

CC Whitelodge Limited

# White Lodge Care 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 21 November 2018 and was unannounced.

White Lodge is a 'care home without nursing'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

White Lodge accommodates up to 25 people living with dementia and physical frailty. There were 21 people at the home when we inspected.

At the last inspection in April 2018, the service was rated Inadequate and nine breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were found. Following the inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least 'Good'. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

This inspection found that whilst improvements had been made and number of regulatory breaches had been met. There were areas still to improve and embed in to everyday practice. The service has been taken out of special measures.

There had been no registered manager in place since August 2018. A manager had been appointed and they had begun the process of being registered with CQC. They will be referred to as the manager in the report. 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.

There had been improvements to the management of medicines, although further improvements were needed. Actions had been taken to address medicine errors made by staff, and supervisions and daily audits had been implemented to improve the management of people's medicines in the home. However, there were still concerns about some medicines management. For example, maintaining accurate records regarding the safe administration of medicines.

A quality assurance framework was in place. However, this was not consistently effective and shortfalls in the provision of care were not always identified.

There had been an improvement in the assessment and mitigation of risks associated with falls. Most of the risk assessment and management plans to minimise risks to people from falls were completed in sufficient detail and risk management plans were followed by staff.

Staff were knowledgeable about the risks associated with people's care. The information available to new and unfamiliar staff, such as handover notes and care plans was consistent to guide staff on how to support people safely. However, work was still needed for care records to be more person centred.

There was robust recruitment procedures in place and staff had been safely recruited. Sufficient staff were available to meet people's needs. The provider told us there had been changes to the number of permanent staff on duty and the more effective shift management and allocation of staff. However, people and their relatives told us they did not think there were always enough staff available.

The provider told us about the recent staffing changes they had made and were confident these would achieve improvements for people. This included recruitment to an operations manager post. Further time was required to embed these changes into practice and ensure sufficient staff were available to meet people's needs and keep them safe at all times.

People told us they felt safe living at the home. Staff understood their responsibilities to protect people from abuse and referrals had been made to the local authority when incidents or allegations occurred.

Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Equipment used to support people's needs such as hoists and bed rails was checked and maintained to ensure it was safe for people. The premises were safely managed by maintenance staff including protective equipment such as fire safety equipment and the arrangements for the safe evacuation of people in an emergency.

An inclusive and open culture was being established and the provider welcomed feedback from staff, relatives and health and social care professionals to improve service delivery. A programme of audits and checks was needed to monitor the quality of the service and ensure improvements were made where required.

During our inspection we found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers 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?

The service was not consistently safe. Whilst meeting the legal requirements that were previously in breach there were areas that required further development and embedding into everyday care delivery.

Records relating to the safe management of medicines were not consistently kept or maintained.

The provider operated an appropriate recruitment and selection procedure for new staff.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their support plan.

People told us they felt safe and staff were aware of safeguarding adults' procedures.

All areas of the home seen had a satisfactory level of cleanliness and there were arrangements in place for ongoing routine maintenance and repairs.

**Requires Improvement** ●

### Is the service effective?

White Lodge Care Home was not consistently effective. Whilst meeting the legal requirements that were previously in breach there were areas that required further development and embedding into everyday care delivery.

Staff received the induction, training and support they required for their roles.

The service met the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. People had access to healthcare professionals.

**Requires Improvement** ●

### Is the service caring?

White Lodge Care Home was not consistently caring. Whilst

**Requires Improvement** ●

meeting the legal requirements that were previously in breach there were areas that required further development and embedding into everyday care delivery.

People were supported by caring and attentive staff. People's privacy and dignity was respected by staff. Staff encouraged people's independence where possible.

Staff made suitable adjustments to meet the diverse needs of people who used the service.

### **Is the service responsive?**

White Lodge Care Home was not consistently responsive. Whilst meeting the legal requirements that were previously in breach there were areas that required further development and embedding into everyday care delivery.

There were activities on offer to meet people's needs and interests.

Complaints and concerns procedures were in place to managed issues promptly and efficiently.

Staff were familiar with people and their needs which enabled them to provide support.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

There was no registered manager.

A quality assurance system was in place and information from audits was used to inform a central action plan to drive continuous improvements. However, it was not always effective and failed to consistently identify shortfalls. They did not evidence that actions taken were to drive continuous improvement.

There was a new management team in place and feedback from staff and people was mostly positive about the leadership of the home. Some time was needed for the team to develop and embed the changes and improvements they had begun.

Quality assurance surveys and meeting records showed people, their relatives and staff were engaged through meetings to give their views on the service which were responded to by the provider.

**Requires Improvement** ●

# White Lodge Care Home

## 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 21 November 2018 and was unannounced. The team consisted of two inspectors, an expert by experience and pharmacy inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise were in caring for older people and caring for people living with dementia.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service.

During the inspection we spoke with twelve staff members including the manager, operations manager, provider, care staff and activity staff. We also spoke with two visiting professionals.

We spoke with a total of nine people using the service and seven relatives. Some people who lived at the home had varying levels of communication, however, we could engage with them and ascertain from their mood and demeanour, how they felt living at the home. We also observed interactions between staff and people using the service.

We reviewed the care records for four people including risk assessments, plus staff records such as recruitment and training. We reviewed medicines management arrangements and records relating to the management of the service, such as audits, policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection in April 2018 we rated the service as 'Inadequate' under the key question of 'Is the service safe?' We found at this inspection the provider's performance had improved. However, work was still required and these changes needed to be embedded in daily practice.

People spoken with told us, "It's very good in here. Yes, I feel safe. Everything is safe. I like being with people. That keeps me safe. I use that [pointing to their walker] to help me get around, it's quite new. I can't remember where I got it from. I wouldn't be able to get around without it. It keeps me standing up, I have something to lean on." Another person recognised us from the inspection in April 2018. They said, "It is very nice here. They are all very kind. Yes, I do feel safe. It's the building itself and the very friendly people around that makes me feel safe."

At our last inspection in April 2018 we found that systems were not in place to ensure the proper and safe management of medicines which was a continued breach from our previous inspection in January 2017. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst some action had been taken, however, accurate records around the safe administration of medicines had not always been maintained.

Some people were having their medicines administered covertly. This is when medicines are "disguised" in food or drink. Additionally, some of these people were having their medicines crushed. Crushing medicines can affect the safety and purpose of the medicine and so pharmacist advice is recommended to confirm it is safe to do so. Documentation reflected that mental capacity assessments had been completed and that best interest decisions had been made with input from the GP and the pharmacist. However, the best interest forms sent to the pharmacist and GP had not been completed fully for example 'How will you ensure staff administer this medicine' the response was, 'staff would have training'. Nowhere on the form did it state how they would covertly give the medicine. For one person this had meant hiding it in their porridge. We saw the person stopped eating porridge and staff were then crushing the medicine and putting it in the person's tea. There was no updated form sent to the GP and pharmacist. Where there had been a change in the administration of covert medicines, an updated best interest form had not been sent to the GP or pharmacist to ensure the continued safety of the administration of the medicine

We saw that for another person they had been prescribed an antibiotic which was contraindicated with one of their daily medicines. Whilst this had been written in the communication book, they had been given both tablets, three days out of the seven days of the antibiotic being given. The manager told us they had carried out supervision with staff responsible. They had not reported this as an incident. We also saw that one medicine when it had been checked in, the prescription was different to the administration record for example, one tablet in the morning and two in the afternoon, it should have been two twice a day. The records had been altered once the error had been found but it had not been recorded as an incident. While the incident had not been recorded as an incident, the provider had taken all reasonable steps to prevent a reoccurrence, including speaking with the pharmacist. However, with not reporting these incidents the manager was not able to monitor changes and issues in medicines management. We have further reported

on these concerns in the 'Well-led' domain of the report.

We observed people being supported to have their medicines. The staff administering the medicines checked people were happy to have their medicines, didn't rush them and waited until they had swallowed their tablets before signing the electronic medicine administration record (MAR). The staff asked people if they needed any additional pain relief and when people declined, staff said "No problem, if you get any pain later, just let me know". The member of staff was also holding the phone for the home and received multiple calls whilst administering medicines. This meant their full attention was not on the medicines round, meaning people could be at risk of errors occurring. We brought this to the attention of the manager who said they would ensure when medicines were being administered another member of staff would have the phone.

Medicine profiles and plans were in place for 'as needed' (PRN) medicines. Medicine preferences told staff how people preferred their medicines for example, '[name] will swallow meds one by one with a glass of water.'

Some people were self-administering their medicines. In these instances, we saw that self-medicating assessments had been completed. The assessments had been signed by staff and by the people who had been assessed. We spoke with one person who was self-administering. They were very knowledgeable about their medicines and confirmed that staff checked they had taken their medicines each day.

Medicines were stored safely. Stock levels were checked regularly. When medicines were no longer required, they were disposed of safely. Clinical room temperatures were monitored as were fridge temperatures. This meant that staff ensured medicines were stored within recommended temperature guidelines.

At the last inspection in April 2018 risks to people had not always been identified and managed appropriately. Where risks had been assessed there were no comprehensive plans in place to instruct staff on how to safely manage those risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach.

People were protected from risks associated with their care and support because improvements had been made the assessment and management of risks.

We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. All the staff we spoke with fully understood the rights of people with mental capacity to take risks and make potentially unwise decisions. One staff member said, "If someone has capacity, then it's up to them, even if it's risky". Another staff member told us, "We need to keep people safe but that doesn't mean we try to stop people doing anything".

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a regular basis or in line with changing needs. Where people had been identified at risk the records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for most people in a consistent safe way.

People were protected from the risk of being cared for by unsuitable staff. Robust recruitment and selection processes were in place to ensure that staff had the appropriate experience and character to undertake the

role. We looked at the recruitment records of two members of staff and noted the recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. There were two written references and an enhanced criminal records check had been sought before staff commenced work in the home (Disclosure and Barring Service (DBS)). These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

At the last inspection in April 2018 staff were absent from the lounge for long periods, where many people spent their day. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach.

We looked at how people were protected from abuse, neglect and discrimination. People spoken with told us they felt safe and comfortable in the home. For example, "I would tell one of the girls who come in if I was feeling unsafe." "I don't really like to complain but I think if I did feel unsafe in any way I would say something to the manager." Relatives and visitors spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. For example, "I would certainly say she is safe here. If she has any medical problems she is referred to her GP, or to hospital. She is looked after with staff who are around 24 hours a day. That is peace of mind for all of us who love her." We observed positive interactions between people living in the home and the staff and noted there was a friendly atmosphere. Another said "I've absolutely no concerns about his safety, or that of his possessions. He seems happy in himself since he's been here. He's settled well and not so miserable now. For the first time in three years I feel I can go away in the knowledge he is safe and well care for."

At the last inspection in April 2018 the management of people's monies was not safe and open to abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach.

We looked at how the provider managed people's money day to day, which was necessary for everyone living at the home. We noted the provider had developed a system of requesting money when required. Monies were 'signed out' when needed. Receipts for all purchases were obtained and a running tally of each person's spending and balances were kept and regularly audited.

Safeguarding policies and procedures were in place to provide guidance and information to staff. The manager and the staff spoken with explained how they would report safeguarding concerns to the appropriate person and organisation. Staff were confident any concerns raised would be listened to and acted upon. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. The manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had a whistleblowing policy in place. A whistleblowing policy outlines external bodies that staff can contact if they do not feel comfortable or able to raise concerns to internal management. Staff told us they understood how to follow the whistleblowing policy and would be comfortable raising concerns if required.

Staff had had access to a set of equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment. We saw that people were relaxed with

the staff who were supporting them and readily sought support or assistance from any of the staff members present during our inspection. For example, when people asked for help, staff were nearby and swift to respond in a gentle, reassuring way. This indicated that people felt safe around the staff members. People told us; "I believe I'm treated very well." "I think we are all treated very well here. I'm very happy. I can't say I've noticed any discrimination between the way one person is treated over another." "Yes, I'd say they treat me fairly and without discrimination." Visitors said; "I look around when I visit and I think everyone here is treated with fairness and compassion. There certainly doesn't appear to be any discrimination from what I've seen." "Dad is well liked and I think they treat him very well and are never rude to him."

We asked people and their visitors if they thought there were enough staff. Four people said; "Not all the time, because it's not possible. Sometimes people aren't well and can't come into work so then the others must work harder. I don't use my bell very often but when I do they seem to come quite quickly. I'm not sure of who people are or their names but I recognise their faces." "It's a bit of a rush in the mornings. They're very quick and sometimes I would like for them to stop for a few minutes to chat but I know they don't have time. They help me and then it's on to the next one so that everyone's up, washed and dressed to make the most of the day."

Two relatives said; "From what I've seen, there seems to be enough people around. I occasionally hear a call bell ringing but it's not relentless. All I can say is that I think [name] is taken care of well." "I think during the day there probably is enough staff. I sometimes think they might be short staffed after 7pm because there's not so many of them." I asked if something specific had happened to make her think this and was told; "I don't know what makes me say that. I think it's just the ratio of the number of residents to the number of staff and wonder why there should be so many less at night."

We asked staff if they thought there were enough carers on duty to provide safe and effective care. One staff member said, "The staffing levels are enough when everyone turns up but if someone goes off sick we can struggle. The manager is good though and they will help until someone else comes in. That's only an hour or two". Another staff member told us, "We are short staffed quite a bit of the time. There are four residents who need two carers. We try to get to them first but it can be 11 o'clock before we get them up. We keep them safe; they're not left but it can be stressful".

We discussed these concerns with the manager and they told us they were looking at deployment of staff as well as recruitment.

We looked at the duty rota for the period of 29 October 2018 to 18 November 2018. There were usually four care workers present in the mornings and three in the afternoon and evenings. There were two at night. At weekends, there was a reduction to three care staff on most days, though occasionally there were four. There were also a range of other staff employed, such as activity, domestic, maintenance and kitchen staff. There was no significant use of agency staff during the period examined; almost all staff were existing employees working extra shifts.

At the last inspection in April 2018 there were concerns regarding records of fire safety. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach.

We looked at documentation related to fire safety. We found up to date information concerning: fire policy, fire risk assessment, weekly fire alarm tests, emergency lighting tests, and fire equipment testing.

The premises were purpose built but could present significant difficulties in evacuating people in the event of an emergency. There were Personal Emergency Evacuation Plans in care plans, which outlined how

people could be moved or kept safe in the case of an event such as fire or flood.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures.

We observed staff assisting people to move using a variety of hoists and stands during our visit. We noted there were enough staff do this safely; staff were evidently competent in managing this and treated people with dignity and respect whilst undertaking it. Most of those people whose mobility was restricted, or were cared for in bed, had access to their call bells. This was noted, assessed and regularly reviewed in care plans.

The home was clean. We did not detect any malodours during our visit. We noted the provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.

All areas, both communal and those used by staff, were in a good state of repair. There were hand hygiene stations around the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. Staff had a good understanding of infection prevention and control issues; they received regular training and updates in this area.

There were contractual arrangements for the safe disposal of waste. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw the manager completed a range of infection control audits on a regular basis.

## Is the service effective?

### Our findings

At our previous inspection in April 2018 we rated the provider as 'Inadequate' under the key question of 'Is the service effective?' We found at this inspection the provider's performance had improved. However, work was still required and these changes needed to be embedded in daily practice.

During our last inspection in April 2018 staff training was not effective in supporting them to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach of regulation.

We asked people if they thought staff were trained and had the skills to support them. Two people said; "From what I've seen the staff seem to know what they're doing. I've seen them use hoisting equipment moving people from an armchair to their wheelchair, pushing people around, guiding people with their walkers and calming people down. They seem to be professional and friendly." Another person told us, "Yes [they are trained and experienced]. They make things very homely here. Nobody will run them down in front of me. They ask; 'would you like this, or that.' They're very mannerly." A visitor told us; "I've not met one member of staff whom I haven't liked. I think they're probably all trained to a certain standard but some, obviously, are more experienced than others. Dad seems to like them and although he can be difficult at times, they seem to have a way of getting him round."

Supervision and training had improved since the last inspection. Staff said, "There's been a lot of training lately". Another staff member told us, "Since the new manager came that has really increased. We have a trainer who comes in and the training is good. We did end of life training yesterday". The new manager had begun tracking staff supervision in October 2018. Staff had either received a supervision since this manager had started, or had a date set for this to be completed.

We looked at the provider's staff training matrix and examined training certificates for staff members. Staff could access training in subjects relevant to the care needs of the people they were supporting. The provider had made training and updates mandatory for all staff for example: infection control, moving and handling of people, fire awareness and equality and diversity. Other training undertaken by staff included: The Mental Capacity Act (2005), nutrition and fluids and end of life care.

The provider had made training and updates mandatory for all staff and staff had access training in subjects relevant to the care needs of the people they were supporting. All new staff who did not have previous experience in care underwent Care Certificate training as part of their induction.

At the last inspection in April 2018 people's healthcare needs had not been consistently recognised or concerns escalated to appropriate health care professionals. Fluid intake and output was not always managed effectively and people were not always supported to maintain their health and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to make improvements and this was no longer a

breach. However, this practice now needed to be embedded and sustained.

We spoke with the chef about the provision of food and drink. There was a choice of meals on offer, delivered through a four-week rotating menu, which had been devised after consulting people on a one to one basis. All food served was cooked with fresh ingredients from scratch by the chef; for example, pate, warm and cold salads and beer batters for use with fresh fish. Other items on the menu included steamed asparagus, garlic courgettes and home-made red pepper frittata. The chef could tell us the likes and dislikes of all people living at the home and kept a close eye on people's food intakes, offering supplements such as cereal bars and puddings where necessary. People could request and receive food or drink at any point during the day; staff told us that every person living at the home who needed to gain weight had done so since the arrival of the chef. The chef had also researched the health benefits of certain food items, such as turmeric and added them to food where appropriate.

The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of people's right to choose for themselves and of the importance of a good quality dining experience.

We observed lunch and found the atmosphere was pleasant and relaxed. Some people ate at the dining tables and others in their rooms. Staff assisted those that needed it and this was done sensitively with staff telling the person what the food was, asking if they enjoyed it and were they ready for more. One person said, "The new chef is very good. There's been a big improvement with the food."

There were daily kitchen cleaning rotas in place, in addition to fridge and freezer temperature records and food core temperature recordings. The home had received a maximum five rating for food hygiene from the Food Standards Agency on 22 August 2018.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. The care plans showed that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as dieticians, NHS Tissue Viability Nurses and Community Psychiatric Nurses (CPN). Staff had acted on advice and guidance given by these professionals in a timely and effective manner.

At the last inspection in April 2018 the service was not meeting the requirements of the Deprivation of Liberty Safeguards and Mental Capacity Act 2005. Systems were not in place to ensure that appropriate consent was sought from people with legal authority to provide it. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to make improvements and this was no longer a breach. However, these changes needed to be embedded in daily practice and sustained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 were clear on people's rights to make their own

decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions.

We looked at care plans in the light of issues of consent and capacity. People had received mental capacity assessments where this was appropriate as part of their decision-making care planning and had sought the consent of people with capacity before acting. It was clear the provider's focus was on facilitating people to make some choices for themselves whenever possible and to support people to avoid potentially risky or unwise decisions where possible. There was up to date documentation in care plans concerning any Lasting Powers of Attorney for Health and Welfare that were in place.

Where DoLS applications had been made for people living at the home, they were found to be decision specific. This meant that the purpose of the restriction was outlined in order to ensure that the person was not deprived of their liberty outside of these areas. The provider had devised a DoLS tracker, in order to monitor the progress of the twelve applications made. These applications were subject to review after six months if not already assessed by the local authority DoLS team.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

We looked at how people's needs were met by the adaptation, design and decoration of the premises. There was appropriate signage to facilities such as toilets and bathrooms; the walls were decorated in such a way as to differentiate between areas of the home, which would be useful to people living with dementia. People's names were on doors to their rooms; staff also wore uniforms and badges to enable people and visitors to identify them.

# Is the service caring?

## Our findings

At our previous inspection in April 2018 we rated the provider as 'Requires Improvement' under the key question of 'Is the service caring?' We found at this inspection the provider's performance had improved.

At the last inspection in April 2018 the provider had failed to address matters which had been raised at previous inspections. People had continued to be at risk. People's dignity had not always been considered and there was limited information in care files about people's involvement in care decisions. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to make improvements and this was no longer a breach. However, work was still required and these changes needed to be embedded in daily practice.

Care plans and risk assessments were devised, reviewed and signed by staff but, in three of the care plans we looked at, we found little or no evidence of people or family involvement in this process. We were told this was under review and other care plans better reflected the rights of people to be involved in this process.

We observed support given to people throughout the day. We found it to be safe and appropriate, with adequate numbers of staff present. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff and no incidents of infantilising or discourteous staff actions. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident all staff knew people; for example, staff knew people's daily routines without referring to documentation.

Staff interacted with people throughout the day. Staff were respectful and kind to people living at the home. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions to minimise people's anxiety.

People told us; "The girls are very nice and do their best. They treat me well and I like them"; "Yes, I do get along with the staff. We have a good laugh at times. They are kind and gentle but sometimes they go at a pace that is a little too quick for me." "The staff are all very nice. The handyman always pops in to ask if I'm okay. The carers do everything they can to make life comfortable. I am very happy. Absolutely no complaints from me"; "I get along so well with the staff. They are so kind and caring. They always make sure I am alright and talk to me. I love them."

People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices.

Staff supported people to explore their preferences and supported their individual needs. This included their religion, culture and developing and maintaining relationships. People were encouraged to maintain

relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service.

Staff respected people's privacy and dignity. We observed staff discreetly supporting people with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company. Staff were seen to knock on people's doors before entering their bedrooms. They also asked or waited for people's permission before entering. We heard a staff member knock, gently open the door and say to a person, "Hello [name] it's only me, can I come in." Another member of staff was heard asking a person, "What would you like to wear today".

## Is the service responsive?

### Our findings

At our previous inspection in April 2018 we rated the provider as 'Requires Improvement' under the key question of 'Is the service responsive?' We found at this inspection the provider's performance had improved. However, work was still required and these changes needed to be embedded in daily practice.

At the last inspection in April 2018 care planning was not person centred and inaccuracies or anomalies between sources of information had not been corrected. End of life care planning was scant and did not place emphasis on people's preferences and wishes. Actions arising from complaints were not always effective. This was a breach of Regulation 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and this was no longer a breach.

People's care records were legible, up to date and securely stored. People's choices and preferences were documented. However, no personal and social history was present in one persons and was limited in other people's; it was not possible to 'see the person' in these care plans. We asked about this and were told it was at present being reviewed. The staff we spoke with were knowledgeable about the people they were caring for. Most of the daily records we looked at were not person centred; they were staff focused and task oriented and no insight into people's daily lives could be obtained by reading them. The provider said the care plans would be reviewed with the new manager regarding content.

The care plans contained relevant and up to date information concerning the care people required. For example, one person had a long and extensive history of leg ulcers. There were appropriate risk assessments and wound management protocols in place, which were managed day to day by community nurses. Preventative measures such as the use of an air mattress was in place. The person was subject to regular review by their GP, community nurses and an NHS Tissue Viability Nurse.

Another person exhibited behaviours that could challenge from time to time. There was a positive behaviour support plan in place which gave detailed information for staff, including an analysis of possible triggers to behaviours, appropriate 'de-escalation' techniques to be used and a list of post-crisis interventions staff should make. The person was also supported by a visiting community psychiatric nurse and a Consultant Psychiatrist.

In the care plans we saw information about the communication needs of people living and how these were to be met. The manager was aware of the accessible information standard. They could produce easy read, pictorial and large print versions of information for people if needed. This information is important to demonstrate the provider is complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions

where people chose what they wanted to do during those times. We saw the activities included those relating to memory as well as physical exercise, leisure activities and sessions to support their health.

We observed the activities coordinator in the communal lounge doing a quiz with people. The questions asked were age appropriate and all people appeared happy, engaged and enjoyed the activity. It was a lively hour with people joining in. The activities coordinator knew all the resident's names and throughout the activity there was good humour and respectful interactions. We heard people being asked if they would like to join in the activities.

The complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman. The staff we spoke with were clear about their responsibilities in the management of complaints.

# Is the service well-led?

## Our findings

At our previous inspection in April 2018 we rated the provider as 'Inadequate' under the key question of 'Is the service well-led?' We found at this inspection the provider's performance had improved. However, work was still required and these changes needed to be embedded in daily practice.

The manager had been at the service since October 2018. The manager was aware of their responsibilities and submitted statutory notifications about key events that occurred at the service as required. One person told us "The new manager is very friendly."

At the last inspection in April 2018 the leadership and management of the service was inadequate and placed people at risk of harm. Issues raised at the previous inspection had not been resolved and new problems had emerged. Progress against the provider's action plan was slow and had not prioritised the high-risk areas identified at our inspection in 2017. The provider did not effectively assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to make improvements.

However, whilst improvements had been made. The provider's governance framework was not consistently effective in driving improvement, maintaining complete and accurate records and continuous learning had not been derived from incidences. For example, incident records had not consistently been completed following errors with medicine administration. Whilst action had been taken to address the incident, failure to recognise the error as an incident and complete an incident form meant the provider was unable to identify trends, themes or patterns from all incidences that occurred at the service.

Accurate and complete records were not consistently maintained. For example, best interest forms were not consistently completed to reflect the required information needed.

Systems to assess, monitor and the improve the quality of care were not always effective. Accurate records were not always maintained and continuous learning wasn't always derived. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had systems in place to review and monitor service delivery. Safe staffing assessments were to be developed which would ensure the service not only had sufficient staff but they had the right skills and competencies to meet people's needs. There was also a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff, we identified their knowledge was up to date with good practice.

The area manager shared a business improvement plan with us showing how they were going to develop

the service, for example changes to the environment.

We asked staff if they thought the home was well-led. One staff member told us, "I wouldn't be here if it wasn't for the new manager. I didn't have a good start but it's much better now. I think we're becoming a good team". Another staff member said, "Things have really improved since the new manager came. There's a better atmosphere now and there's been a lot more training".

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.

People were encouraged to provide verbal or written feedback to staff about their experiences of the service; we saw the results of the previous year's surveys. Which showed positive feedback about the service. One relative told us "The staff have built a good relationship with [name] and we receive regular (useful) feedback on how he is doing, his activities, any particular needs and new strategies. Since the new manager joined this has improved further and we are aware that he takes a proactive lead in working with [name] too. Whenever we have questions or concerns the manager and the team are very quick to respond and to make necessary changes. Overall we are very pleased with how things are going and look forward to continuing to work with them in the future."

The manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The manager also liaised with other departments at the local authority to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.

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 17 HSCA RA Regulations 2014 Good governance  The effectiveness on the governance of the service continued to be ineffective in monitoring the safety of the administration of medicines. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014