order with adaptations to meet people's needs. Some signage could be improved.

People and relatives spoke positively about the caring approach of staff. Staff told us the improvement in the culture of the home had impacted positively on teamwork and the care people received. Staff understood how to promote people's dignity when delivering care.

Peoples care plans reflected their current needs and were person centred. Relatives told us they were not involved in care planning although they were informed of concerns or incidents. The provider told us it had been difficult to involve people meaningfully during the covid 19 pandemic and they planned to improve this going forward. Relatives had praised the home for the quality of the care shown to their relatives at the end of their life.

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 Inadequate ( published 22 October 2019) and there were multiple breaches of regulation. We placed conditions on the provider's registration requiring them to undertake certain activities and audits and to report to us on a monthly basis and placed the service in special measures. The provider sent us an action plan to show what they would do and by when to improve. At this inspection we found the provider was still in breach of one regulation.

This service has been in Special Measures since 01/08/2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 coronavirus and other infection outbreaks effectively.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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** ●

# Chatterwood Nursing 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 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

This inspection was carried out by two inspectors 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

Chatterwood Nursing Home 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and started in this role on the day of our inspection.

#### Notice of inspection

Inspection activity started on 1 September 2020 and involved reviewing records, seeking feedback from relatives, staff and other health and social care professionals.

We gave the service 30 minutes notice of the inspection visit as we needed to be sure the inspection could be undertaken safely.

### 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. 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 reviewed care records for eight people, all staff training records and three staff recruitment records, policies and procedures and governance records. We also spoke with four staff members, three people who use the service and nine people's relatives by phone. We used all this information to plan our inspection.

### During the inspection

We spoke with five members of staff, the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing the support and interactions between people and staff. We also reviewed the environment and equipment in place. We reviewed a range of records. This included people's daily care records and multiple medication records.

### After the inspection

We spoke with the nominated individual, a training provider and the deputy manager by phone as we continued to seek clarification to validate evidence found.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong  
At our last inspection the provider had failed to recognise possible abuse. Unexplained injuries were not always reported, recorded or investigated to establish the cause of the injury. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 13. Although improvements had been made these were not consistent, and we found some records of injuries to people that had not been recognised or investigated as an incident of possible abuse.

- Following the previous inspection, we placed a condition on the provider's registration which required them to send us monthly reports of all accidents, injuries and incidents occurring at the service. The report should have included actions taken as a result of the review and analysis of any incident. We did not always receive a monthly analysis of incidents and the provider told us this would be because no incident was reported during that month. However, during our inspection, we found records of some incidents which had occurred but not been reported. It was therefore not apparent that a review and analysis of all incidents had taken place.
- Staff we spoke with told us they would report skin injuries such as bruising to the nurse, however a nurse told us although they would ask staff to complete incident forms they would not always report bruising as an incident. There was not a consistent approach to reporting and investigating unexplained bruising.
- In the records we reviewed we found examples of bruising which had not been reported as an incident. For example, one person was found to have several areas of bruising on their lower left arm but there was no record of an investigation into this injury. Another person was found to have a bruise for which there was no explanation or investigation. This person also had a skin tear on their leg and although this was identified as caused by a bed rail protector, there was no incident report to show what actions had been taken as a result of this incident.
- Records showed following these injuries the person received treatment and the wound was monitored until it had healed.

We found no evidence that people had been abused however, systems were not robust enough to demonstrate safeguarding risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a new process had

been put in place to record, monitor and audit all incidents. We saw this system was in use.

- Records showed at times staff had 'supported people in their best interests' when they had been resistant to receiving care and been distressed and agitated. These records did not always clearly explain how the person had been supported. We spoke to staff and the deputy manager about this and they explained the interventions they used such as; reassurance, talking calmly and assisting people at their own pace. It is important to record how a person is supported when they are resistant to care so staff can improve practice by learning about what works in difficult situations and to check restraint is not used without the required safeguards. The deputy manager told us they were introducing a reflective practice process to enable staff to explore learning from incidents when people may present behaviour that challenge others. The manager told us recording would be improved.

We recommend the provider considers current guidance on learning from incidents.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and to ensure plans to reduce risks were implemented. 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 no longer in breach of Regulation 12.

- People and their relatives told us people were cared for safely. A person said, "It just feels safe and secure here". Another person said, "I have to go in the hoist they know what they are doing I feel safe in it." A person's relative said, "It seems safe they (people) are never anxious or frightened. I have never seen any staff unkind."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Records showed the management of risks to people had resulted in improvements to their health and wellbeing. For example, people's weight had improved through the management of nutritional risks. People's skin had improved through the management risks to them from pressure sores.
- Risks to people from the environment and equipment were managed. Fire safety checks were in place and the provider was acting on improvements identified by a recent Fire Brigade inspection.
- Some monitoring records to show checks had been completed on maintenance issues, mattress pressures and bed rail checks were not fully completed. We brought this to the attention of the provider who told us they would ensure these were completed.

#### Staffing and recruitment

At our last inspection the provider had failed to operate recruitment procedure that ensured an effective assessment of a person's character. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Procedures were in place and followed to protect people from the employment of unsuitable staff. This included all required checks such as; character references and criminal records checks.
- People and their relatives told us there were enough staff to meet people's needs. Their comments



included, "It's very welcoming, there is always someone in the lounge, its immaculately clean there is no smell ever, when I visit now, they have all the PPE. I used to go at lunch time, they have enough staff to help everyone."

- When there was a need to use agency staff to cover staff vacancies, the provider block booked these staff so that they worked solely in the service to minimise the risk to people from cross infection of Covid-19.
- At the time of the inspection the provider was implementing a staff dependency tool to determine the number of staff required to meet people's needs. This system helps providers to continuously review and adapt to the changing needs of people. We did not receive any concerns about staffing levels, and we observed call bells were answered promptly during our inspection visit.

#### Using medicines safely

- Topical medicines (applied to the skin) were not always recorded as being administered as prescribed. Not all the required information about where to apply topical medicines was consistently available for staff. We spoke to the deputy manager and provider about this and they confirmed this has been addressed following our inspection.
- People were supported to take their medicines as prescribed.
- People were provided with 'as required' (PRN) medicines when needed. PRN plans included information for staff to understand when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Full stock checks of medicines were completed monthly to help ensure medicines were always available to people.
- Medicines were administered by registered nurses or suitably trained staff who had been assessed as competent to do so safely.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed.

#### 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.
- We have also recommended the provider develops their approach by ensuring their Infection control audit reflects the additional measures they have put in place since the Covid-19 pandemic.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate training and assessment to ensure they were competent to meet people's needs. This was a breach of Regulation 18 (staffing) 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 18.

- Staff new to care completed the care certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. This training enables providers to check staff competency to deliver their role.
- Following the previous inspection, the provider told us a lot of training had been delivered at the home. A programme of on-going training required as mandatory by the provider was in place and this was a mixture of face to face and e-learning. During the Covid-19 pandemic some face to face training had been suspended and some training was provided remotely by Zoom. This meant some training had not been completed but the training provider showed us training was booked to be completed over the coming weeks which would address shortfalls.
- Training was focused on people's needs and the operations director told us, "[Trainer] will always check with the manager if they have picked up anything within the home and they want us to focus on or address and work out case scenarios around that." A staff member told us about the experiential dementia training they had completed and said, "That really opened my eyes, it was amazing to understand what they [people] could be feeling." Training on Huntington's disease was planned as the service planned to admit a person with this condition. Nurses supported care staff to learn about supporting people with conditions such as; diabetes, wound care, constipation and choking.
- Nursing staff completed the providers mandatory training and in addition completed professional development training such as; verification of death training and wound care training. Other training was planned which included face to face training for symptom control and end of life care and supra-pubic catheterisation.
- Staff told us they received supervision and were supported in their role. Due to recent changes in management and leadership roles with the home, staff appraisals were not up to date, but a plan was in place to complete these.

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

At our last inspection the provider had failed to take all practicable action to mitigate risks to people from

weight loss. 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 no longer in breach of Regulation 12.

- The management of risks to people from poor nutrition and weight loss had improved. People's weight was reviewed monthly. Records showed people had been supported to gain weight and when people were at risk of poor nutrition plans were in place and implemented to support their nutritional needs.
- People at risk of poor nutrition had their food and fluid intake monitored. Referrals were made to other healthcare professionals for assessment and guidance such as; dietician, GP and Speech and Language Therapy (SALT).
- A relative said, "[person] has lost a lot of weight and they got the doctor and a dietician involved. I ask the weight and they always tell me. I am happy with what they are doing for [person]... Food was difficult, but they give [person] finger food now, [person] copes with it much better." A person said, "The food is very nice there's a lot I don't like, and they give me what I like."
- We observed lunchtime in the home. The food looked appetising and people were given the consistency of food required in line with their care plan. Staff supported people to eat where required and knew what people liked and what support was needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person or decisions made in their best interests. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- When people were assessed as lacking the capacity to make decisions about their care and treatment a decision was made in their best interests and this was recorded.
- Staff we spoke with understood how to apply the principles of the MCA and support people to make decisions. A staff member said, "If I need [person] to give me a decision on something. I try and find out from them if they understand the question and can they retain the information and give an answer. Some people with dementia can decide at the time of asking the question but not always, you are constantly asking."

- When people had representatives with the legal authority to make decisions on their behalf, copies of this authority were kept on file. However, the care plan system used required updating to clearly reflect who has the decision-making responsibility and authority for specific decisions. We discussed this with the provider who assured us they would act to amend this.
- Where necessary applications had been made to the relevant authority for people who were deprived of their liberty authorised DoLS were in date.

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

- The provider carried out a comprehensive and holistic assessment of people's physical, mental, emotional and social needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of this assessment.
- Nationally recognised assessment tools were used to assess people's needs in relation to malnutrition and risk of pressure sores and these were reviewed and monitored for changes.
- Each person had an oral health assessment and care plan in place in line with current best practice guidance. However, records to monitor when people were supported with their oral hygiene showed for one person, they had not cleaned their teeth for twenty-eight days. This person was known to refuse oral care and the dentist had been consulted about this. However, it was not clear what action was taken by staff to support the person's oral health in these circumstances. The relative of another person was also concerned about their relative's oral health and said, "I don't know what they (staff) could do about it."

We recommend the provider seek advice and guidance from a reputable source about care planning for people's oral health needs and update their practice accordingly.

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

- People were referred to other health and social care professionals as needed. Outcomes of referrals were recorded and used to inform people's ongoing care and treatment.
- Changes to people's healthcare treatment such as medication changes were monitored to check they were effective for people. For example, when a medication change was found to over sedate a person a review was requested to address the level of impact.

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

- Relatives told us Chatterwood was 'Clean, immaculate and welcoming with no unpleasant odours.'
- We found the environment was in good decorative order and well maintained. Private and communal spaces were available to people. People's rooms were personalised and there was access to gardens.
- There was signage in the premises which helped meet people's needs and promote their independence. For example, toilets and bathrooms were signed. We noted people's bedrooms were named after plants found in the grounds, however for people living with dementia it can be helpful to have personalised meaningful images on bedroom doors to promote orientation.
- There was a hairdressing salon at the home and a snack cart was available which enabled people to have independent access to snacks. Dignity screens were used in the service to ensure people in communal areas were afforded privacy when being assisted to move for example.

# 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 Inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and Respect) 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 10.

- People and relatives told us staff were kind and caring. Comments included, "They do give us great confidence in the way they treat the residents they are kind and caring we used to turn up at any time."; "I like it here everyone is helpful it's a happy home people are always cheerful."; "They are so sweet they take care of [person] and put her lipstick on they said oh she loves to have it on. During the pandemic they called me on Face time. [Person] can be difficult with personal care but they talk her round, I have seen them. They have patience, nothing is too much trouble, they are cool and calm with everyone." A relative had written 'Thank you so very much for upholding such high standards in your homes and employing only the best, kindest, gentlest and most professional of staff.'
- Most staff had completed training in dignity and respect and equality and diversity. Staff knew about people's needs, backgrounds and interests. Staff were able to describe how people liked to receive their care and what was important to them.
- We observed caring interactions between staff and people. For example, we observed staff being kind and patient to a person who frequently called out. A staff member who attended to this person checked they were safe and reassured them. We saw staff chatting and singing with a person whilst encouraging them to walk and to eat the snacks of their choice.
- Staff spoke positively about their colleagues and the caring nature of the team, staff reported the improved culture had led to better care for people. During the covid-19 pandemic some staff had moved into the home to protect people from the risk of infection. A staff member said, "We have all worked together and mixed in and done different hours, we have all chilled together and supported each other through Covid. We show care to each other, I have no concerns about colleagues now."

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

- People's care plans were person centred and reflected the decisions they had made about their care. People's comments included, "They know how I like things done. If I need more painkillers, I tell them, and

they come straight away and see what they can do."; "I am very happy, and I am looked after really well its nice and I thoroughly enjoy it."

Respecting and promoting people's privacy, dignity and independence

- We observed staff spoke to people respectfully and promoted people's dignity and privacy. For example, using dignity screens when a person was visited by a healthcare professional and when a person was supported to move.
- Staff we spoke with told us how they promoted dignity when providing personal care. A staff member said "If I am assisting with personal care, I make sure door is shut and light on curtains closed and when removing clothing placing a towel over them, so they are not exposed or embarrassed. Caring and promoting dignity is how I would want to be looked after."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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 support

- People and relatives told us people received care to meet their needs. Comments included, "It's brilliant, she always looks clean and well cared for. I think there are enough staff. I hear the bells when I go, they are pretty hot at that. My [relative] is very very happy, that's all I can say"; "[Person] is always clean and well cared for they check on [person] every hour. I know they stay in bed now, there have never been problems with medication."
- Care plans had been regularly reviewed since our previous inspection and we saw examples of good person-centred detail in care plans which reflected people's current needs. The service had received positive feedback from visiting healthcare professionals and their comments included, "I always feel staff at Chatterwood know their patients well. They always act appropriately and are able to be involved in active discussion about the best care for their residents. They follow up on actioned changes in terms of treatments or care plans. They have always shown to be responsive and act quickly especially when patients are very unwell or palliative and situations change."
- However, we also received feedback from people's relatives that they had not been involved in the review of people's care plans and some relatives said they had not been involved in care planning. Relatives did say were kept informed about concerns or incidents. Their comments included, "I have never been involved in care planning. I have never thought about it. They don't always tell you about appointments either, but they always contact me if she has a fall or anything" and "I have never reviewed the care plan but they always contact me if there are any concerns." We spoke to the provider about this. They told us it had been difficult to involve families during the Covid-19 pandemic and they were now planning to address this.
- Staff told us they mostly relied on the handover sheet for up to date information about people's needs and this was discussed at daily handover meetings. The handover sheet included information about people's needs including; medical history, wounds, diet, mobility and moving and handling needs/equipment, continence and current concerns and risks.
- People were asked about their end of life wishes and care plans were developed with relevant others such as healthcare professionals when needed at the end of a person's life. We spoke to a relative of a person who had died at the home who told us how well their relative had been cared for at this time. They wrote to the home to say, 'I feel very strongly that I need to write to you to explain how grateful both myself and my family are for the amazing care that your wonderful staff gave my dear mother during the last few weeks of her life.' Another relative had written to thank the staff 'for the wonderful care and attention' their relative received at the end of their life.

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.

- Peoples communication needs were assessed and supported. A person relative told us how they had supported the staff to understand the communication needs of their relative.
- People had access to resources to support their communication needs such as technology and pictures to enable them to express choices and decisions.

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

- During the Covid-19 pandemic visiting had been suspended at the home in line with national guidance. Where possible people had been supported to maintain contact with their relatives using technology and telephone. A relative said "During the pandemic they called me on Face time, and I was in New Zealand." "We had video calls in lockdown, they sit with her in her room sometimes". Another relative told us how they were kept informed by staff of their relatives' welfare whilst they isolated on admission to the home.
- When we carried out our inspection visit, visiting had resumed and this was being carried out safely to minimise the risk to people from the spread of infection.
- A programme of activities was available for people and a person said, "We have games after lunch, skittles or bingo 3 days a week, I think. We watch the TV, most people like quiz programmes". Another person said "Yes its nice we have music and stuff".
- On the day of our inspection visit residents had chosen a film to watch with popcorn. Other people had individual support from activity staff to participate in reading newspapers and using an interactive table which can be effective in engaging people living with dementia. An activity worker told us "For some people individual time can just be sitting and holding someone hand."

Improving care quality in response to complaints or concerns

- No one we spoke with had raised a formal complaint. One relative had raised concerns with the home and said communication had improved as a result.
- A complaint procedure was in place and advice on how to complain was displayed in the home. We reviewed the complaint log and saw complaints recorded had been acted on.



# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent which 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; Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems and processes to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) 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 17, however improvements were still required to ensure a consistent approach to people's safety was embedded in the service.

- Although a monthly audit was in place which checked incidents and accidents the provider had failed to identify all incidents as detailed in the safe domain of this report. There appeared to be inconsistencies in staff understanding of the identification and reporting of incidents. We have discussed this with the provider and saw immediate action was taken to inform all staff of the requirement to report incidents and an improved system to monitor this was put in place.
- A system of monthly audits was in place to monitor and update peoples care plans and to check medication, wound care, nutrition, infection control, bed rails and equipment. A 'home review' was then carried out quarterly by managers including the operations director to check audits had been completed and this included a comprehensive review of the quality and safety of the service. An action plan was produced from the findings and records showed this was monitored for completion and improvements were made as a result.
- At the time of the inspection there was no registered manager in post. The service had two changes of registered manager since the previous inspection. A new manager had been appointed and was undergoing their induction at the time of the inspection and would be applying for registration.
- The operations director told us how staff had been given key roles to promote and share responsibility for the quality and safety of the service. This included lead roles in training, infection control and following the inspection, for safeguarding.

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 provider understood their responsibility under the duty of candour. They had for example, written to all people and relatives following the previous inspection about the Inadequate rating. However, a relative said, "After the last inspection we had a general email about the result but not an action plan or updates as

to whether things were improving or moving forward, that would have been good."

- However, because the incident reporting system was not robust there was a risk incidents which met the threshold for the duty of candour could be missed. We have addressed the need for an improved incident review system elsewhere in this report.

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

- Whilst relatives told us they were kept informed about issues related to their relative living in the home, relatives we spoke with told us they did not feel involved in the service. We spoke to the operations director and provider about this who told us that due to the impact of covid-19 there had been less communication with relatives. At the time of inspection, the provider had started to reintroduce newsletters and a face book page. They had also issued a questionnaire and responses were being collated. We saw some responses from professionals which were positive. In addition, reviews posted on the internet gave positive feedback about the home.
- The operations director said, "The home has been through so much. I think engage more with the relatives and families and have them involved in the running of the home – its high up on the list to get families back in."
- Although residents meeting were held there was a very low attendance. Records showed that those who did attend were asked for their views and feedback. The provider and manager told us they were looking at how to develop methods for gathering feedback from people who may not be able to participate in meetings or complete questionnaires or surveys such as individual meeting and the use of pictures.

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

- Since the previous Inspection staff told us there had been improvements in the culture of the service. Their comments included, "I feel we have support now – lots of things have come to light that we weren't happy about and that was relayed back to the [operations director] who has come in and supported us and [providers] are so supportive so I can also go to them." Another staff member said, "I do think it is open and transparent and I can say what I think. I feel listened to. We haven't been having team meetings due to covid we are going day by day. Everything has settled here."
- The operations director told us, "I would say we really promote a positive culture from the top down, we promote openness. [Provider] and I will pop in whenever and I speak to the staff and they know me very well – we want to keep our communication open and so they know what our vision and values are and over the last year this has come through with the staff."

Working in partnership with others

- The service had links with community resources. However, due to the impact of Covid-19 and the restrictions on people's movement and social contact this had been limited over recent months.
- The service worked with community healthcare services and feedback from healthcare professionals was positive.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  How the regulation was not being met: People were not always protected from abuse. Systems were not operated effectively to demonstrate safeguarding risks were effectively managed.  Regulation 13 (1)(2)(3)