

HC-One Limited

Aspen Court Nursing Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aspen Court Nursing Home is a residential care home providing nursing and personal care for up to 72 adults. At the time of the inspection 69 people were living at the service, including older people, people with physical health conditions and those living with dementia. The second floor can accommodate up to 26 people with nursing care needs.

Aspen Court Nursing Home accommodates people in one building across three floors, with each person having their own bedroom and en-suite bathroom. There were also communal living and dining rooms, a main kitchen, smaller kitchenettes on each floor and access to a secure garden.

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

Improvements were still needed with people's care plans and risk assessments as inconsistencies were seen across the records we reviewed. Records were not always clear about levels of risk or guidance for staff to follow to keep people safe.

People and their relatives were positive about the kind and caring attitudes of the staff team. One relative said, "The staff are very friendly and they show respect. [Family member] is very sociable and they have a good rapport, get on well together and have a good sense of humour together. They thrive on this."

People were supported by staff who were dedicated in their role to ensure they received the care they needed. We observed a range of positive interactions between people and the staff team throughout the inspection. Staff responded appropriately, with patience, compassion and in a timely manner.

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 and their relatives told us they had been well supported throughout the COVID-19 pandemic and were updated if there had been any changes to government guidance or changes with visiting restrictions. One relative said, "They have been very good with this and ensured staff were wearing masks. They were providing tests and helping to keep us all safe."

The manager had a visible presence and people and their relatives felt comfortable approaching them to discuss any issues or concerns. One relative said, "The new manager called me the other day to let me know her door is always open. I feel she has fallen into the job in a very caring way."

People were supported to access healthcare services and had input from health and social care professionals if their needs changed. Health and social care professionals were positive with the improvements that were being made since the new manager had started.

Although feedback was positive about the changes that had been made by the new manager, not all staff felt supported or appreciated for their work. Some staff told us this impacted on the working environment.

Improvements had been made since the previous inspection and the provider's monitoring processes had identified areas to be improved. The manager held daily meetings and carried out regular walkarounds to check on the care and support people received.

Incidents that occurred across the service were regularly notified to the CQC. However, safer recruitment practices were not always followed.

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 inspected but not rated (published 21 July 2022). This is because it was a targeted inspection to look at a specific concern. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The last rating for a comprehensive inspection was requires improvement (published 21 April 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.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on the action we told the provider to take at the last comprehensive 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 COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a continued breach in relation to safe care and treatment. We have identified a breach in relation to recruitment practices. 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 from 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 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 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aspen Court 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 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 consisted of two inspectors, a nurse specialist professional advisor 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 service.

Service and service type

Aspen Court Nursing 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. Aspen Court Nursing 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous registered manager left in April 2022. The new manager had been in post since the start of June 2022 and was in the process of submitting their registered manager application.

Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second and third day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection reports and actions plans submitted after the last comprehensive inspection. We contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

During the inspection

We met and had introductions with people who used the service and spoke with 12 of them in more detail. 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 observed the care and support provided to people across different parts of the day, including mealtimes. We also spoke with two relatives who were visiting during the inspection.

We spoke with 24 staff members. This included the manager, an area director, the deputy manager, the clinical lead, three nurses, five senior care assistants, eight care assistants, the chef, the maintenance person, a wellbeing and activities coordinator and the housekeeping supervisor.

We also asked the manager to share a questionnaire with the whole staff team to give them an opportunity to give us feedback about their experience of working in the home.

We reviewed a range of records. This included 28 people's care and medicines records and 17 staff records in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, safeguarding investigations, quality assurance records and minutes of team and management meetings held across the service.

We sat in and observed the daily team meeting which included the manager, deputy manager, clinical lead, senior care assistants, a wellbeing coordinator, the maintenance person, the chef, the administrator and the housekeeping supervisor on the second day of the inspection.

We carried out observations throughout the inspection in relation to medicines management and infection prevention and control procedures and staff awareness of best practice.

We spoke with six more relatives over the telephone after the inspection. We also spoke with six health and social care professionals who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at samples of policies and procedures, staffing assessments and a further incident report. We also had a follow up telephone call with the manager on 30 September 2022 to discuss feedback we had received from staff and relatives.

We provided formal feedback to the manager, the area director and the nominated individual via a video

call and email on 6 October 2022. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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. The rating for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks to the health and safety of people were regularly assessed and did not do all that was practical to mitigate any such risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we could see improvements were still in the process of being fully implemented, the provider was still in breach of regulation 12.

- Although risks to people were assessed with risk assessments in place, there continued to be inconsistencies within the records we reviewed. Some records were not in place and some lacked sufficient detail related to people's risks and the support they needed.
- One person was at risk of developing pressure sores. There was not a skin integrity plan in place with information about how the risk was managed. A staff member told us they needed to be repositioned every two hours but there were gaps in their turning chart.
- One person had been assessed as needing support from two staff due to reduced mobility to manage their personal care needs and help with transfers. There were no moving and handling or skin integrity plans in place. Another person, who was at risk of falls and had had a recent fall, there was no falls risk assessment in place.
- Although we could see some improvements had been made regarding people's risk of choking, we saw records for three people lacked detail about how the risk could be managed and clear guidance for staff to follow.

These inconsistencies created a risk to people's health and safety. The provider was not doing all that is reasonably practicable to mitigate risks. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the management team during and after the inspection. They acknowledged this was an area they were still working on as similar inconsistencies had been picked up by the manager when they started in post and during a provider monitoring visit in August 2022. The manager told us they were addressing the issues after the inspection.

Staffing and recruitment

- The provider had not always followed safer recruitment procedures to ensure staff were suitable to work

with people who used the service. Whilst the appropriate references and checks were obtained at the time of recruitment, full employment histories and gaps in employment had not always been discussed and recorded as part of the interview process.

- One of the senior staff members who had been involved in the interview process acknowledged they had been unaware of this requirement.

We found no evidence that this impacted people's care but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Staffing levels were assessed on a monthly basis along with weekly meetings to discuss staff deployment across each unit in relation to people's needs.
- Observations throughout the inspection showed there were enough staff on duty to meet people's needs in a timely manner. People and their relatives told us they felt safe because there was enough staff. One person said, "Staff are always around and if I press my call bell, they come very quickly." Only one relative told us there were times they felt more staff were needed.
- The majority of staff told us they felt there was enough support to meet people's needs. There were also systems in place to manage staff sickness and short notice absences. Staff told us management would always try to be able to cover short notice absences and provided support if needed.
- Where we received mixed feedback from staff about staffing levels, we discussed this with the management team during our formal feedback. The nominated individual said they were looking to carry out some work to explain to frontline staff how staffing levels were assessed to provide a better understanding of how their decisions were made.

Using medicines safely

- There were systems in place to ensure people's medicines were managed safely and in line with best practice. Medicines were stored safely, with accurate records for daily fridge temperatures and controlled drugs. Observations during the inspection showed staff were aware of the correct procedures to follow and people received their medicines as prescribed.
- Staff responsible for administering medicines had received the relevant training and had annual competency assessments to support them in their role. Staff confirmed this and were positive about the level of training and support they received.
- Medicine Administration Records (MAR) contained sufficient information and guidance for staff to follow and MAR charts were completed accurately. There were regular checks in place to identify any concerns and address any shortfalls.
- We received some information of concern after the inspection regarding the management of people's medicines. As we found no evidence of this during our inspection, we discussed this with the management team. It was agreed this would be investigated and discussed with the staff team.

Systems and processes to safeguard people from the risk of abuse

- There continued to be systems in place to ensure people were protected from the risk of abuse. Staff completed safeguarding training and had regular opportunities to discuss safeguarding issues. Safeguarding investigations were carried out and shared with the relevant health and social care professionals.
- Daily 'flash' meetings reviewed each person and discussed any safeguarding concerns. This included if there had been any accidents or incidents, skin integrity issues or any observations of unexplained bruising.
- Staff had a good understanding of their safeguarding responsibilities and were confident that any

concerns raised would be dealt with appropriately. Staff also knew they could escalate their concerns to senior management or external organisations if they felt action was not being taken. Only one staff member felt improvements were needed with safeguarding training.

- People and their relatives were positive about the safety of the home. Comments included, "Yes I feel safe here. The doors are secure and staff are always around", "I'm in no doubt they are 100% in safe hands" and "I do feel they are safe. When I go in they give me confidence and reassurance."

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the home and outcomes of investigations were used as a learning experience for the staff team. The manager and area director reviewed all accidents and incidents on a monthly basis to ensure all actions had been completed.
- There were four investigations that were currently in the process of being investigated or waiting on the outcome at the time of the inspection. The manager told us once completed these would be discussed with staff across the home as they may have resulted in policies and procedures not being followed.
- A health and social professional was positive about the improvements they had noticed since the new manager had started. They said, "The most recent safeguarding case we worked together on was in relation to an unwitnessed fall. The manager provided information and records to inform the enquiry really well. They contributed in the meeting and agreed with the recommendations suggested and began to act on the lessons learnt. So overall, the involvement was really good in comparison to previous experiences."

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 saw the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive ongoing supervision to support them in their role. Whilst we saw samples of group supervision records, a number of staff told us they had not received a direct one to one supervision for a long time. One staff member told us they had not had a supervision since they had started in November 2021. We requested recent supervision records for a sample of staff members but were not available.
- The provider acknowledged this and told us this had been an impact due to the pandemic and were working to get back to 'business as usual'. The manager also said they were looking to change the culture around supervision as staff felt it was only carried out to discuss performance issues rather than to support staff with their learning and development.
- Staff completed an induction and training programme when they started, which included shadowing more experienced staff members and access to regular training, both online and face to face.
- Staff were positive about the training they received and confirmed they received regular reminders about completing their required modules, which was focused around 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 the health and social care sectors.

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

- The home was accessible to people who used the service and purpose designed to support people living with a range of health conditions. There was a lift to support people with mobility issues and accessible equipment including specialist chairs and hoists. Floor areas were observed to be uncluttered with space for manoeuvring mobility aids.
- We observed the environment of the home could be improved to be more dementia friendly, including the garden. A health and social care professional told us some of the hallways and corridors could be confusing and would benefit from some subtle changes. The manager acknowledged this and said this had been raised with the senior management team.
- The area director and nominated individual told us a refreshment programme was already being discussed and the provider had implemented a new dementia team and were currently trialling this across another home, with the view to make improvements across the service.

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

- People had assessments before they moved into the service which included information about people's health and medical conditions. Initial assessments were being carried out virtually with health and social care professionals, such as hospital social workers and occupational therapists.

- One person was supported with a percutaneous endoscopic gastrostomy (PEG) feed. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The hospital had been involved in the management of the PEG and there were specific care plans and leaflets from the relevant health and social care professionals to ensure staff followed the correct guidance.
- However, where some people were living with mental health conditions, their assessments lacked detailed information or input from the relevant professionals to help staff fully understand their needs. The manager told us they had faced challenges in engaging with the relevant specialist teams. The manager updated us on 14 October 2022 as they had arranged with the Community Mental Health Team (CMHT) to review their mental health care plans.

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

- People were supported to access a range of healthcare services and appropriate referrals to a range of health and social care professionals were made when people's needs changed or their health deteriorated.
- The GP visited on a weekly basis and the home was further supported with monthly multi-disciplinary team (MDT) meetings, which included input from the GP, occupational therapists and speech and language therapists.
- Changes in people's health and wellbeing was also discussed during the daily team meeting and if a referral was needed for further support. The meeting also checked if any health and social care professionals were scheduled to visit so staff could provide any relevant information to support the visit.
- Staff had a good understanding of what to do if they noticed any changes in people's health and wellbeing and were aware of the action they had to take in the event of a medical emergency. One health and social care professional said, "They do raise issues in a timely manner and they do call us for direct advice if needed."
- There had been two recent incidents that were being investigated during the inspection related to possible delays in people accessing healthcare support due to incidents not being reported at the time they happened. The manager said they would share their findings with us once the investigations had been completed.

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

- People were supported to eat and drink and any risks associated with people's nutrition and hydration had been assessed. Staff had a good understanding of people's needs and could explain people's individual nutritional needs.
- There was information in people's care plans and dietary assessment forms were completed upon admission into the home. The chef and the kitchen team were aware of those who needed a special diet or those with specific dietary needs. The chef was very confident they would always be updated by the care staff if there were any changes to people's diets.
- Any issues related to people's nutritional needs were discussed during daily meetings. For example, we observed the manager ask if any people were losing weight and if any referrals were needed to the dietitian or the speech and language therapist.
- The majority of feedback we received about the food was positive. Where one person told us improvements could be made, we discussed this with the manager who arranged for the chef to meet with them. One relative said, "They went in malnourished and have done really well. They feed them well, they have loads to eat, lot of choices. I think the food is excellent. They look better and it has had a 100% positive impact on their health and wellbeing."

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.

- Consent to care records were completed, which included capacity assessments and any related best interests' meetings. The management team had a good understanding about their responsibilities when applications were made to deprive people of their liberty.
- There was a monitoring system in place and the deputy manager had a good working relationship with the relevant local authorities as they sent reminders to the provider, which reduced the risk of people's authorisations expiring without being reapplied for.
- Staff completed MCA and DoLS training to support them in their role. Staff had a good understanding of this and how they supported people to ensure decisions were made in their best interests. We also observed staff being reminded about people being involved in specific decisions about their care.

Is the service caring?

Our findings

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

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

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

- People and their relatives were positive about the kind and caring attitudes of the staff team. Comments included, "I get on with all the carers and have a laugh and joke with them", "Staff care for them well and have created a friendly atmosphere" and "The care and feelings towards the residents is tremendous, they have such great compassion. I can't praise them high enough."
- We observed positive and caring interactions throughout the inspection between people and the staff team which showed people were well cared for. Staff reacted appropriately and provided reassurance when people became distressed or upset, showing concern for their wellbeing. We also observed people felt comfortable in the presence of staff, including the management team.
- Staff told us they knew how important it was to treat people with kindness and respect and worked to build caring relationships. A senior carer told us they were regularly reminded about ensuring people were well cared for. They added, "They really do make sure the residents are looked after well and that they are the priority. I have no concerns about that."

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

- Staff supported people to be involved in making decisions about their care and support. We observed this during the inspection, especially when it came to mealtimes and when people became distressed or confused throughout the day.
- People's records showed they were involved in making decisions about their care and support. Where people were not able to fully communicate with us, staff had a good understanding of people's needs and explained how they supported them to be involved and express their views. Relatives confirmed this and told us they had been involved when needed.
- Only one relative told us they felt they had not been fully involved in their family member's care. We discussed this with the manager who followed up with the relative and arranged to meet them when they next visited the home to get some further information.

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection where staff respected people's privacy and dignity and gave them choice about their care. Staff knocked on people's doors and made sure their doors were closed when providing personal care.
- One person told us the staff supported them to be as independent as possible and did not feel any support was forced or against their wishes. They added, "They let me get up when I want to and go to bed when I want to."

- Staff had a good understanding of this and had access to online training modules covering the importance of dignity and ensuring the person comes first. One staff member told us this had been discussed in a group supervision. Staff interactions with people were also observed during the manager's daily walkaround of the home.

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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 had communication care plans in place which provided information about communication preferences and advice for staff to follow to aid their understanding. However, there were some inconsistencies across the records we reviewed as some records lacked sufficient information.
- For example, due to one person having a stroke, they were unable to fully communicate but there was no communication plan in place to highlight how staff could effectively communicate with them.
- Another person whose first language was not English was able to communicate with some staff who were fluent in their first language. Their communication plan did not explain how staff communicated with them when those fluent staff were not on duty or available. There was no guidance on what words or phrases might be helpful to support staff communication.
- We discussed these issues with the management team during and after the inspection. The manager acknowledged this and told us action had been taken to update the relevant records and our feedback had been taken on board. They told us they had printed some helpful words and phrases to keep in people's rooms to help staff communication.

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

- We saw the provider had started to make improvements to update people's care records and provide more information about people's backgrounds and what was important to them. We saw some inconsistencies across the records we reviewed as some care records lacked information, specifically related to people living with dementia and mental health conditions and how staff could support them.
- The manager told us that care planning was an area they were aware of and had already identified this as an area for improvement and were still implementing it at the time of the inspection.
- The majority of feedback was positive about the person-centred nature of the care people received. One relative told us how the staff had built up a good relationship with their family member since they had recently moved in. They added, "We highlighted the need about specific things that were important and they listened to us. We were happy with this."
- Other positive comments included, "They have got to know [family member] and have personalised things for them, even little things, which is really good" and "They have a good understanding of their needs, I'd say maybe better than me. They are really supportive, for me as well."

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

- The home had two activity and wellbeing coordinators to support people to follow their interests and take part in events and activities to increase engagement and provide stimulation. Dedicated time was also set aside for one to one engagement where people were cared for in bed.
- Positive feedback included, "[Coordinator] is excellent and they put on a lovely Jubilee party for us all" and "They do try and engage with them, get them involved, make sure they interact with others." Only one relative felt improvements could be made to ensure their family member could be involved more to reduce their social isolation.
- Whilst there were activities happening on the ground floor, we observed little to no meaningful engagement for people across the two other floors on the first day of the inspection. We shared this with the manager and saw some improvements on the second day, however this was not observed on the third day of the inspection.
- We discussed this with the management team who explained they had recently created activity boxes for each floor for the care team to get involved with and had encouraged staff to engage with people in the communal areas where possible.
- The provider supported people's religious and cultural needs. We saw people had cultural food preferences available and the chef was aware of these choices. Some people's religious needs were catered for as holy communion was given by a local sister on a regular basis. One relative was very happy with this as they knew how important it was for their family member.
- As the home was based in a multicultural area, there was not anything else in place for people with other religious needs or links with other local faith leaders. We discussed this with the management team who said they would look to review this with people and their relatives.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was discussed with people and their relatives. The manager had scheduled a relatives' meeting for the beginning of October 2022 to remind people and their relatives how to raise any issues or concerns they had. The manager had also displayed their contact details throughout the home to ensure they could be contacted if needed.
- The manager highlighted that depending upon the nature of the issue or concern, they tried to resolve it immediately to reduce the chance of it escalating or going through formal processes.
- People and their relatives told us they would feel comfortable raising any concerns as staff and the management team were approachable. Comments included, "If I have any problems, I speak with the manager or the deputy. I have done this and they have sorted it out" and "I do feel comfortable raising any issues. The majority of senior staff are lovely and I have a good rapport with them."
- One relative praised the clinical lead in how they dealt with any concerns they had. They added, "He is very clear and detailed with this. He is really on the ball if I ever raise an issue."

End of life care and support

- There were procedures in place to ensure that people were cared for in a sensitive and dignified way when they were at the end stage of their life. People were encouraged to remain in the home via the provision of specialist equipment and if required, were supported by the GP.
- Nursing staff had access to specialist training and there was information in people's care plans about how they would like to be supported for staff to be aware of. Care workers told us they felt well supported, especially by the clinical lead, in supporting people at this sensitive time.
- We saw samples of cards and compliments from families thanking staff for their hard work, dedication and the compassion of care provided to keep their family member's comfortable at the end stage of their life.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider failed to notify CQC of all safeguarding incidents and incidents involving the police, of which they were required to by law. This was a breach of regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager was aware of their responsibilities regarding notifiable incidents and had a good understanding of when notifications had to be submitted. There was further support and oversight from the area director to ensure any issues were being identified. Compliance around notifications had also been reviewed at a recent provider monitoring visit.
- The manager held daily 'flash' meetings to discuss important information about people's health and wellbeing and any issues across the home. Staff told us there were daily walkarounds and handovers on each unit to ensure staff were following best practice.
- The manager had also carried out an unannounced night shift since they had started as an opportunity to meet with the night staff and ensure staff were aware of their responsibilities, as well as providing further support.
- Staff told us they were reminded of their key responsibilities and were positive about the support on the units from the clinical lead and nursing team. One staff member said, "I am able to ask if I need anything and feel I learn something new every day with the support in place."

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

- The majority of feedback from people and their relatives was positive about the management of the service and the improvements that were being made since the manager had started. Comments included, "I do feel with the new manager, standards are beginning to lift", "Things have improved and they are much more responsive. Things seem to be done better now" and "The best thing has been the change in the atmosphere."

- Relatives also felt the manager was more approachable which had helped to improve the culture of the home. A relative added, "She is very open and I feel more comfortable to go and speak with her if I need to. From what I have seen, it is positive but still early days."
- We received mixed feedback from staff about the management of the service. Positive feedback highlighted the management team were approachable and supportive, with staff seeing improvements across the home.
- However, we received negative feedback about the culture of the service, where staff did not feel comfortable being seen speaking with us and felt there was a culture of fear and reprisals, with concerns raised about bullying and intimidation. Further issues raised related to the management of staff complaints and issues related to pay.
- We discussed this with the management team during our feedback call. We were told there were systems in place for staff to raise issues and the manager told us they were looking to carry out some work on the culture of the service, which included a staff survey. They hoped this may help to get an updated picture of the work environment within the home.

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

- The activity and wellbeing coordinators had informal updates with people during monthly meetings to get feedback about their experiences of the home, which included opinions on food choices, activities and safety issues.
- There had not been a recent relatives' meeting and the manager had scheduled one to be carried out after the inspection. The majority of people and relatives told us they felt they were kept updated, including during the COVID-19 pandemic.
- Some feedback highlighted whilst communication had improved, there was still room for improvement. Three health and social care professionals also felt communication could be improved across the service.
- Although the feedback was mixed about how well supported and appreciated staff felt, it was clear the manager was working to make improvements across the home and enhance the morale of the staff.

Continuous learning and improving care

- There were systems in place to monitor the service and to identify any areas in need of improvement. This included a range of audits to ensure staff were following best practice and people were safe.
- There was further support from the area director and the provider who had specific teams to complete monitoring visits. A recent risk visit had identified some areas of improvement and were still being implemented by the manager at the time of the inspection.
- There was a robust range of fire and health and safety checks to ensure the building was safe. There was only one annual outstanding safety check related to beds, which the provider was dealing with as part of a contract issue.
- Due to the length of time the manager had been in place, they had only been able to schedule one team meeting since June 2022, but the next team meeting was scheduled for October 2022. The manager told us the daily meeting was the main way important information was communicated across the home and was working to improve this to ensure key information was not missed.

Working in partnership with others

- The provider worked with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. This included monthly multi-disciplinary team (MDT) meetings.
- One health and social care professional was very positive about their experience of working with the service. This had resulted in the home being selected to be involved in a pilot programme with the speech and language therapy team to support people who were at risk of choking. They added, "They were really

responsive to the project and the nursing staff have been really helpful and cooperative at meetings."

- The manager told us since they had started they were still working on developing improved relationships with other health and social care professionals in the local borough. This included the community mental health team and the local hospice.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)(2) (a),(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always ensure recruitment procedures were operated effectively.</p> <p>Regulation 19 (1)(2)</p>