Somerset Care Limited

Portcullis House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of Portcullis House Residential Home on 30 January 2018. When the service was last inspected in December 2015, there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Portcullis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The home specialises in the care of older people including people who are living with dementia. Part of the home, Rose Garden, is accredited with the Local Authority to provide specialist residential care (SRC) for people with dementia. A mental health nurse from a local healthcare trust supports this part of the home.

CQC regulates both the premises and the care provided. The inspection team looked at both during this visit. The service is registered to provide care and accommodation to up to 44 people. At the time of the inspection there were 37 people living at the home.

There was a manager in post at the time of this inspection. The manager was recently recruited and had submitted an application to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we identified that the provider needed to make improvements to ensure staff cared for people safely. We identified concerns around risk management in relation to pressure damage to people's skin. We requested staff take immediate action to reduce this identified risk. In another instance, staff had not completed a malnutrition universal screening tool (MUST) to establish a person's nutritional risk correctly. We raised this at the time of the inspection and staff adjusted the information immediately.

Current governance arrangements had not consistently identified shortfalls within the service. Internal governance systems were either not in place or had not been effective. Care records did not show people's up to date needs. For example, one person had an updated risk assessment regarding their mobility needs. The outcome of the assessment showed that due to deterioration in the person's mobility they required staff to assist them to move using a mechanical hoist. The care plan had not been up dated to reflect this change meaning staff did not have easy access to information about the person's current needs.

There were a number of vacant staff posts. This led to the high use of agency staff. The provider did not consistently align the induction to the Care Certificate. Supervision was not always completed in line with the provider's policy that staff should receive supervision four times a year.

The provider did not enable people to carry out person centred activities. Care plans did not identify people's hobbies and interests. Activities that staff did deliver were not consistent. We observed staff leaving

the room half way through an activity, which meant people were left with nothing to do.

We have recommended that the provider undertake a review of the current activity provision.

Leadership was not robust. Current governance arrangements had not consistently identified shortfalls within the service. The provider had appointed a new manager who had been in post for two months at the time of the inspection. The manager had a commitment to improving the care and support people received. However, they had not fully implemented the initial audit or shared with the team any objectives agreed. This meant the team found it difficult to know what a priority was.

People did tell us they felt safe at the service and were positive about staff. There were systems to support people in the event of an evacuation of the service. Most people gave positive comments about the care they received. In general, access and referrals to healthcare professionals was timely. Staff supported people in an environment where the adaptation and design was appropriate. There was space for people to sit outside in the summer.

We observed care staff addressing each person by name. Staff told us, "The most important people here are the people who live at the home." "We have to look after them as best as we can, we can go home at the end of our shift, they can't they are here all of the time." Staff appeared kind and interacted with people well. People told us they would be comfortable raising a concern or making a complaint if they needed to.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Areas of practice within the service were not safe and placed people at risk.

The provider did not consistently share lessons learned following the conclusion of any investigation

People received their medicines as prescribed.

The provider did not complete infection control audits and staff did not follow a cleaning schedule.

Sufficient numbers of staff to meet their needs supported people. Agency staff had a good knowledge of the people they were caring for.

People were supported by staff who had been safely recruited.

Is the service effective?

Good

The service was effective.

Staff that had undergone training to carry out their role effectively supported people.

People were supported to have enough to eat and drink.

People were supported to access health and social care professionals as required.

The home was accessible and people were able to personalise their rooms.

Staff worked within the principles of the Mental Capacity Act

Is the service caring?

Good

The service was caring.

Staff demonstrated kindness and recognised people as

individuals.

People had established warm and supportive relationships with staff.

People were able to maintain relationships with family and friends, which were important to them.

People and their family member were involved in care planning.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

The provider did not provide people with meaningful activity that took account of their personal hobbies and preferences.

Staff did not always involve people and their relatives in care planning and service development.

Staff did not always communicate with, and understand what people wanted.

Care plans were not clear. Staff did not have easy access to information about the person's current needs.

The provider did not have system in place for some people to maintain their faith in accordance with their preferences.

People told us they felt comfortable to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

Systems in place to monitor and review the quality of care and identify areas for improvements were not always effective.

There was a lack of oversight by the provider during the absence of any stable management at the service.

The provider did not demonstrate continuous learning that helped improve service delivery.

Staff did not feel valued and morale was low.

People living at the home knew who the new manager was.

The provider worked in partnership with external agencies

Portcullis House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was unannounced.

Two adult social care inspectors, one expert by experience and a specialist advisor with experience of working in dementia services carried out this 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that the provider completes to give some key information about the service, they tell us what they feel the service does well and the improvements they planned to make. We also reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

There were people in the service living with dementia. These people were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 17 people and two relatives. We also spoke with 13 members of staff. This included the manager, the deputy manager, care staff, and kitchen staff.

During the inspection, we looked at six people's care and support records. We also reviewed records associated with people's care provision such as medicine records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

Although generally people living at the home told us they felt safe, some areas of practice within the service were not safe and placed people at risk. For example, risk assessments were not robust. Staff had assessed one person as high risk of pressure damage to their skin. The provider had supplied this person with an airflow pressure-relieving mattress. Staff had not recorded in the care plan what pressure the mattress should be set at. When we looked at the mattress, we found it was incorrectly set for the weight of the person, which meant they were not receiving the correct pressure relief to minimise the risk of pressure ulcers.

People did not always receive the support required to meet their nutritional needs. For example, during the inspection we identified one person who had diabetes and had lost a considerable amount of weight. The staff had incorrectly completed a nutritional screening tool, which resulted in them being wrongly assessed as low risk. When correctly completed the assessment showed the person was at high risk. The tool stated that a person at high risk should have their weight monitored on a weekly basis and food supplements to reduce the risk of hypoglycaemic episodes. The inaccurate assessment meant the person had not been receiving the support required to effectively meet their needs.

We found a further example where people were at risk of unsafe care or treatment. For example, one person had a chronic problem with fluid in the lower legs; staff had not evaluated the changes to this person's skin integrity or linked it to other care plans such as nutrition and mobility. There was no pressure ulcer risk assessment completed, and the last time the district nurse visited was November 2017, which meant the person, was at risk of developing pressure ulcers.

This evidence amounts to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient numbers of staff to meet their needs supported people. However, records showed that in December 2017, 1406 of 5468 hours were covered by agency staff. There was evidence to show that this was improving however, as in January 2018, the use of agency staff had reduced to 598 hours from a total of 5100 hours. Further additional hours that required covering were filled by an established bank staff team. We discussed this with the manager who told us, although there was a high number of agency staff working at the home they were able to use the same staff, which provided consistency for people. One person living at the home said, "I know some of them come from an agency but they are lovely and I've got to know them and they know my little ways."

We spoke with two bank members of staff working in the part of the home, which cares for people living with dementia, Rose Garden. Both staff had a good knowledge of the people they were caring for and provided personalised care to them. People were comfortable with the staff from the agency and they spent time laughing and chatting together.

Comments from people living at the home included, "Staff are always there to help you." "Staff are excellent,

always there when you want them." "Staff are always busy in the morning but if you want anything you can ring the bell. They are not too bad time wise. Never keep you waiting long."

Each person had a call bell in their room, which enabled them to summon help at any time. Records showed the provider maintained the call bells but did not audit the response times. Throughout our visit, we heard call bells ringing for long periods of time, which showed staff were not answering promptly, people's requests for assistance. In Rose Garden, some people were unable to use their call bells due to their capability. Staff offered people regular support.

The provider had policies and procedures in place for safeguarding vulnerable adults. Records showed staff received safeguarding vulnerable adults training. Staff we spoke with knew the correct action to take if they suspected anyone was at risk of abuse. One member of staff told us, they would, "Go straight to the office to report it."

The provider had policies and procedures in place to manage incidents and accidents in the home. Staff we spoke with knew the reporting process and we reviewed records that had an analysis of incidents and accidents that occurred that month. This meant the registered manager was able to identify patterns and adjust service delivery to reduce the risk of a re-occurrence. We were told that some information was shared following incidents. However, this was not consistent.

The provider had policies and procedures in place to manage health and safety in the home. The provider had recruited a maintenance person who managed any issues raised. The maintenance person was responsible for carrying out regular checks of the fire detecting systems and legionella tests; we reviewed records that included the current water certificate of registration. We also reviewed the homes contingency plan that included emergency contact details and a supplier contact details list. Staff had updated this in December 2017. Care plans contained personal emergency evacuation plans. These showed the support people required in an emergency such as a fire.

During the inspection, we spoke to a relative who told us, "Everything is wonderful here. My relative loves it, they feel safe, and I do not need to worry." We also spoke with another person who said, "I feel safe and sound here both day and night," then added, "Why not?" Another person told us, "I am safe here most of the time."

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained references together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

The provider had robust medicine management procedures in place. All medicine was stored in individual locked cabinets in the person's room. The provider trained senior staff to administer medicine and two staff members administered any medicines that required additional storage.

The provider used an electronic medicine system. The system stored the persons prescribed medicines and personal details. The staff member administering the medicine had a hand held device, which highlighted the medicine required for that person at specific times. A number of safety features prevented staff from moving onto the next person until the previous person had taken their medicine and staff had electronically signed for it. The Barcoded system also highlighted when PRN, (when required) medicines such as paracetamol were due to be offered. At the time of the inspection, we observed staff administering medicine

safely.

Everyone we spoke with said staff administered their medications and all thought they got the right medicines. One person was able to tell us exactly what tablets they had and when. This person knew that staff got it right. We observed staff administering eye drops for one person. Staff wore appropriate gloves and administered the drops correctly. However, staff did administer the eye drops at the breakfast dining table not in private.

During the day, we observed staff asking people, "Are you in any pain? Remember I can give you something to take it away." We also observed a handover where staff updated the team on any changes in medicine following the GP visit. A relative we spoke with told us, "They always update me on anything and everything."

Recently the home had an outbreak of Norovirus. Staff shared concerns about wellbeing and risks related to hygiene and infection promptly with the appropriate agencies. We observed hand-washing posters in the toilets, and staff had access to personal protective equipment such as disposable aprons and gloves. The home was visibly clean; communal areas and bedrooms smelt fresh and were in good condition. However, the provider did not complete infection control audits and staff told us they did not follow a cleaning schedule.

On the day of the inspection, we noticed that not all of the alcohol gel dispensers were working and some of the corridors within the home had disposable bowls placed along the handrails and windowsills. We raised this with staff; they removed the items immediately and assured us they would replace the alcohol gel dispensers.

Good

Is the service effective?

Our findings

Some people who lived at the home did not have the mental capacity to make decisions for themselves and in those situations staff worked in accordance with relevant legislation. 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. Staff had an understanding of the Mental Capacity Act (MCA) and supported people in a manner that respected their legal rights.

Staff protected people's legal rights. Staff had received training and had knowledge of the MCA There were also easy to understand leaflets in the home that staff could use as quick reference. One member of staff said most people could make their own choices. Where people could not communicate, staff told us they would talk to relatives to make sure they acted in their best interests. When people moved to the home, staff assessed their capacity to consent and took appropriate steps if assessed as not having capacity to make the decision. We saw copies of these assessments in care plans.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager has submitted DoLS applications where being as assessed as required. The relevant local authority was currently processing these.

Staff spoke positively about their training, and told us they felt supported in relation to the training they received that consisted of both mandatory internal training and additional nationally recognised qualifications. The current training records showed that staff completed training in key areas such as first aid and basic life support, health and safety, infection control, safeguarding, moving and handling and dementia.

Mandatory training attendance was up to date and we saw certificates of attendance on staff personnel files. One staff member said, "Training is on going." Another member of staff told us, "I have completed by level two NVQ and soon will be doing my level three." Staff received an induction, which included manual handling, fire, health and safety and principals of care. We found examples of staff inductions where the provider had aligned the induction to the Care Certificate. However, this had not always been achieved. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles.

There was a process to ensure staff received performance supervision and an annual appraisal where performance and learning objectives for the coming year could be set. Some staff we spoke with told us they had not received regular supervision. We checked six supervision records; one person's records show they

last had supervision 21 March 2017 and their appraisal was dated 21 March 2016. Another staff members file showed they had last received supervision on 31 July 2017 and had their appraisals on 29 January 2016 this was not in line with the provider's policy that staff should receive supervision four times a year and an appraisal once a year.

People were mostly complimentary about the food served in the home and everyone we asked said they had plenty to eat. One person told us, "The food here is lovely." Another person said, "The food is alright. It depends who's cooking." One person told us that although they found the food very good they felt staff gave them too much to eat and drink. They said, in a joking manner, "I've never drunk so much tea and coffee in my life."

Staff told us the home follows the corporate menu devised by head office; this menu runs on a four weekly timetable. Staff told us, "We can make little changes." Staff recorded individual special diets and allergies in a folder and kitchen staff put them up on a board in the kitchen."

We observed staff serving lunch on Rose Garden, the dementia suite. Staff sat residents at the dining table, laid with a tablecloth, napkins, and cutlery. Staff offered each resident a choice of fruit juice, or a glass of white wine. Staff served the vegetables in a serving dish; the care staff had plated the main part of the meal.

Staff gave each person a choice of main course. Staff showed people a plated meal of each choice so they could choose what they would like to eat. After the main meal, staff offered a choice of dessert, and hot drink. The mealtime experience was relaxed and informal, the care team sitting down with the residents to eat lunch enhanced this, and this ensured that they were on hand to offer any assistance when required.

Staff worked with other health and social care professionals to meet people's health and care needs. Care plans showed GP's, nurses, and opticians saw people. During the inspection, we observed a District Nurses visiting to change a person's dressing, and a GP visit resulted in the person going to hospital for further investigations. Community nursing staff visited the home daily to monitor and treat people's on-going healthcare needs.

Two people we spoke with said how attentive and good staff had been when they had been unwell. One person said, "They certainly looked after me when I was poorly." Another person said, "They were excellent when I wasn't well."

The home is purpose built, and is surrounded by its own garden and car park, there is space for people to sit outside in the summer. The home had two resident hens which people living at the home referred to as the "black hen" or the" white hen." The provider had completed robust risk assessments that enabled the hens to remain safely at the home.

At the time of the inspection, the home had the decorators in. People were being supported in an environment where the adaptation and design evidenced the provider responded timely when required. There was a lift to support access to different levels of the home. At the time of the inspection this was working.

Good

Is the service caring?

Our findings

Staff did not always protect people's right to privacy and confidentiality. During the inspection, we observed staff working on computers in communal areas without protecting the information on the screen. This meant anyone walking past had sight of peoples personal details. We raised this with the manager who immediately arranged for staff to re position the computers.

We observed a handover to the care assistants; this was very brief and just updated staff on any recent changes. A more detailed handover took place between senior staff on duty; this handover took almost one hour to deliver and did not start until the staff member coming on shift had already been on duty for over an hour. The dementia unit did not have a formal handover and the oncoming staff just read a handover sheet. This process meant staff were at risk of missing important information about people living in the home because communication was not consistent across the team.

Bedroom doors were kept open during the inspection, this meant people walking past could see into bedrooms and some people remained in their beds throughout the day. We raised this with staff who told us some people requested that their door remained open. As doors were already open, we did not observe staff knocking on doors when entering them. However, staff did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

People spoke very highly of the staff that supported them and all said they were kind and caring. One person told us, "Staff here are excellent and very kind." Another person said, "Staff are very kind. They will do anything for you."

During the day, we observed staff being kind and patient in their interactions with people. Staff chatted happily to people when they helped them and people looked comfortable and relaxed.
One person who spent their day in their room said, "The carers are always popping in and out."

People described their care as, "It is much better here than I thought it would be." "They look after you terribly well. Everything is good and dandy." And, "We're okay here, they (the staff) are lovely to me."

A relative told us "The care staff are wonderful, nothing is too much trouble for them, I can't fault the care here." They went on to explain, "I am involved every step of the way, it's wonderful here." We asked if they had ever been asked to provide feedback on the care provision, they replied, "Not formally, but you can mention anything." This relative went on to explain, "If anything changes with my relative they ring me straight away." Another relative told us they had been involved with care decisions from day one. One relative said, "I have never been invited to a meeting about my relatives care."

During the inspection we observed care staff addressed each person by name, in addition we noticed staff addressing people as, "Darling," or, "My lovely." Staff told us, "The most important people here are the people who live at the home. We have to look after them as best as we can, we can go home at the end of our shift, they can't they are here all of the time."

People looked comfortable and relaxed with staff that supported them. One person said, "You can have a laugh with staff. It's all very comfortable." Another person told us, "I feel safe because there is always someone here to help you. It doesn't matter what time you ring the bell someone always comes." One person told us, "They are very kind and nice to you."

People who use the service told us they were involved in care planning. One person told us, "The so called carer" (adding) "If you can call them that" (then laughing) added, "Yes, they ask me a lot of questions." Another person said, "I can ask for anything." A visitor we spoke with explained that their relative had dementia and could not make their own decisions around their care needs. They said, "I have spoken up for her."

People said staff supported them with personal care but also respected their right to independence. One person told us, "I like to do things for myself but I know staff would help if I need them to." Another person said, "I always have a lady to help me to wash and dress. They are very good."

People's friends and relatives could visit them at any time of day. There were no restrictions on visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection, several visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them. Relatives we spoke with were all very positive about the way staff treated them and felt comfortable visiting at any time of the day. They told us staff offered drinks during their visits and we observed this happening

Requires Improvement

Is the service responsive?

Our findings

The provider used an electronic care record system. Staff printed out hard copies for daily use and to share with people who lived at the home. Staff told us changes to people's needs were communicated to them by senior staff during handover meetings. The electronic system had a traffic light code that told staff when to review care records. Staff told us they reviewed care plans monthly and amended if necessary. However, we found a number of reviews were overdue at the time of the inspection.

Some information in care plans was contradictory which meant staff did not have clear information about people's needs. One of the care plans we looked at read in the biography, 'I can hear well, see well and speak well without issue.' However, in another section of the care plan it stated, 'As I have an issue with my hearing I get tired and communication can become slow and quiet.' Another care plan stated the person used a walking frame but the risk assessment showed they used a wheelchair and needed staff to hoist them. This meant people were at risk of receiving incorrect care. This was of particular risk in this home due to the current high use of agency staff who may not be familiar with people's needs.

Other care plans reviewed raised similar concerns. They did not always show people's up to date needs because staff did not remove historical information or because staff did not incorporate updated risk assessment outcomes into the care plan. For example, one person had an updated risk assessment regarding their mobility needs. The outcome of the assessment showed that due to deterioration in the person's mobility they required staff to assist them to move using a mechanical hoist. The care plan had not been up dated to reflect this change meaning staff did not have easy access to information about the person's current needs. However, when we spoke with this person, they told us staff always supported them to move using the mechanical hoist. They said, "I feel safe when they hoist me. They're very good."

The provider did not enable people to carry out person centred activities and encourage them to maintain hobbies and interests. People felt there was a lack of activities at the home. One person told us, "Sometimes there are things going on, but one of the hardest things is killing time." Another person said, "Once I've read the newspaper there's not a lot more excitement to the day." When we asked one person if they would recommend the home they said, "I would recommend it to someone like me who is quiet and a loner but if you were a lively person I don't think it would be for you."

During the inspection, we observed part of an activity group. People sat around in a circle listening to music and bouncing a balloon to each other at the same time discussing Shrove Tuesday. An activities coordinator led this. However, whenever the call bell went off the activities coordinator had to leave the group to answer the bell. During the absence of the activities coordinator, people were unable to continue with the activity and had to remain in the circle unstimulated awaiting their return.

In Rose Garden, we observed six people sat at tables following breakfast. One person had their nails painted and two people played cards with a staff member for a short period. Another person was asleep at the table with a cold cup of tea in front of them. Staff prompted this person to drink the tea several times. However, staff did not offer to support them to drink it or offer to refresh it. Staff had not structured this activity

session and left people after 20 minutes to sit at the tables for a further 45 minutes with no interaction until it was time for a cup of tea. We raised this with staff who told us that they were getting ready to deliver a musical activity in the lounge and would soon be supporting people to attend that.

People told us staff did not support them to practice their faith. For example, one person said they used to enjoy going to church but had not been since living at the home. Some staff we spoke with confirmed they did not accommodate people's individual faiths and religions. Care records we reviewed did not contain information about people's culture and beliefs. However, since the inspection the provider has sent in further evidence that demonstrates they have offered some people support with their faith.
We recommend the provider undertake a review of the current activity and spiritual support provision taking account of published national guidance. This is to help ensure this provision meets the needs and preferences of all people at the service.

People told us they would be comfortable to make a complaint. One person said, "I have no complaints but I know staff well enough to make a complaint if I had one." Another person said, "I would complain to the carers. I have complained in the past and they have done something about it."

During the inspection a visitor, who was taking their relative out, told the care staff, "My relative is wearing someone else's trousers." Staff did not apologise or offer to change the trousers. We spoke with this relative who told us, "The only complaint I have is the laundry." They told us, "Things are always going missing." They went onto explain that they would be happy to raise their concern with home manager. We asked this relative if they knew who the manager was, they replied, "I can recognise the manager but I have never spoken to them." A person who uses the service stated, "He is the big boss, he is in charge." I see him quite often." The manager walked through the lounge at the same time and the resident was able to point them out.

At the time of the inspection, no one living at the home was receiving end of life care. We reviewed treatment escalation plans where staff had recorded people's resuscitation preferences. We saw that staff had completed one when the person had been in hospital. However, there was no evidence that staff had reviewed the plan in accordance with their change in circumstance.
Staff where aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care. Following the inspection, the provider gave us, a sample of compliment cards from family members whose relatives had received end of life care. Comments included, "words cannot express our thanks." In addition "We feel honoured you can be with us at such a moment".

Requires Improvement

Is the service well-led?

Our findings

Leadership was not robust. Current governance arrangements had not consistently identified shortfalls within the service. We reviewed how staff identified and managed risks to people's health, safety, and welfare. We found that whilst provider level audits were completed, internal audit systems had failed to identify the shortfalls we identified from this inspection.

In relation to provider visits, we saw records that showed regular visits to the service were undertaken. These visits included speaking with people, staff, and the manager about the service. The records we reviewed showed that the operational manager had identified actions to improve the environment. However, additional internal governance systems were either not in place or had not been effective. For example, there was no system to ensure that people using an air mattress had correctly inflated equipment. Staff did not know the correct settings for air mattresses. We raised this with senior staff and helped them rectify it prior to us leaving the service.

The provider had appointed a new manager who had been in post for two months at the time of the inspection. The new manager was in the process of submitting their application to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A deputy manager supported the registered manager. They both demonstrated an excellent knowledge of people and their care needs. During the inspection, they spent time in the main areas of the home talking with people. Everyone was very comfortable and relaxed with them.

We received mixed feedback from staff about the leadership and management of the service. One staff member said, "The new manager is supportive and accessible, and I would feel comfortable talking to them." Other staff said, "I think things are going to get better now. The manager is responsive if I ask for anything. I have never seen anything to concern me and if I did I would go to a senior. I feel the manager is supportive and listens."

Less positive comments related to the visibility and 'hands on' support staff received from the manager. One staff member said, "The manager's office is tucked out of the way so they can't see what's going on all the time." Another comment was, "The manager's office is out of the way so people can't access them easily." Further feedback included, "This is not a happy place to work." "There is not enough staff and we all have to do lots of different jobs."

People living at the home knew who the new manager was. One person, who told us they seldom left their room said, "[Manager's name] seems very pleasant. He's been up to see me a couple of times."

We spoke to people and their relatives about the leadership of the service. One comment we received was, "I

am ok can't complain." Another person we spoke with told us, "It's very good as far as I am concerned." People's relatives did not raise any concerns about the management.

We asked visitors if the provider had ever invited them to meetings or asked them to complete questionnaires on the service delivery at the home. One person replied, "No." This person had been a regular visitor for the last three years. We also asked the staff about residents meetings. Staff told us, "We used to have them but not recently." Some staff also said, "We also used to have staff meetings but none have been held recently." However, following the inspection the provider gave us a sample of team meeting minutes dated 19 October 2017 where staff discussed areas such as recruitment, medication and communication.

The provider did not consistently demonstrate continuous learning that helped drive improvement. For example, the provider had a policy that managers should contact five relatives or carers a month to get feedback on the service. We reviewed results of these satisfaction calls, these were generally positive. However, the last call monitoring took place in September 2017 and we did not see systems in place to monitor the experience of people who may be unable to express their views verbally. This meant the provider was not fully inclusive.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses visited to see people who had physical healthcare needs and required additional support. This helped to make sure people received care and support in accordance with best practice guidance. The district nurses communicated well verbally with the care home staff. They visited on the day of inspection and were discussing various residents' needs. They also kept a district nurse file in the senior care office, which meant staff had clear instructions regarding peoples care needs. Other voluntary groups visited the home. For example, to cut people's toenails, or provide hairdressing facilities.

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 The provider did not do all that is reasonably practicable to mitigate risks for people using the service. Regulation 12(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems and processes to make sure they assessed and monitored their service. Regulation 17(2)(b)