

# Care UK Community Partnerships Ltd

## Larkland House

### Inspection report

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23 May 2019

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Larkland House is a residential care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The home accommodates up to 55 people across three floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We found the service needed to make some improvements to its leadership so people using the service could benefit from an inclusive and open culture. The provider acknowledged these issues and we saw strategies were in place to build team work. The service followed the provider's governance framework to monitor the quality of the service, although there were sometimes shortfalls in the evaluation of information which meant learning outcomes were not always clear. The service sought people's feedback and took action to make improvement to meet people needs.

We have made a recommendation about quality assurance processes to support continuous learning.

The service had responded to whistleblowing concerns about medicines errors and moving and positioning to protect people from the risk of harm. There were systems to monitor staff practice and people's care plans were updated to ensure staff knew how to support them safely. Medicines management systems were reviewed and incorporated guidance from external medicines experts. There was closer oversight from the management team and we saw these strategies had successfully reduced medicines errors at the time of our inspection.

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 benefitted from staff who received ongoing training. The service assessed people's needs and choices and delivered care in line with guidance.

People told us that staff treated them kindly and were generally happy with the care they received. Records showed people and relatives were involved in decisions about their care. The service protected people's privacy and dignity and made sure that people's information was kept confidential.

The service provided care and support to meet people's individual needs and preferences. We saw the service made efforts to involve and engage people with activities in line with their interests and personal history. People were provided with information about how to make a complaint and we saw documentation

that showed the manager took complaints seriously and responded promptly. People needs and wishes about their end of life care were explored and documented by the service.

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

Rating at last inspection

The last rating for this service was good (published 16 February 2017).

Why we inspected

The inspection was prompted in part due to concerns received about medicines errors, moving and handling of people and the management of the service. A decision was made for us to inspect and examine those risks.

We have found some evidence that the provider needs to make improvements. Please see the well-led section of this full report.

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

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Larkland House

## 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 one inspector, one assistant inspector both days including one specialist advisor in nursing care and one Expert by Experience on the first day of the inspection. 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

Larkland House 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 did not have a manager registered with the Care Quality Commission. An application to register a manager was submitted after the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with 18 members of staff including the regional director, manager, quality manager, regional clinical lead, deputy manager, nurse manager, agency nurse, team leader, senior care worker, care workers, domestic staff and the chef.

We reviewed a range of records. This included 13 people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision and five agency profiles. 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 looked at training data and quality assurance records. We spoke with three professionals who were regularly involved with the service.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Whistleblowing concerns raised with the Care Quality Commission in February 2019 led to the service reporting six medicines errors during January and February 2019 to the local authority (LA) safeguarding team. The safeguarding team were satisfied with medicines procedures and action taken by the service to reduce the risk of reoccurrence.
- The Commission received four whistleblowing concerns in February and March 2019 about staff poor practice for the moving and handling of people, which did not result in serious harm. The LA safeguarding team investigated individual safeguarding concerns and did not find evidence of staff neglect but made recommendations for the service to update information in people's care planning documentation. For example, to outline how a person was supported and reassured when using moving and handling equipment to minimise the risk of bruising. This had been completed by the service at the time of our inspection.
- The service implemented systems to increase monitoring of staff moving and handling practice. As a result, senior staff identified an incident of alleged poor practice for moving and handling. At the time of our inspection the provider was undertaking an investigation in to this and had arranged for all staff to complete moving and handling refresher training. The regional clinical lead was based in the service two days per week to provide staff support and coaching to make sure staff followed people's care plans and used safe moving and handling techniques. This was an example of the service operating safeguarding systems to avoid potential harm to people.
- Staff we spoke with understood signs of abuse and how to reports any concerns. Safeguarding and whistleblowing reporting procedures were clearly displayed throughout the service.
- People we spoke with told us they felt safe with comments such as, "Very safe", "[It is] safe and comfortable", "Belongings are safe, the buildings have security" and "...She never complained about safety and she's a nervous person."

Using medicines safely

- The service received support from the local authority medicine's optimisation team to review some of their medicines management systems. The deputy manager had implemented a new well organised system for ordering and receiving of medicines. They had direct oversight of this to make sure people received their medicine as prescribed. We saw that medicines errors had reduced since February 2019.
- Staff were familiar with the medicines administration procedure and were observed to follow this correctly. Medicines storage was well organised, secure and monitored by staff for safe temperatures to make sure the integrity of medicines was maintained.

- The service had introduced an electronic system to record medicines administered in April 2019 to improve management oversight. Staff we spoke with told us they found the recording system to be effective and was easier to update and communicate changes to people's medicines.
- The electronic system relied upon Wi-Fi signal to work. One member of staff told us that sometimes the Wi-Fi signal was weak in certain parts of the home, which we observed to be the case during our inspection on one floor. This meant staff left the medicines trolley and the laptop in a place where they could rely on the Wi-Fi signal, rather than moving the trolley with them to where people preferred to take their medicine. This was not in line with the service policy and best practice, although we noted the medicines trolley was cleared and kept locked when left unattended. The manager said they were not aware of this being a problem and told us they would make sure this was followed-up as a priority to rectify the Wi-Fi signal.
- Managers completed daily medicine administration record (MAR) spot checks and weekly medicines stock control to identify and follow-up upon potential concerns to reduce risk to people.

### Staffing and recruitment

- Safe recruitment procedures for permanent staff were followed. The provider undertook further exploration and risk assessed new staff where this was needed to make sure they were suitable.
- Agency staff profiles were on file and contained up-to-date information about background checks, training and experience. Where one profile was missing the manager obtained this from the agency during our inspection. The manager said they would make sure they checked agency profiles directly and planned to implement a regular audit of these.
- We received mixed feedback from people and their relatives about staffing levels with comments such as, "The staff are a little sparse on Sunday", "Don't really know the staff but there are enough", "There is enough staff at night and at the weekend" and "There's not enough staff." Most staff we spoke with felt there were enough staff, however two members of care staff told us they had too many tasks and not enough time to interact with people. The regional manager said a new permanent nurse was due to commence work in May 2019 and a domestic worker was being recruited, to improve staffing levels and capacity. In the interim, the service was using familiar bank and agency staff to promote continuity of care to meet people's needs.
- The service used a dependency tool which calculated staffing hours to meet people's needs. People received one to one support in addition to background staff ratios where this was an assessed need. The rota and deployment of staff took account of staff experience and skills to meet people's needs.

### Assessing risk, safety monitoring and management

- The service completed and regularly reviewed risk assessments to meet people's specific needs such as, moving and handling and the prevention of falls, diabetes, skin integrity and eating and drinking.
- Risk assessments identified and documented hazards, the likelihood and severity of risks and safe measures to mitigate risk. For example, diabetes risk assessments included prevention strategies and warning signs of symptoms.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- There were systems to check the safety of the premises and equipment; a maintenance team were based on-site and responded promptly to any works required.
- Moving and handling equipment, which required servicing such as hoists, had up to date service records to make sure they were fully functional and safe for people to use.

### Preventing and controlling infection

- The environment appeared clean and hygienic. There were no malodours detected during our inspection.
- Staff had access to and used personal protective equipment (PPE) and hand washing facilities to prevent infection.
- The service received 5/5 rating from the relevant food authority's inspection, dated 07 March 2018. The kitchen appeared well organised with clear cleaning schedules and infection control measures in place.

### Learning lessons when things go wrong

- The service recorded incidents and accidents and identified themes, which were shared with staff in team meetings and discussed during daily handover meetings.
- The service had learnt from an incident where a person had an unexplained bruise in October 2018, which was not reported to the local safeguarding authority at the time. We saw the service now recorded and investigated any incidents of unexplained injuries and made sure these were reported to the LA safeguarding authority to check people were safe.

# 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 remained the same.

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

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

- The manager told us they planned to improve the environment to support people with dementia to feel orientated and maintain their independence. For example, they planned to introduce personalised front doors to people's bedrooms, improve signage, and use music and sensory items to help promote a calm and therapeutic environment. The manager told us this was planned after staff received additional dementia training which was identified in the service improvement plan.
- We noticed the position of call bell alarms in corridors meant that some people using the service were regularly exposed to the noise of alarms, in what was an otherwise calm environment. The regional director told us the service had not received complaints from people about this but said they would seek people's feedback to consider whether alternative technology was necessary.
- People's rooms were individually decorated to their preferences and reflected their personal interests such as photographs of family and pets.
- The regional director told us that people on the first and second floor did not often access the lounges independently. However, we saw people were supported to access the ground floor communal spaces to attend activities and to eat with others socially when they wished to.
- Notice boards around the home contained information about activities, events and the home's newsletter.

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

- The service assessed people's specific needs. Wound care assessments, care plans and evaluations were up to date and detailed with photographs and body maps for staff to monitor progress. Records showed pain relief medicine was prescribed to manage a person's chronic pain. The nurse manager said they always did a route cause analysis on wounds and ulcers to evaluate whether support strategies remained effective to meet people's needs.
- People's moving and handling needs were assessed and care plans included information about their specific mobility aids such as slide sheets and hoist slings which matched-up with equipment available in their room. Staff confirmed they had no concerns with the quantities of moving and handling aids, as the service would always supply if required. Where people needed specialist wheelchairs the physiotherapist had been involved, for example, two people were sitting in wheel chair recliners in their rooms and appeared comfortable.
- We observed that wheelchairs had footplates on when people were being transferred from one place to the other in line with safe practice and people's care plans, to promote their safety.
- Observations of people's health were recorded in daily care notes kept in people rooms. For example,

repositioning turn charts for people with mobility difficulties were up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. One member of staff told us the training helped prepare them for their role, "Clinical skills training was great – four days, covers end of life, medication, wound management, infections..."
- Training was in place to meet people's specific needs such as dementia awareness, wound care management and diabetes awareness. Staff told us they were provided with moving and handling training and understood and followed the safe measures and techniques to move people safely.
- The service kept a training tracker which showed the majority of staff were up to date with their training. 24% of staff were out-of-date or had not completed moving and handling training, however, we saw training was planned for May 2019 to improve this and we were told there were enough trained staff on each floor to meet people's needs.
- The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff. New staff received induction training which followed the Care Certificate standards and managers assessed and documented staff competencies.

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

- People were generally happy about meals with comments such as, "Really impressed, three times a day. [I receive a] mash diet or, if can, normal food...no hard bits", "Ask and they will cook it for you, they're quite reasonable" and "Chef asks me about food, new ideas. It wasn't up to much, but it is getting better now."
- We observed staff provided support to people with eating and drinking at people's own pace and with explanations about the meal. Pureed food was carefully shaped and presented to encourage people's appetite.
- Staff showed people a plated example of meals for them to choose their preference. The same approach was used for people who chose to eat in their private rooms, without a delay.
- Staff assessed people's risk of malnutrition and monitored and recorded people's weights. Food and fluid charts were completed for people and included targets. Records showed this was evaluated by senior staff twice in a twenty-four-hour period to make sure people's intake was enough.
- There was a system in place for care staff to share dietary needs and food preferences with the chef. The chef demonstrated they were up-to-date with people's needs and fortified food in line with guidance, to help people maintain a healthy weight where this was needed.

Staff working with other agencies to provide consistent, effective, timely care

- When people were discharged from hospital, staff followed discharge plans which were clearly recorded in people's daily notes.
- Nurses and team leaders met every day to communicate changes in people's needs and co-ordinated any required follow-ups to meet people's needs. Some care workers we spoke with felt that not enough information was passed on to them following these meetings. We fed this back to management who said they would review this with staff in their team meeting, to look at how they could improve this.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us the service supported them to access healthcare service with comments such as, "Medical professionals come here. I ask to see them", "Chiropodist is very good here" and "[Staff support me]...If I wanted a doctor or dentist."
- A visiting GP said referrals were always appropriate and done in a timely manner. They said their recommendations, such as monitoring blood pressure, taking bloods were always followed and information was available when requested for.
- Tissue viability nurses (TVNs) were involved with people's skin wounds where this was required to treat and

monitor their progress.

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.

- Staff we spoke with demonstrated sound understanding of the MCA and DoLS and described how they sought people's permission and enabled choice, to uphold people's rights.
- Mental capacity assessments and best interest decisions were documented and DoLS applications were submitted about specific decisions. For example, the use of bed rails where this restriction was required for the person's safety.
- Where people were appointed as lasting power of attorney (LPA) for health and welfare, they were involved in decisions about the person's care which was documented. LPA is a legal status that allows people to make decisions in a person's best interests where they lack the 'mental capacity' to make decisions for themselves.

# 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

- Staff appeared to have good relationships with people. We observed warm unhurried interactions from care staff when they supported people.
- We asked people if they were treated in a kind and respectful manner and responses were positive, with comments such as, "I just take it easy, they do it very well. They're not out to get you", "Staff are very good, some are excellent. We had a meeting to discuss this" and "Carers have a lot of patience." A recorded compliment from a person's relative stated; "Thank you to staff on second floor everyone has been very kind...[family member] was so well cared for and happy whilst he was with you."
- Staff spoke about people respectfully and appeared to treat people fairly. Staff received training in equality and diversity to understand people's rights and anti-discrimination values.

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

- People and relatives were involved in reviews and decisions about their care. Records confirmed regular meetings were held with people and their relatives to discuss if they were satisfied with the care and any changes that they might like to make.
- People we spoke said they were informed of changes and involved in decisions with comments such as, "Anything I ask to get changed does" and "They do involve me in decisions."
- The service had a 'resident of the day' system to review the person's needs and preferences with them. We saw a recorded compliment about this process from a relative; "Had a fantastic resident of the day – care plan reviewed yesterday. What wonderful people.... discussed her as a person, what she was like – wonderful!"

Respecting and promoting people's privacy, dignity and independence

- Staff received training in 'dining with dignity' and we saw staff were attentive to people's needs and promoted their dignity and independence at lunch time.
- We observed staff shared information with each other about people's wellbeing discreetly to maintain confidentiality.
- People and relatives told us their privacy was maintained. One person said, "They are quite good, very helpful, maintain privacy and dignity." A relative told us when they turn-up unexpectedly they have noticed staff protect their family member's privacy by keeping their bedroom door closed whilst supporting with personal care.

- Confidential information about people who used the service and staff was protected. We found the service complied with the relevant legislative requirements for record keeping. Filing cabinets were kept locked and keys were held by authorised staff. There was a secure log-in and password protected system to access people's records online.

# Is the service responsive?

## Our findings

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

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

- People's needs assessments included comprehensive information about their background, preferences and interests. It was clear that nurses and care staff knew people well when enquiring about people's care needs and personal history.
- The service used an electronic system to record people's care planning information and daily notes about their health and wellbeing. Care plans were regularly updated and review dates were set after each care plan had been agreed. Changes in people's health and wellbeing that required different levels of support were recorded.
- Some information was documented in paper records rather than the electronic records, such as people's weights and these were not always easy for us to access. The regional manager provided a satisfactory explanation after our inspection and told us that all weights were now recorded on the electronic system for clarity.

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 communication needs were assessed and recorded in their care plans. There were specific details in people's care plans about their abilities, needs and preferred methods of communication.
- Staff told us the dementia training they received gave them strategies to communicate with people to prevent and respond to distress.
- There was pictorial signage around the home to help people orientate. Menus were clearly displayed and people were supported to choose their meals through visual plated examples.
- We observed staff to position themselves at eye level and spoke clearly when talking with people who had an impairment or sensory loss.

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

- An activities co-ordinator organised a range of social activities such as keep fit, newspaper discussion, scatter pack game, quiz afternoon, musical bingo. Weekly activity schedules were displayed on notice boards and we saw staff reminded people of the events happening on the day.

- Community activities were organised according to people's interests. For example, one person went to Ascot races and some people had recently been to the theatre on the minibus.
- The activities co-ordinator showed they were creative and found ways to involve people in activities. For example, they explored people's life stories with them; one person with advanced dementia was an expert about flowers and so activities were based around flowers and different aromas, which we were told the person enjoyed and engaged them in one to one interactions.
- Regular religious services for different faiths were facilitated at the home to meet people's religious needs.
- We spoke with one person who told us staff supported them to visit their friend on another floor; during our visit a care worker was supporting the person to go to the ground floor to attend a group activity with their friend, which they appeared to be looking forward to.
- We saw relatives were able to visit people freely and there were quiet spaces for people and their relatives to spend time together.

#### Improving care quality in response to complaints or concerns

- There was a satisfactory complaints policy and the service provided clear guidance and contact details for how to make a complaint. People had access to the service users guide which detailed how they could make a complaint.
- The manager kept a complaints log, which showed complaints were responded to promptly and investigated. People and relatives received an explanation of events and actions taken to avoid reoccurrences.
- We were told that complaints had reduced since the new manager was in post. The manager told us they valued spending time with relatives to listen to and respond to any concerns.

#### End of life care and support

- The service explored people's preferences and choices in relation to their end of life, which was recorded in people's care plans.
- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way as recorded in care plans.
- People at end of life were supported to remain in the care home via the provision of any specialist equipment needed. If needed one of the nurses said palliative care specialists such as the Macmillan nurses supported them.
- Advance decisions to refuse treatment or elect for an alternative option were recorded and subject to on-going review. For example, one person's care plans stated, 'does not want to discuss says "you have enough information."
- Records showed that people's Do Not Attempt Resuscitation (DNAR) status had been discussed with them and their relatives.

# 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 good. At this inspection this key question has now deteriorated to 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.

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

- The culture at the service did not always achieve staff inclusion, although we saw the provider was following strategies to address this. The manager acknowledged there had been a closed culture at the service previously; sometimes information had stopped at team leaders and nurses rather than being reported to the manager. The management team felt this was improving and we saw there were strategies to promote a more open culture and team work. For example, the quality development manager provided regular workshops for small groups of staff to talk through concerns and the reasons behind changes at the service. We were told that as a result staff were more engaged and proactive with people and their relatives.
- Staff were recognised for providing good care and going the extra mile through monthly nominations made by relatives. Winners were awarded token gifts from the management team. Staff who were nominated for this award and whose training was up-to-date were also entered into a raffle for a cash prize. These schemes were encouraged by the manager to value and recognise staff's positive contribution to the service.
- We received mix feedback from staff about the manager's leadership of the service. Some staff said the manager was approachable and helpful, but other staff did not feel valued or respected by the manager and thought they were unapproachable and dismissive about staff concerns. For example, staff raised their concerns about the rota sometimes being issued at very short notice which was difficult for staff to co-ordinate but felt the manager did not take this seriously. We discussed this with the regional director and manager who said a team meeting was held the previous evening to listen to and respond to staff concerns.
- One member of staff said that leadership styles on each floor was different and commented, "Some staff get the chance to do things their own way", for example, some staff received more breaks than others. The manager told us they had addressed the leadership of some senior staff and felt this was starting to improve.
- Some people and relatives we spoke with said the manager was helpful and others did not know who the manager was. The manager told us they made a point of walking around the home every morning to be visible and to keep up-to-date with any issues.
- Agency staff we spoke with said the managers and the nurses were supportive and knowledgeable of people's needs and said they would come back to work for the service if required.

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

- There is a legal requirement for providers to be open and transparent called the duty of candour (DoC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake several actions. We checked if the service was meeting the requirements of this regulation.
- The manager demonstrated their understanding of the DoC. We saw documented evidence where the manager disclosed a serious incident to a relative with explanations about ongoing investigations, involvement of other agencies and action taken by the service to keep the person safe.

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

- The service did not have a registered manager. However, the service had been managed by the operations support manager and the regional director had kept us up-to-date with management plans. An application to register as the manager was submitted after our inspection by the manager. This was an interim arrangement until the service recruited a permanent manager.
- The regional director provided support to the manager and had knowledge and oversight of the service. A deputy manager was appointed March 2019 and demonstrated dedication to their role; they told us they valued leading by example and showed us they had implemented systems to support staff perform in their roles.
- There were governance systems in place to check the quality of the service. A service improvement plan was in place which was reviewed by the regional director. Outcomes were not clearly recorded, however, we could see the regional director's recorded comments indicated some areas were achieved. Internal audits identified that staff training had lapsed in some areas and the management team put a timely plan in place to improve this, the majority of which had been achieved at the time of our inspection.
- The service completed a monthly clinical overview of the service including falls, infections, medicines errors, pressure ulcers and hospital admissions. For example, trends were documented for infections and hospital admissions month to month, but this only included information about the numbers and types. There was a comment in February 2019 which stated there was a "huge improvement" in the number of respiratory infections from the previous month which was positive. However, there was no analysis or explanation about what was working or not working which would be useful for the service to understand and evidence for their learning and to improve the quality of care provided. We also noted the overview did not comment upon the medicines errors the service had reported to the local authority safeguarding team and CQC. There was no documented evidence of the service learning from the series of errors, although we were aware the service had reviewed medicines process and followed guidance provided from the local authority medicines optimisation team.

We recommend the service seeks advice from a reputable source about improving holistic analysis of incidents to demonstrate continuous learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to gain feedback from others to develop the service. People's and relatives' meetings were held every other month and regular surveys were sent to relatives. We saw outcomes from relatives' feedback between November 2018 and March 2019 and noted that themes were addressed by the service. For example, one person told us because of their feedback their family member's activities were reviewed and improved.
- We saw a recorded compliment dated April 2019 which read; "Everything is looking positive and we are grateful for the support [the manager, the deputy manager and nurse manager] have given us recently. It is not an easy or a quick process...can see great improvement and it is good to see some restored structure in

the care staff."

- The service had an Equality and Diversity policy in place and staff told us they were treated fairly in respect of their diverse needs.
- The service did not have any recent staff or people's survey's, but we saw plans to send these to gain their feedback.
- The provider encouraged community participation. For example, people and staff took part in a fundraising drive for other charities. The home hosted raffles and a tea party and people were supported to participate in a cycle ride using adapted equipment to raise money.
- The regional director and manager regularly met with the local authority safeguarding team to improve their understanding of local safeguarding reporting thresholds, which they were following at the time of our inspection.