

Acorn Lodge Limited

Acorn Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Acorn Lodge Care Centre is a care home providing personal and nursing care to 93 people older people who may have dementia and a mental health condition, at the time of the inspection. The service can support up to 98 people in a purpose built four storey building.

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

People's healthcare associated risks were identified and assessed. However, the risk assessments did not always include mitigating factors to ensure safe care. People were not always safely supported with their medicine management needs. The provider's auditing and monitoring systems were not always effective in identifying issues to ensure the safety and quality of the service.

People told us they felt safe living at the care home and with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People told us their medicine management needs were met. People were protected from the risk of infection. People's accidents and incidents were recorded, and lessons were learnt to prevent them from occurring again.

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's needs were assessed before they moved to the care home. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were not always met effectively. We have made a recommendation in relation to people's nutrition and hydration needs.

People were supported to access ongoing healthcare services and staff supported them to live healthier lives. The premises were adapted to meet people's physical needs. However, the premises were not dementia friendly. We have made a recommendation in relation to dementia friendly environment.

People and relatives told us staff were caring and treated them with dignity and respect. People were involved in making decisions regarding their care. People were supported to remain as independent as possible. People received care and support without discrimination.

People's care plans were detailed and regularly reviewed. However, these were not always personalised. We have made a recommendation in relation to personalised care plans. People were offered a range of group activities and outings. People and relatives' concerns were addressed in a timely manner. People's end of life care wishes explored and met by nurses who were trained in end of life care.

People, relatives and staff told us the management team was approachable and available. Staff told us they felt valued and well supported. The provider did not always effectively engage with their stakeholders. We

have made a recommendation in relation to stakeholders' engagement. The service worked well with other organisations to improve people's experiences.

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 17 September 2018) and there was one breach 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 some improvements had been made but were not enough and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 17 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Acorn Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, one medicines team inspector, a specialist nurse, an assistant inspector and two Experts 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before 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 used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and six relatives about their experience of the care provided. The registered manager was on annual leave and hence, we did not speak to them during and following the inspection. The clinical manager was managing the service whilst the registered manager was on annual leave. We spoke with 13 members of staff including the clinical manager, head of care, administration manager, three registered nurses, three senior care workers, a care worker, an activities coordinator, the maintenance officer and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at five staff files in relation to recruitment, and staff supervision. We reviewed staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documents sent to us by the provider. We spoke with two local authority monitoring teams.

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 remained the same.

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

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on ensuring staff were continually checked to confirm their suitability for the job. The provider had made improvements.

- Since the last inspection, the provider introduced annual declaration forms where staff disclosed any concerns the provider needed to be aware of. The clinical manager and the administration manager told us the provider was in the process of renewing staff criminal checks.
- Staff files had all necessary recruitment documentation required to confirm they were suitable, skilled and safe to work with people.
- Since the last inspection, the provider updated their call bell audit system to ensure the call bell response times were recorded and audited regularly. The audits showed call bells were responded to within one minute and were only cancelled once the person was supported with their request.
- During the inspection, we tested the call bell and a staff member arrived within 15 seconds of the call bell.
- Staff, people and most relatives told us they were satisfied with the staffing levels.
- Staff rotas were clear and showed staffing was allocated based on people's dependency needs assessment. Staff levels were changed as per people's changing needs. This showed the provider ensured enough and suitable staffing was allocated to meet people's needs.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify, assess and reduce risks to people. However, we found the risk assessments did not always give enough information for staff to follow to ensure safe care.
- Risk assessments were for areas such as personal care, falls, mobility, nutrition and hydration, skin integrity and diabetes. However, we found they were not personalised and did not always give details on how to mitigate risks.
- For example, a person's epilepsy risk management plan did not give information on how could staff ensure the person's safety if they had a seizure, any triggers of the seizure staff should look out for and how long should staff wait before calling emergency services.
- Another person's catheter risk management plan instructed staff to observe for urinary tract infections (UTI) as the person was at risk of UTI. However, there was no information on what signs should staff look out for, and actions they could take to prevent the risk of UTIs such as positioning of catheter, flushing regime

and actions to take if catheter become blocked.

- A third person's diabetes risk management plan did not detail what signs and symptoms staff should look out for in relation to a change in their blood sugar levels.
- This meant staff were not always provided with enough information to enable them to meet people's needs safely.

The gaps in risk assessments put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the clinical manager regarding gaps in some risk assessments and they told us they would review them to make sure they were comprehensive and fit for purpose.
- Following the inspection the registered manager told us they had scheduled days to review people's risk assessments to ensure they were personalised to enable staff to provide safe care.
- Staff we spoke with were aware of risks to people and told us they were trained in the health conditions relevant to the people they supported. They knew the actions they were required to take if they noticed any signs or triggers in relation to people's health conditions.
- People's rooms had pictorial guidance instructing staff on how to safely transfer people from bed to mobility aids.
- People and relatives told us staff provided safe care. A person said, "I feel perfectly at ease and safe." A relative commented, "[Staff] keep a good eye on [relative]. I am satisfied that [relative's] needs are known and attended to, I am not constantly worrying about [person]."
- The provider carried out regular health and safety, and maintenance checks. There were records of water, fire equipment and electrical, and building checks. These were all in date.

Using medicines safely

- The provider's medicines management practices were not always safe and were not in line with the National Institute for Health and Care Excellence guidelines.
- The provider did not ensure safe management of controlled drugs (CD). A controlled drug is generally a drug or chemical whose manufacture, possession, or use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law. People who were prescribed CD but had not required to use them, had not been reviewed by GP and where they had been reviewed, there were no records to confirm this. The CD register was not always appropriately completed, and CD boxes were not always appropriately labelled.
- We found inconsistencies with regards to the management of blood glucose meters. Not all nurses were aware of the practice of calibration of blood glucose meters.
- The service used the medicines stock that was no longer required for people as a homely remedy. Examples identified included paracetamol and Senna tablets, and Simple Linctus liquid. This was not in line with legal requirements of returning the stock no longer required back to the pharmacy for appropriate disposal.
- The service was not consistently reviewing people's covert medicines support plan. We found several gaps in the records. For example, some had not been reviewed since 2016. Covert medicines are when medicines are administered in a disguised form, usually in food or drink, without the knowledge or consent of the individual receiving the drug.
- The service did not always ensure medicines cupboard keys were kept safely. This meant unauthorised personnel could get access to people's medication including CD.

The above-mentioned unsafe practices put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the clinical manager regarding lack of consistency in calibration practices and they told us that it was a new practice introduced in July 2019. The nurse who was not sure of this practice was on leave during July and hence, was not aware of this practice.
- Following the inspection the registered manager told us the nurse had now been trained in calibration of blood glucose meter. They further said they had arranged workshops to review their controlled drugs practices to ensure people received safe medicines support.
- People and relatives told us they were satisfied with medicines management support.
- People's medicines administration records were appropriately completed. Nurses carried out a daily audit of the MARs and stock levels, and the clinical manager carried out monthly audits. They were appropriately completed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse and neglect.
- Staff were trained in safeguarding and whistleblowing. They knew how to identify, and report concerns of abuse. Staff told us they would blow the whistle by calling the local authority, the CQC and where necessary, the police, if the management did not act appropriately.
- The service kept accurate safeguarding records about the concerns, actions taken and the outcomes. The records showed the provider took appropriate actions when safeguarding concerns were raised.

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- Staff were trained in infection control and were seen using appropriate personal protective equipment whilst supporting people with their care needs.
- At the inspection we found the service was clean and did not have any malodour.
- The provider carried out quarterly infection control audits to ensure premises and equipment were safe for people to use.

Learning lessons when things go wrong

- The provider had systems in place to take appropriate actions and learn lessons from when things went wrong.
- Accident and incident forms were comprehensive and contained information about the accident and incident, actions taken including follow ups and the outcomes. There were monthly accident and incident analysis logs that enabled the service to analyse trends and put measures in place to prevent future occurrences
- However, the preventative actions and lessons learnt were not always recorded. The clinical manager told us moving forward they would record learning gained for better audit trail and easy access.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We received mixed feedback from people in relation to their dietary needs support. One person said, "I enjoy the food." A second person said, "The food is quite good." However, some people told us they did not always like the food.
- Most relatives told us people's dietary needs were met. One relative said, "Yes [person] does [get enough to eat and drink] and we tell the staff what [person] wants to eat when you get the food menu on the day." A second relative said, "[Person] can feed [themselves] if [person] is given a pureed diet. [Person] is losing weight rapidly. I have to ask [staff] about progress with monitoring this. I have to keep prompting and reminding [staff] about things."
- At the inspection, we observed inconsistencies in practices followed on different floors and these were not always effective for all people.
- For example, on one floor we saw staff served food to people who did not require assistance and those who chose to stay in their bedrooms before they served food to people who required assistance. The wait for the people requiring assistance was between 45 minutes to an hour.
- On some units, we saw staff served food to all people at the same time. However, by the time staff could support people who required assistance, their food had gone cold and it was not warmed up again before being served to people.
- We fed-back the above to the clinical lead and they told us they would review their meal time practices.

We recommend the provider seek advice from a reputable source, in relation to supporting people with their nutrition and hydration needs.

- At the inspection, we observed staff providing encouragement and support to people with their dietary needs. People were offered a choice of food including desserts, and drinks. The food was well presented, and people's last-minute food requests were accommodated.
- The service offered people a variety of food including watermelon, cantaloupes and honey dew for hydration purposes.

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

- The building was a purpose-built care home with bedrooms laid out across four floors accessible by lifts. People's bedrooms were with ensuite toilet and hand basin facilities

- The home was designed to cope with most disabilities including lifts, specialist baths, appropriate grab rails and handles, different height chairs and wheelchairs.
- The home contained a hair dressing salon, a library, a games and exercise room, a sensory room, a pub room, a coffee room and a movie room.
- However, there were no dementia friendly sign postings around the home. There were no obvious toys, memory boxes or tactile equipment for those with dementia apparent.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to dementia friendly environment.

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

- Most people and relatives told us they could access the doctor. One person said, "The doctor is always accessible." A relative said, "Yes [staff] do call the GP and let us know."
- People were supported to access ongoing healthcare services and their care records confirmed they had visits from healthcare professionals including doctor, physiotherapist and speech and language therapist.
- Staff worked with professionals and followed their recommendations to ensure people were supported to live healthier lives. For example, staff made sure people with choking difficulties received appropriate support including individualised assistance and pureed meals.
- People at risk of malnutrition had appropriate diet plans in place including fortified meals. People's weight charts showed they had gained weight as per their diet management plan.
- Staff maintained food and fluid charts for people at risk of malnutrition. However, we found these were not always appropriately completed. We spoke to the clinical manager about this and they told us they would speak to staff and review the current practices.

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

- People's needs were assessed thoroughly before they moved to the home. The needs assessment process involved people, their relatives and healthcare professionals involved in people's care.
- This process enabled the registered manager to ascertain whether they could meet people's needs, staffing levels and staff training. People's needs assessment forms were comprehensive and contained information about people's needs, abilities and choices.

Staff support: induction, training, skills and experience

- People and relatives told us staff and nurses met people's needs. A person said, "The nursing skills here are excellent." Another person told us, "[Staff] give me a good wash down every day. [Staff] are good like that."
- Staff told us they received regular training and supervision, and this enabled them to do their job effectively. A staff member said, "Our manager brings a lot of people here to train us, very good at this. [Supervision] once a month. Yes, [They are useful]."
- Staff training records showed they were provided with enough induction, regular and refresher training in relevant areas to enable them to meet people's needs effectively.
- Staff supervision and appraisal records confirmed staff received regular one to one session to discuss their workload, training, objectives and support.

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.

- People told us staff asked their permission and gave them choices
- Most staff were aware of the MCA principles. All staff knew the importance of giving people choices and asking their consent before providing care. Staff comments included, "We need consent all the time" and "We always involve [people] in [their care decisions] with a question. 'What do you think? What would you like?'"
- People's care files had records of their mental capacity assessments to ensure people had capacity to make decisions related to their care and treatment. Where people lacked capacity, there were records of DOLs referrals and authorisation certificates.
- The provider was in the transition of transferring paper records onto their new electronic care planning system. This meant the MCAs for all people were not easily accessible. We spoke to the management about this and they told us they were in the process of resolving the transition issues.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People using the service told us staff were caring. A person said, "Yes, [staff] are caring and they do talk to me." Another person commented, "[The service] is the best place for someone with my difficulties." Relatives told us staff were nice, helpful and caring.
- During the inspection, we observed caring interactions between staff and people. Staff listened to people's requests with patience and supported them with sensitivity.
- Staff provided person-centred care. One staff member said, "Although it can be difficult, I try and spend as much time as I can with [people]. I know them, and I know what they like." Another staff member said, "[People] are my family, and I treat them as such."
- People's needs in relation to their protected characteristics were recorded in their care plans and met. For example, people with cultural dietary preferences were provided with their culturally specific meals. People's gender preference care requests and wishes were met.
- Staff were trained in equality and diversity and told us they provided care without discrimination. Staff told us they supported people with their individual needs. A staff member said, "I would respect lesbian, gay, bisexual and transgender people. You have to maintain their dignity, privacy."

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

- People were supported to express their views and staff involved them in making decisions about their care. A staff member said, "We have a [person] who will always choose what [person] wants to wear. We always involve them in [decision] with a question. What do you think? What would you like?"
- People and where requested, relatives were involved in the care planning process. People and relatives confirmed this. However, relatives told us they were not involved in annual care reviews where social workers were involved.
- We asked the clinical manager about this and they told us the annual care review dates were set by the social workers and they did not have much control over them. They further said they would speak to the relatives and social workers to organise a date that suits everyone.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff had been working with the service for several years and this ensured the continuity of care. A relative said, "There is a consistency of staff, so they get to know [person]."
- People and relatives told us staff treated them with dignity and respected their privacy. A person said,

"Yes, [staff] are helpful and they always knock on the door before they come in." Another person commented, "[Staff] always close the toilet door."

- Staff knew the importance of treating people with dignity. A staff member said, "We respect their choice, needs and dignity about their personal hygiene, if something is happening we try to take them out of a big group to a quieter place."
- People were supported to maintain their independence. A person told us they were thankful for staff's support as the support enabled them to regain a lot of their independence.
- A staff member told us there is a person who stands up to walk but forgets to use the zimmer frame. They said, "I would go and say, 'please can you use [zimmer frame] today' even though I know [person] will forget."
- Staff understood the importance of confidentiality. A staff member said, "I would never share the information [care plans] with somebody else or whatever I read there [care plans] because it is confidential."

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

This meant people's needs were met through good organisation and delivery.

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

- Most people and their relatives told us staff met their personal needs. People told us their personal requests in relation to having their door closed at night, being able to lock their bedroom door, having more cupboard space had all been responded to positively and promptly. People who wished to smoke were escorted to the garden to access the smoking area if needed.
- People's care plans were regularly reviewed and contained information about people's backgrounds, likes and dislikes. They also gave information about their personal care, nutrition and hydration, mobility, healthcare and medical needs and how they would like to be supported.
- However, we found people's care plans in relation to their specific health conditions were not always personalised. These specific health conditions included people with Parkinson's, osteoarthritis, cognitive impairment including dementia and mental health condition.
- For example, a person who displayed behaviour that challenged the service, their care plan did not give details about potential triggers and what actions staff were required to take to support and manage person's behavioural needs.
- Another person's care plan stated their sexuality needs. However, there was no further information about how they expressed their sexuality needs and how should staff support them to express their needs in a safe space.

We recommend the provider seek advice from a reputable source, in relation to personalised care plans.

- Staff knew people's personal needs, their likes and dislikes and routines. A staff member told us a person liked drinking hot chocolate before going to bed. The person's care plan confirmed this. Another staff member told us one person liked waking up early every morning to watch the news and all staff knew this and made sure the person was assisted with this.

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.

- People's care plans contained information about their communication needs and abilities, and communication plans that instructed staff on how to communicate effectively.

- Staff knew people's communication needs and were seen communicating with people with patience and as per people's wishes.

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

- Most people and relatives told us they were satisfied with the activities. A relative said, "[Person] likes the wheelchair activities and they're going out for pie and mash and jellied eels. [Person] likes the hand massages and having [person] hair and nails done. [Person] likes the entertainment especially [music] and the BBQs."
- People were offered a range of group activities that were socially and culturally relevant to them including music, chair exercise, spending time with pet animals including rabbits and cat, pampering, visiting in-house pub for games.
- Families and friends were encouraged to join-in people's birthday celebrations.
- People who were interested were supported to go on outdoor trips to museums, parks, the Seaside at Southend.
- However, we found people's 'activities record' only detailed what activities they participated in. There were no details about how those activities met people's personal preferences and outcomes, and whether they enjoyed the sessions. We fed this back to the activities coordinator and they told us they would review and discuss it with the registered manager.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable in raising concerns. They further said they would speak to the nurses and the management if they were not happy about something. A person said, 'If you ask for something, [the management] will generally try to sort you out.' Another person commented, "The management are responsive if you have a particular concern."
- The complaints records contained information in relation to complaints, actions taken, correspondence and outcomes. The service also maintained complaint logs that provided a quick glance of number and nature of complaints and how and when they were resolved.
- However, the records did not always include lessons learnt. The clinical manager told us moving forward they would include it in the complaint form.

End of life care and support

- The provider had processes and systems in place to discuss, record and support with people's palliative care and end of life care needs.
- People who chose to disclose their end of life care wishes and preferences were recorded in their care plans. Their advance care plans contained information about where they wanted to spend their last days, funeral plan arrangements and cultural, spiritual and religious needs.
- Staff and nurses knew how to support people with end of life care needs. A staff member said, "One is the [person] and second is the family, they both need support, try to make the [person] comfortable dealing with pain, and the family we like to comfort the family and support them."

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 has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the service was not managed by a registered manager. This was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

The service was now had a registered manager and the provider was no longer in breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

- The management team and staff were clear about their roles and understood their responsibility in delivering care that met the legal requirements.
- The provider carried out regular internal audits and monitoring checks to ensure the quality and safety of the service. However, we found these checks had not identified issues picked up during this inspection.
- The management team carried out care plans and risk assessments' audits. However, the checks did not identify that the care plans were not always personalised, and some risk assessments lacked enough information to enable safe care. People's records in relation to their care were not always appropriately completed such as food and fluid, and behaviour management charts.
- The nurses carried out daily medicines audits and the management conducted monthly audits. However, we found these audits had not identified unsafe medicines storage, disposal and management practices.
- Although, there were clear records of safeguarding, complaints and accidents and incidents. These did not always record lessons learnt.

Due to the lack of effective audit systems to ensure the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The clinical lead told us that as a management team they carried out random health and safety checks and audits. Records showed these were all in date.
- The registered manager carried out night time inspections every two months. We were not able to review records of the night time inspections as the registered manager was on annual leave.

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

characteristics; Continuous learning and improving care

- The provider engaged with people and relatives to seek their feedback about the quality of care. The last relatives' survey was conducted in November 2018 and the results were overall positive. The next relatives' survey is due in November 2019.
- The provider considered people's diverse communication needs and abilities and engaged with them via monthly service users' forum. Forum notes confirmed this and showed people were asked about their views on care, food, activities and any concerns.
- However, people told us they were not always asked for their views.
- Staff were not sent survey forms in November 2018, as the registered manager was in the process of reviewing staff survey form. However, staff told us they were asked for their feedback and views via one to one supervision and staff meetings.

We recommend the provider seek and implement current guidance, in relation to involving and engaging stakeholders to drive improvement.

- The registered manager liaised with the local authority and organised a government funded 10 weeks care enhancement programme. This programme was designed to enable nurses to improve their care practices in relation to working with people with specific healthcare needs and to reduce hospital admissions.
- The clinical lead told us since the completion of the programme, the service noted a reduction in hospital admissions.
- The provider was renovating their premises to ensure all people had access to ensuite shower facilities. These works were carried out in consultation with people and relatives. There was a renovation plan in place to ensure the care was not disrupted.

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

- People and relatives told us they found the management approachable. A person said, "[The service] is run a bit like a family business, if you ask for a certain thing they will try their best for you." Another person told us, "[Registered manager] is very approachable." Relatives' comments included, "The manager is a very nice lady. She has helped us a lot" and "[Registered manager] is very approachable and accessible."
- People and relatives told us they would recommend the service to others.
- All staff told us they felt supported and valued. Staff comments included, "I feel valued and supported. My manager is very supportive, and the provider appreciates all staff. The owner comes every two or three months to check how we are doing, if we are feeling well supported" and "[Registered manager] listens all the time and takes action."
- Staff told us they liked working with the provider and were treated fairly. Their comments included, "I like this care home, [people, staff and the management] are laughing and working together" and "[Staff team] is multi-diverse. We come from different [personal and professional backgrounds], we understand [people] very quick. So, we built a good relationship with them."
- There were daily staff handovers and management briefings, and monthly staff and management meetings. Records confirmed this. These processes enabled staff and the management to work together to deliver good outcomes 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 clinical manager demonstrated a good understanding of their responsibility in relation to the duty of candour. They said, "If something has happened to the [person], whoever is involved in the [person's] care, I have to inform them, notify all the relevant parties, the local authority, the CCG, family and if no family

involved then [contact] Independent Mental Capacity Act advocate."

Working in partnership with others

- The service worked in partnership with several agencies including healthcare such as rehabilitation and mental health teams, commissioning bodies, organisations such as Namaste Care. Namaste Care provides a programme that aims to improve end of life care experiences for people in nursing homes who have advanced dementia.
- The service showed commitment to working with relevant agencies in improving people's physical health and emotional wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider failed to ensure people received care in a consistently safe way. This included failure to assessing the risks to the health and safety of service users of receiving the care or treatment, doing all that is practicable to mitigate any such risks, and the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks to the health, safety and welfare of service users and others, and accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(a)(b)(c)