

Guild Care

Caer Gwent

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caer Gwent is a residential care home providing personal and nursing care to up to 61 older people with a range of health care needs, including some living with dementia. At the time of our inspection there were 54 people using the service. The home was purpose-built and care is provided within separate units of the home and over two floors, accessible by lifts and stairs. Communal areas include lounges, dining rooms, a library and gardens.

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

Some medicines used to treat two people's eyes were being used beyond the time recommended by the manufacturer. These were immediately removed and replaced by the registered nurse on duty. Other aspects of medicines management were managed safely and people received their medicines as prescribed. People's risks were identified and assessed, with guidance for staff on how to mitigate risks. Overall, the home provided a safe, physical environment.

Auditing systems were not sufficiently robust. The medicines audit had not recognised how medicines needed to be discarded to prevent the risk of them being used outside of safe timeframes. Recording of when one person's fluids were required to be thickened was inaccurate which put the person at risk of choking if they received fluids that had not been thickened. Additional information for people at risk of falls had not been included when they received anti-coagulant medicines and were at higher risk of bleeding.

People's dietary needs were met and people were positive in their comments. One person said, "The food is perfectly all right. I don't expect home-cooking, but it's good and it's very edible". Another person told us, "The food is very good. You get a good variety, with alternatives". People had access to a range of healthcare professionals and services. The home was adapted to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff who knew them well. People were complimentary of staff and the care they received.

Care was personalised and responsive to people's needs. A range of activities was organised to provide mental stimulation for people. People were supported to stay in touch with families and friends, and social media was used to advantage. People could live out their lives at the home and their wishes were recorded and respected.

People and their relatives were asked for their feedback about the home and the care they received, and comments were positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 February 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was undertaken to look at the actions taken by the provider since the last inspection in January 2020 and to see whether improvements had been made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caer Gwent on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to the disposal of medicines and audit, and accurate recording within people's care records at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caer Gwent

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Caer Gwent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Caer Gwent is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received from the provider, including statutory notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people and four relatives about their experience of the service. We spoke with the registered manager, the director of quality and care home operations, the deputy manager, a registered nurse, the housekeeping manager, the activities and wellbeing co-ordinator and two care staff.

We reviewed a range of records including five care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the last inspection, people gave us mixed feedback about whether there were enough staff to meet their needs. In surveys, people and their relatives were concerned about the response by staff to call bells and of staffing levels at night. We recommended that where managerial staff were given responsibility for the day to day running of the service, they were given access to the systems needed to have oversight of the response times to call bells.
- At this inspection, the management team had oversight of the call bell system. People and their relatives told us that when call bells were rung, staff responded promptly. One person told us, "I've always found there have been enough staff. It was difficult during Covid, but everywhere was difficult then". We observed staff responded promptly when people rang their call bells. There were sufficient, qualified staff on duty to meet people's care and support needs.
- If call bells were rung and staff did not respond reasonably promptly, the sound of the call bell would change; this meant staff would prioritise their response to call bells that had rung the longest. The registered manager said, "We do try and answer calls as soon as possible. In the mornings it is very busy, so we get a lot of calls then. We have enough staff. At night, if needed, we have agency care staff".
- New staff were recruited safely. All necessary checks were completed, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files we reviewed showed that new staff completed application forms, their employment histories were verified, references obtained, and identity checks had been carried out.

Using medicines safely

- Some aspects of medicines management were not managed safely.
- We checked the medicines stored in one of the medicine trolleys. A bottle of eyedrops which had been opened on 24 March 2022 should have been discarded after 28 days, but was still in use. The label on some gel used to treat dry eyes stated it should be discarded by 24 April 2022, but was still in use. The use of eyedrops or gel beyond four weeks after opening meant they might not be effective in treating people's eye conditions.

The provider had failed to ensure all medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As soon as we showed the nurse on duty the out of date medicines, they were aware that these should not have been used and removed these from the trolley, replacing them with new, identical medicines.

- We reviewed medicines audits and discussed the issue with a member of the management team. They made arrangements to update the medicines audit to ensure that dates were checked when medicines were opened to ensure none were used beyond the manufacturer's instructions.
- People told us they received their medicines as prescribed. One person said, "Staff see to all of that for me and it makes me feel safe".
- We observed medicines being administered before lunch. The nurse waited patiently with people whilst they took their medicines.
- All other aspects of medicines were managed appropriately, including the ordering, storage and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Caer Gwent. One person said, "Yes, I feel completely safe". Another person told us, "I have a call bell and one in the bathroom. Staff come quickly if I call".
- People were protected from the risk of potential abuse or harm. Staff had completed safeguarding training. One staff member explained, "When I first started I had concerns. It was the way a carer treated someone and spoke to them. I spoke to the manager and it was dealt with. Anything I felt uncomfortable about I would raise with the manager".
- Notifications of abuse or alleged abuse were notified to CQC by the provider as required. Records confirmed this and the local safeguarding authority were also notified of any incidents of a safeguarding nature.

Assessing risk, safety monitoring and management

- Risks to people, including the environment, were identified, assessed and managed appropriately.
- We reviewed risk assessments relating to medicines, specific health conditions, falls, and nutrition/hydration.
- A falls assessment for one person advised staff of the need to ensure the person had their walking frame within reach at all times, and a wheelchair would be required for longer distances.
- Where people had swallowing difficulties, advice had been sought from a speech and language therapist (SALT). Food and drinks were provided according to the SALT advice. People confirmed they received their meals in accordance with this advice.
- Personal emergency evacuation plans provided information for staff on action to take in the event of an emergency and how people should be supported.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One person told us, "Everything is very clean, they Hoover and dust".
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. During an outbreak of COVID-19, when a person tested positive, a PPE station was set up outside their bedroom. This enabled staff to have ready access to everything they required before entering a person's bedroom and providing personal care.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider followed current government guidance with regard to visiting. Any visitors were required to check-in at the front desk, and asked to use the alcohol hand-gel provided. Personal protective equipment was available for visitors to use, such as face masks.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Staffing levels were increased and had been effective in ensuring people's call bells were responded to promptly. The registered manager said, "Some people will ring for their breakfast every day even though they know breakfast will be coming. They want that reassurance".
- Any incidents were used as reflective learning so actions could be taken to make improvements.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, some people told us they did not always receive food and drink that reflected their preferences or in line with what they had chosen.
- At this inspection, people chose what they would like to eat on the afternoon of the day before, for breakfast, lunch and supper. One person said, "I can make a choice but then if I change my mind on the day, I can". People and their relatives confirmed the food was 'good'. Another person told us, "There's too much food, but I'm not used to eating a lot and prefer anything bite-sized, which I can have".
- According to one person's care plan, kitchen staff met with them regularly to ensure their nutritional needs were being met and they were happy with the food on offer. We observed this person at lunchtime. They had chosen tomato soup and told staff this was not hot enough when they started eating it. Staff twice took the soup back to the kitchen to microwave, and eventually the person confirmed it was to their taste.
- People could choose to eat in one of the dining rooms or in their bedroom. We observed lunch being served in the main dining room. Staff were attentive to people's needs and offered a choice of drinks.
- People's dietary needs and their risk of malnourishment were catered for. Any food allergies or food dislikes were recorded and addressed by the catering staff who were employed by an external catering company under contract with the provider.

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

- People's care and support needs were assessed before they came to live at the home.
- Pre-assessments within care plans provided detailed information about people, and included their choices and preferences for care.
- One person's pre-assessment noted they had swallowing difficulties and a recent fall that had resulted in fracture. The care plan created showed this information had been risk assessed to mitigate any future risk of harm, and to provide guidance for staff on how the person should be supported safely.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and were supported by the training co-ordinator with their learning. Staff who had not previously worked in a care setting studied for the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One staff member explained how they supported new staff, and said, "One staff member needed support with their confidence, and we have another new member starting today. We have to make them feel part of

the team straight away; we all support each other".

- Staff completed a rolling programme of training including safeguarding, moving and handling, health and safety, mental capacity, and were encouraged to undertake additional training to progress their career.
- The staff training matrix showed the training staff were expected to complete and when this required refreshing. The training co-ordinator reminded staff when training was due, and training was delivered electronically or face to face at the provider's main office in Worthing.
- Staff received regular supervision with their line managers. One staff member said, "We're trialling to do them monthly and I feel [named line manager] is very open and I can speak to her at any time. Every three months might have felt a bit too long, but I can talk to my manager at any time; I do feel supported".

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

- People received support from a range of healthcare professionals including community matrons, the falls prevention team and physiotherapists.
- One person said, "I saw the nurse today for my spring booster [for COVID-19]". A staff member told us of one person who had difficulties with their swallowing and explained, "We can refer to a speech and language therapist and they will come and observe, then give advice".
- Care records showed when people had attended hospital appointments or when a GP/paramedic practitioner had provided advice. People who were clinically vulnerable if they contracted COVID-19 had been assessed, with advice provided for staff.
- Some beds were commissioned by the local authority to manage winter pressures on hospital beds. People could be discharged from hospital into these beds and undergo a period of recovery and convalescence at the home.

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

- The home was purpose-built and designed to meet people's care and nursing needs.
- Two lifts provided access to all floors. Handrails along communal corridors and in the garden provided reassurance for people who had poor mobility.
- Bathrooms were equipped to provide a positive and safe bathing or showering experience for people.
- A library on the ground floor had been adapted for safe visiting, and included a Perspex screen and speaker system.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent was gained lawfully.

- Where people had been assessed as lacking capacity to make specific decisions, records showed how these had been made in their best interests. For example, one person may refuse to take their prescribed medicines, so staff had the option for administering these covertly, that is without the person's knowledge.
- DoLS had been completed and authorised by the local authority in line with government guidance. Care plans included information for staff on people's capacity. For example, we read of one person who could make decisions regarding their day-to-day care, and required staff to allow them plenty of time to respond. In addition, it was noted the person was able to understand the consequences of any decision they might make.
- Staff completed training on MCA and DoLS. One staff member said, "It's about assuming residents have mental capacity unless proven otherwise. If we feel they lack capacity, we talk to the clinical lead, the GP and the person's family. It's about making sure you're making decisions appropriately in terms of what people need, what is the least restrictive and keeping them safe and happy".

Is the service caring?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection, some people felt that a few staff were not caring in the way they spoke with them. The provider took immediate action and spoke with the relevant members of staff.
- At this inspection, we observed staff were kind and caring with people and attentive to their needs. One person said, "Staff are very kind, very nice and friendly; I don't have any complaints".
- Members of the clergy visited and provided people with spiritual support according to their wishes and preferences. A member of staff explained, "A lot of our residents are Christian and one lady has a visitor from the Salvation Army. We occasionally have a priest that comes in and does Communion with people".

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

- People were supported to be involved in decisions in all aspects of their care. One person said, "Staff are really good and the younger girls are excellent. We chat and have a laugh and I feel included in decisions too".
- Staff explained how they involved people and one staff member said, "We always ask them what they would like and if they're happy with what we're doing. Things like preferences, what they would like to wear. We always ask people if they would like tea or coffee because people can change their minds". Another staff member told us, "We always ask people if they would prefer a female carer or not and respect that".
- People and their relatives were involved in reviewing their care plans every three months, or sooner if required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff encouraged them with their independence.
- At lunchtime, we observed one person eating their meal independently with discreet prompts and words of encouragement from staff.
- A staff member said, "If people were going to have a wash, I always ask them if they want to do all of it or some of it. I always encourage them to do as much as they can. Some people can clean their own teeth without help from me".
- We observed signs were placed on the handles of people's bedroom doors when they were receiving personal care. A staff member said, "Dignity is about making sure people are covered up when providing care, respecting their wishes with what they want you to do. I'd treat them like I'd treat my grandparents".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs and preferences.
- When a person came to live at the home, staff had conversations about people's lives and histories. These were used to gather personal information about people and recorded within their care records. This information enabled staff to know how people had lived their lives previously and to understand how they wished to be cared for.
- Care records we reviewed included detailed information about people. A staff member said, "We can write everything in the care plan as this is our resident's voice when they can no longer let care staff know their wishes; they have to be person-centred".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met in a variety of ways.
- Information could be provided in large print if needed. There was a library at the home and people could borrow books if they wished. Caer Gwent also had a library ticket so people could borrow audio books or DVDs. For people who enjoyed music, staff could personalise a musical playlist for people to listen to.
- One person could not communicate with words, and staff understood their needs through body language. A staff member said, "You know when she's unhappy through body language and facial expression. If I'm helping her with a meal, she will open her mouth if she wants to eat, but if she doesn't want it, she will turn her head away".
- We observed one person had some key words written down in a notebook which they kept with them. The notebook reminded them of specific words and names when they struggled to find the right words to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could participate in a range of activities if they chose.
- One person said, "I join in with some activities, but there's not a lot I'm interested in. I don't tend to mingle". Another person told us, "There's an activity every day, but I wouldn't want to join in every day."

They're ready for the Jubilee now with flags going up and everything. I like word puzzles and one of the staff brought in a book for me; I like reading too. We have a hairdresser on Tuesdays and Wednesdays, and a salon, all properly equipped. Nails can be done. I have a hand massage and I enjoy that".

- Care plans recorded how people wished to spend their time. For example, we read one person was happy to spend time in their room and could tell staff if they felt low or isolated.
- People were encouraged to stay in touch with their families and friends, in person, by phone or through social media.
- Where people were cared for in bed, they received 1:1 time with a staff member who could organise this time in the way the person wished.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- One person said, "If you have a query, you just ask [named registered manager] and she is always there". Another person told us, "Staff are all very good and I've never had to complain. If I did, I would see someone on the front desk or in the office".
- We reviewed the complaints log for the last 12 months. Each complaint included the outcome and whether the complainant was satisfied with the way their concern had been managed.

End of life care and support

- People could live out their lives at Caer Gwent, if this was their wish and their needs could be met.
- Each person's wishes in this regard were recorded in their care plan. In some cases, the local hospice was involved to provide advice and guidance on anticipatory medicines for example.
- A member of staff explained how people were supported at the end of their lives to have a comfortable, dignified and pain-free death. They added, "If residents don't wish to talk about the end of their life, that's fine; we have to be sensitive to what people want".
- Where people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) this was recorded. DNACPR is where, after discussion with people, relatives and healthcare professionals, it is considered inappropriate to attempt to resuscitate if a person went into cardiac arrest.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, governance systems were not always effective. The provider had not identified that some people did not feel listened to or that their choices were always reflected in meals. Quality assurance systems had not monitored some aspects of the service being delivered, such as call bell response times and how staff interacted with people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and some improvements had been made which we have written about in the Safe and Effective sections of this report. However, we found new breaches of Regulation 17 with regard to the auditing of medicines, records relating to people's fluid intake and risk assessments.

- Auditing systems were not robust to ensure the service was managed safely and to drive improvement.
- One person experienced swallowing difficulties and guidance from a speech and language therapist advised they should have fluids thickened to mitigate the risk of aspiration. According to the fluid charts for this person, there were some occasions when it was recorded their fluids had not been thickened. Between 21 – 27 April, according to the records, drinks had not been thickened on ten separate occasions. If the person had received fluids that had not been thickened, they were at risk of choking. We asked the person whether they ever received drinks that had not been thickened, and they told us this was not the case. This was inaccurate recording and the person had not come to harm.
- A risk assessment for one person identified them as being at risk of falls and provided guidance for staff. The person was prescribed an anti-coagulant, a blood thinner, which meant they were at higher risk of bleeding if they injured themselves from a fall. This risk had not been recognised within the written assessment.
- Medicines audits had not recognised how out of date medicines would be identified and disposed of. Eye drops and eye gel for two people were being used when these were outside the recommended usage dates.

The provider had failed to implement effective governance systems to monitor the quality and safety of the service provided. This is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, a member of the senior management team agreed the process for staff to record whether a person had received thickened fluids or not was not fool proof. They made arrangements to change the electronic recording of these so staff would have to record whether any fluids were thickened or not.
- Risk assessments for people at risk of falls and receiving anti-coagulant medicines were reviewed and updated to reflect the additional risk of bleeding.
- The system for auditing medicines was reviewed and a way of checking for any out of date medicines was introduced.
- We reviewed audits that had been completed electronically on health and safety, care planning, premises and infection control. The provider also undertook mock inspections which covered all aspects of the service. Apart from the issues reported above, these were effective in identifying any areas for improvement so action could be taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received personalised care that was responsive to their needs.
- People and their relatives were complimentary about the care provided at Caer Gwent. One person told us, "When I came here, the light through the windows of my bedroom was glaring, so they put up net curtains for me. They also put a handrail in the bathroom. They've been very helpful".
- Housekeeping staff had developed close relationships with people. The housekeeper explained, "They have time to have a chat with people and they do pass on anything that needs to be shared. They will also report anything that hasn't been done, like a commode not emptied. The housekeeping team are very good and they pull together".
- Staff had access to care plans on their hand-held devices. If a person's needs changed, information was shared on handover sheets between shifts and at meetings. We were told that any minor changes could be discussed in conversations with staff throughout the day and information was updated within people's care records which staff could easily access.
- The registered manager explained their understanding of duty of candour and said, "It's about being open, honest and transparent. We will investigate and see what could be done differently, and learn from the accident".
- Notifications that were required to be sent to us by the provider and registered manager had been received as required. The register manager demonstrated a good understanding of regulatory requirements and compliance throughout the inspection.

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

- People and their relatives were involved in the way the home was run and their feedback was obtained. A relatives' forum was held last year and newsletters were shared to update people and their families about COVID-19 and latest government guidance. People and relatives had access to what was happening at the home through social media.
- Residents' meetings were organised. One person said, "I have to be here as I can't cope on my own. Residents' meetings do take place although I don't join them". Another person told us, "The manager is always here and you can talk to her whenever you want".
- Staff felt supported in their roles. One staff member said, "I've always felt very well supported. [Named registered manager] and I support each other. This is my forever job. I'm very passionate and I can't think of anything I would change". Another staff member told us, "It feels like a second family to me. I've always felt

I can be honest and open and our management team will ask our opinion on things".

- Staff meetings took place usually every three months. A staff member added, "It depends on what is going on in the home. If there have been big changes, we can have them sooner if needed".
- Weekly get togethers were organised amongst staff. One staff member explained, "I think we have quite a strong management team really and we all support each other. It makes for a happy environment as well".
- Where needed, staff were given additional support to enable them to carry out their roles to the best of their ability. For example, where a staff member was dyslexic, support was provided for them to understand the written word when completing training. At the time of the inspection, the religious festival of Ramadan was recognised, and some staff were fasting. Cultural and spiritual beliefs were acknowledged and respected.

Working in partnership with others

- The home worked in partnership with a range of agencies such as the National Care Forum and a local network of care providers in West Sussex.
- Managers from the provider's other homes and services met together to share good practice and learning.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way for service users. Some aspects of medicines were not managed safely. Regulation 12(1) (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems or processes were not operated effectively to ensure the quality and safety of the services provided. Regulation 17(1) (2)(a)(b)