

# Maria Mallaband 17 Limited

# Corinthian House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 19 and 21 September 2017.

Corinthian House is a large purpose built service set over three floors and provides accommodation for up to 70 older people who require nursing care, some of whom may be living with dementia. The service is close to all local amenities. At the time of this inspection there were 60 people using the service.

The service was last inspected in May 2016 when it was found to be in breach of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely and there were gaps in the staff training, supervision and appraisals and competency checks of their skills had not always been carried out. The systems used to monitor and assess the quality and safety of the service were not effective or robust.

At this inspection we found improvements had been made to address the above breaches of regulation and the service was now compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have upgraded the rating in the safe and effective domain to reflect improvements in medicines management arrangements and staffing. We have maintained the previous ratings in the well led domain because we noted further improvements were needed.□

There was a registered manager for the service. 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.

At this inspection we found arrangements relating to the safe handling of medicines had been improved, although records for these were not always accurately maintained. Care staff had been provided with a range of training and supervision opportunities and had their competencies checked to ensure they carried out their roles in a safe way. Improvements had been made to the operation of the governance systems; this included a programme of regular audits and analysis of trends to enable potential patterns to be identified.

Care staff had received training to ensure they knew how to recognise and report incidents of possible abuse. The needs of people were assessed and care staff were provided with information on the management of potential risks, to ensure people were protected from harm. Incidents and accidents were monitored by the service and action was taken to mitigate these from reoccurring. Care staff had been safely recruited and arrangements were in place to ensure there were sufficient numbers of them available to meet people's needs. Maintenance checks were regularly carried out, to ensure the environment and equipment was kept safe.

Care staff had received training on the Mental Capacity Act 2005 to ensure they knew how to promote people's human rights and ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests. People were provided with a range of wholesome meals and their nutritional needs were monitored with involvement from health care professionals when this was required.

Care staff demonstrated compassion for people's needs and interacted with them in kind and considerate way. People were supported to make choices about their lives and a programme of meaningful activities was available to ensure their health and wellbeing was promoted.

People and their relatives were able to provide feedback on the service and knew how to raise a complaint. Some people told us communication with them should be improved and people were not actively involved or participated in reviews of their support. We have made a recommendation about this.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People received their medicines from care staff who had received training on the safe administration of medicines, although accurate balances of individual medicine stocks were not always available.

Care staff knew how to recognise and report incidents of potential abuse and there were sufficient numbers of them available to meet people's needs.

Safer recruitment procedures were followed to ensure people who used the service were not placed at risk of unsuitable staff being employed.

Assessments about people were completed to help care staff support them safely.

### Is the service effective?

Good 

The service was effective.

A range of training was provided to enable care staff to effectively carry out their roles. A programme was in place, to enable care staff to receive regular supervision and appraisals to help develop their competencies and skills.

Care staff understood the need to gain consent from people and had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure people's legal and human rights were upheld.

People's medical conditions were monitored and health professionals were involved when this was needed.

People were provided with a balanced diet to ensure they were not placed at risk of malnutrition or dehydration.

### Is the service caring?

Good ●

The service was caring.

Care staff demonstrated consideration and kindness for people's individual needs to ensure their personal dignity and wishes for privacy were respected.

People were able to make choices about their lives.

Information about people's needs was available to help staff support and promote their health and wellbeing.

### Is the service responsive?

Requires Improvement ●

Some elements of the service were not fully responsive

Whilst people's care records contained details about their individual wishes and preferences, people were not routinely involved in reviews of their support.

A range of opportunities were available to enable people to participate in meaningful social activities to ensure their wellbeing was promoted.

People were able to raise their concerns and have these investigated and wherever possible resolved.

### Is the service well-led?

Requires Improvement ●

Some elements of the service were not consistently well-led.

Whilst people who used the service were able to provide feedback about the service, they were not always fully consulted about decisions affecting their lives.

Systems were in place to enable the quality of service provision to be monitored, although these had failed to identify recording issues in relation to medicines management.

# Corinthian House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 unannounced inspection took place on 19 and 21 September 2017. On the first day of the inspection, the inspection team consisted of an adult social care inspector, a specialist pharmacy advisor and an expert-by-experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by an adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at details we held about the provider on our systems and looked at notifications submitted by them about significant issues affecting the people who used the service. This showed us how they had responded to incidents that concerned the people who used the service. When planning the inspection we contacted the local authority safeguarding and quality performance teams to obtain their views about the service.

Many of the people who used the service had communication difficulties or dementia and were not able to communicate with us verbally. We therefore observed how staff interacted with them and their relatives in the communal areas on all floors and observed lunch being served in the dining room on the middle floor.

We spoke with four people who were living in the service, six of their visiting relatives, four members of care staff, a nurse, a clinical practitioner, an activity coordinator, the home's administrator, two members of ancillary staff, the deputy manager and the registered manager. We also spoke with a regional director and a quality compliance inspector for the provider who was visiting the service.

We also spoke with a community health care professional who was providing rehabilitation support and an

external training assessor supporting a member of care staff undertake a nationally accredited award.

We looked at the care records relating to six people who used the service and a selection of documentation concerning the management and running of the service, such as medication systems, incident reports, staffing records, quality audits, minutes of meetings and performance reports. We also undertook a tour of the building.

# Is the service safe?

## Our findings

At the last inspection we found the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns relating to the safe handling of medicines, which placed people at risk of potential harm. At this inspection we found the provider had developed the medication systems and introduced improvements to ensure the service was now compliant with this regulation.

During this inspection, we checked to see what improvements had been made. We looked at 15 Medicines Administration Records (MARs) and spoke with one nurse, one clinical practitioner and the registered manager.

We found medicines were now stored securely in a locked treatment room for which access was restricted to authorised staff. Appropriate arrangements were in place for the management of controlled drugs [medicines that require extra checks and special storage arrangements because of their potential for misuse]; these were stored in a controlled drugs cupboard. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

We saw room temperatures where medicines were stored were recorded daily, and these were now within recommended limits. We checked medicines which required cold storage and found these were stored appropriately, with temperature records maintained in accordance with national guidance.

We found people's MARs contained photographs of them to reduce the risk of medicines being given to the wrong person. All the records we checked stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to.

We saw patch charts were in use for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs were now in use, these detailed where creams should be applied and provided clear records of administration.

Staff had received medicines handling training and their competencies for this were assessed regularly to make sure they had the necessary skills to administer medicines safely to people.

We found improvements to medicines audits [checks] had been introduced which included monthly checks by the registered manager. We saw evidence that confirmed any issues that had been identified were acted upon to minimise potential reoccurrences.

We checked the quantities and stocks of medicines for 15 people and found the stock balances to be incorrectly recorded for five of them. Not keeping accurate balances of medicines increases the risk of not having enough medicines in stock to meet the needs of people who used the service.



Detailed guidance was now in place to enable staff to administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. On this inspection we found in two of the fifteen records we checked, guidance was not available. Some medicines were prescribed with a variable dose i.e. one or two tablets to be given. We saw the quantity given to people had been documented, which meant their records accurately reflected the treatment people had received.

We saw instructions for medicines which should be given at specific times had not always been clearly recorded. We spoke with the registered manager about this and they showed us this had been documented on people's MARs. The registered manager confirmed they would in future check staff documentation further to ensure people's medication records were accurate and clear.

Relatives confirmed their members of family received their medicines on time and given pain relief when it was needed. One relative commented, "He has arthritis which causes a lot of pain. They [care staff] rub his legs with cream to help with the pain." Others stated, "She is given what she needs every day", "Always in a morning when she gets up" and "He gets them regularly."

People who used the service told us they were supported to make choices about their lives by care staff who ensured they were protected from potential abuse and neglect. People and their relatives told us they trusted the care staff and felt safe with them. Their comments included, "If you shout or press your button someone comes", "There is always someone around even during the night", "She has regular checks through the night, they are quick to respond", "There is always staff to check her" and "There are safety mats and buzzers in the rooms."

We found the service maintained a positive approach to the management of risks, whilst enabling people to be kept safe from harm. We saw individualised assessments about known risks to people were included in their personal care records that covered areas such as pressure care, nutrition, and management of falls, together with guidance for care staff on the management of these. Additional risk assessments were available for the use of equipment and the building that were evaluated and checked on an on-going basis, to ensure accidents were minimised and that people were supported safely. Systems were in place to enable incidents and accidents to be monitored and analysed. We saw the registered manager actively reviewed these and took action to help prevent issues from reoccurring.

We spoke with a new member of maintenance staff employed by the service. They showed us a series of checks and tests of equipment and the building that were completed to ensure people who used the service were kept safe from harm. We found equipment was serviced as required and that contracts were in place with their suppliers, together with evidence of up to date certificates for utilities such as gas and electricity. There was a business continuity plan available for use in emergencies, such as flooding or outbreaks of fire and personal evacuation plans were in place for people, together with evidence that fire training was provided for staff. On the first morning of our inspection, we were told a water leak had been identified that could potentially affect the use of the main kitchen. We found emergency arrangements to address this issue had been taken and that additional staff from the provider had been subsequently called out to rectify this problem, together with repairs to a damaged bedroom window frame that we noted.

Care staff told us they enjoyed their work and we observed they interacted with people who used the service in an approachable and friendly way to ensure their needs were met in a safe manner. We found that new employees were carefully checked before they were allowed to start work in the home, to ensure they did not pose a risk to people who used the service. There was evidence robust recruitment procedures were followed, including obtaining clearance from the Disclosure and Barring Service (DBS) to ensure new recruits were not included on an official list that barred them from working with vulnerable adults. The DBS

complete background checks and enable organisations to make safer recruitment decisions. We saw staff references had been appropriately followed up before offers of employment were made, together with checks of their personal identity and past employment experience, to enable gaps in their work history to be explored. We saw regular checks were completed to ensure qualified nursing staff maintained their professional registration.

We looked at the arrangements to ensure sufficient numbers of staff were available to meet people's needs. We found an IORN (Indicator of Relative Need) dependency tool developed for the NHS Scotland was used in planning the levels of staffing. We saw this was reviewed regularly and when people's needs changed. The staffing rota reflected the levels the dependency tool indicated and we observed care staff were prompt in answering people's care bells. Since our last inspection we received a whistleblowing allegation about staffing levels at night. We asked the provider to investigate this allegation and were satisfied with their findings. Comments from people who used the service and relatives regarding staffing availability were mixed and included, "Always enough staff", "There is enough staff for her" and "Probably could do with more".

Care staff indicated they worked as a team to cover periods of sickness or holidays and that overall they were able to meet people's needs. One member of care staff did tell us they thought there was not always enough staff available at weekends on the dementia floor. When we spoke to the registered manager about this we found these had recently been increased by an additional member of staff.

Care staff told us about safeguarding training they had undertaken to ensure they were familiar with their roles and responsibilities to recognise and report issues of potential abuse. Policies and procedures were available to guide staff when reporting safeguarding concerns that were aligned with the local authority's guidance on safeguarding adults whose independence and wellbeing was at risk due to abuse or neglect. Care staff demonstrated an appropriate understanding of the different forms of abuse and were confident in management actions to follow up issues that were raised, including use of disciplinary measures when this was required. Prior to our inspection, we received a concern from a relative, which we sent to the local authority for investigating as a safeguarding issue. We were subsequently told this had been substantiated by the local authority and saw that action had been taken to mitigate future events, with increased checks of people and improvements in relation to staff record keeping. The local authority told us the service worked well with them to investigate safeguarding concerns and that action was taken to ensure future incidents were minimised.

We observed people who used the service appeared clean and well cared for and that there were no unpleasant odours in the home. We saw hand sanitisers were available throughout the building to minimise the risk of cross infection. Regular schedules of work were completed by domestic staff who confirmed appropriate supplies of protective equipment, were provided including gloves, aprons and paper towels. One person told us, "The cleaners are very good, I get my bedding changed regularly, I tell them and they change it." Another person said "Everything is always clean. When anything is spilt it is cleaned up straight away."

# Is the service effective?

## Our findings

At the last inspection, we found the service was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found there were gaps in staff training, supervision, appraisal and competency checks, which meant care staff may not have had all the necessary support, knowledge and skills they required. At this inspection, we found care staff had been provided with a range of training and supervision of their work and had their competencies assessed to enable them to safely carry out their roles. We concluded the service was now compliant with this regulation.

We saw evidence that since our last inspection the service had taken action to improve the training and development opportunities provided to care staff. We found the service was collaborating with an external training provider, to enable care staff to undertake nationally recognised work based qualifications and were working towards apprenticeships that came into operation in May 2017. We saw an external trainer was visiting to support a member of staff to undertake their award.

We found that newly recruited staff undertook an induction that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. We were told this included working with more experienced staff and having their competencies and skills regularly observed and assessed to ensure they were able to meet people's needs.

Care staff confirmed they undertook additional e learning on a range of topics to ensure care staff had the skills needed to carry out their work. We saw evidence that training was regularly monitored and that letters were sent out to care staff reminding them to complete what was required and that they were not allowed to work until they had undertaken this successfully. Staff training records contained evidence of completed courses on topics relevant to their role, including safe handling and administration of medicines, moving and handling, health and safety, nutrition, emergency first aid, infection control, control of substances hazardous to health, fire awareness and safeguarding adults from abuse.

Specialist training on the specific needs of people who used the service such as dementia, had also been completed. All of the care staff we spoke with thought the training they had was good and had benefited from it. Their comments included, "I am a new starter I have done e learning, the training here is a lot better than my old place I worked. I shadowed a senior member of staff when I started and felt this was good" and "I have done e learning, food hygiene, fire safety, manual handling, and dementia training. I thought it was all quality training".

The registered manager told us that since our last inspection the programme of staff supervision and appraisals had been developed. This involved each member of staff completing a performance learning and development portfolio, from which a personal learning and development action plan was developed. We saw these focussed on care that was delivered to people, communication, teamwork and health and safety. We saw regular meetings had taken place with individual care staff and management and that others were planned to take place in the future.

People who used the service told us care staff supported them to live their lives in the way that they chose helped improve the quality of lives. Speaking about the approach to understanding the complex needs of a person who had recently moved into the service, a relative told us, "The speed of care staff getting to know their needs is good." Relative's comments about staff skills included, "When they have to move [Name of person] with the hoist, there is always two of them. They have repositioned the bed so they can go around each side to make it easier to help", "They have to be turned regularly; they know how to turn [Name of person]" and "They know how to lift [Name of person] with the hoist, shower and cut his finger nails and toe nails."

We found that training on the Mental Capacity Act 2005 (MCA) had been provided to ensure care staff were aware of their professional responsibilities and understood when 'best interest' decisions should be made in this regard. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found the registered manager understood their responsibilities in relation to DoLS and actively submitted applications to the local authority when this was required, to ensure people were only deprived of their liberty lawfully and in line with current legislation.

We observed people who used the service appeared comfortable and their relative's told us care staff involved them in making decisions about their lives. We observed care staff obtained people's consent before carrying out interventions with them. This ensured people were in agreement with how their care was delivered. We found people's care records contained information about their ability to make informed decisions about their support together with evidence of best interest meetings when this was required.

People told us they enjoyed their food and we found they were provided with a variety of nourishing meals and the choices for these were displayed on a menu on the wall. We observed the lunchtime meal in the dining room on the middle floor, which was pleasantly set with tablecloths and condiments. People's meals were seen to be well presented and we observed people were provided with individual support in a patient and sensitive manner to ensure their dignity was promoted. Personal care records for people contained nutritional assessments and we saw evidence of regular monitoring of their weight. Referrals for involvement from dieticians or community professionals were made when this was needed, although one relative told us about a delay in having a referral being actioned by the speech and language team for their family member.

People's personal care records contained a range of assessments and care plans based on their individual health and social care needs. There was evidence of on-going involvement from health professionals, such as GPs and district nurses to ensure their wellbeing was promoted. We found evaluations of people's care and support were updated on a regular basis, following changes in their health status. The service worked with a local multidisciplinary initiative known as the 'Enhanced Care Home Team' (ECHT) to enable referrals to be made and enable additional support and advice to be provided. An ECHT member of staff told us, "We have good working relationship with both the care staff and manager. As a team it has been noted that communication between health professionals and staff has improved." We asked people if they had access

to medical attention when this was needed. One person confirmed they had seen the doctor earlier on that morning. They said, "I told the nurse this morning and they rang the doctor." A relative commented, "They are prompt at contacting doctors and they ring to tell me."

We observed consideration had been given for people living with dementia in relation to the design and adaptations of the building. We were told the dementia unit had recently been refurbished to provide a more stimulating environment. We saw dementia friendly signage in use to help people orientate themselves around and help them to feel in control of their lives.

## Is the service caring?

### Our findings

People who used the service were positive about the caring approach of care staff. They told us care staff were courteous and friendly and helped to promote their independence. People said care staff were considerate and kind and treated them with dignity and respected their personal preferences and needs. One person told us, "They never tell me what to do, they are always polite." A relative explained their reason for choosing the service and commented, "When I looked around here every single interaction I saw between resident and staff and between staff and staff was always respectable and polite. I never saw anyone get impatient with anyone". Another relative told us, "They always let her choose what to wear, it's little things like that that count" and another stated, "When dealing with his personal care they bring him to his room, we don't stay with him they close the door."

Throughout our inspection we observed care staff interacted with people empathically and were polite and respectful to them. We found care staff knocked on people's doors before entering and saw and heard they explained things to people and provided reassurance to them. We observed care staff spoke positively with people and bent down or knelt at people's eye level, to ensure they were understood. We saw care staff used friendly touch, reassurance and encouragement to help maximise people's abilities for independence and that personal care was delivered to people in the privacy of their own rooms.

We observed interactions throughout the lunchtime meal period for people. We saw a person in a wheel chair ask staff if they would take them back to their room after they finished their meal. Care staff explained to them they needed to adjust this person's footplates, so their feet were safely placed on their foot rest. We observed this intervention was sensitively carried and ensured this person's dignity was upheld. Another person became agitated following their lunch and we observed care staff de-escalate this situation with consideration for their needs and by gently suggesting they went for a walk.

People and their relatives told us their wishes were respected and were able to spend time in their own rooms when they wished. People confirmed they were involved in decisions about their support. We saw their bedrooms were personalised, with photos and ornaments they had brought with them to help them to feel at home. We saw care staff offered people drinks throughout our inspection and heard them calling out to them by their names in a cheerful manner. This helped ensure people's needs were respected and their dignity was promoted.

We found that relatives were encouraged to visit and take part in the life of the home and observed information was available to help people know what to expect from the home. Regular meetings were held with people who used the service and relatives to enable feedback to be provided and help the service develop. Details about advocacy services were available to ensure people had access to sources of independent advice and support if this was required. We observed care staff carried out their roles in professional way and maintained people's confidentiality and wishes for privacy. Training on information governance had been provided and we found care staff did not discuss issues in public or disclose information to people who did not need to know. Information that needed to be communicated about

people was passed on in private and details about them were securely maintained.

## Is the service responsive?

### Our findings

People who used the service confirmed they were consulted about their support to ensure it was personalised to meet their individual needs. People told us care staff listened to them and involved them in decisions about how their support was provided. They told us the service worked with them to recognise their individual needs. People and their relatives were overall confident their concerns would be addressed.

People and their relatives told us they knew how to raise a concern. Their comments included, "I would speak to staff", "I would speak to the manager" and "I would just go down and see [Name of manager.]" There was a complaints policy and procedure to ensure people's concerns were followed up, which we saw was displayed in the service. There was evidence that action was taken to address people's complaints. The registered manager told us they welcomed feedback from people as an opportunity for learning and improving the service. We asked relatives about how satisfied they were in relation to complaints they had raised. Their comments included, "[Name of person] has a stoma bag and they ran out of supplies. We said it wasn't good enough. The management pulled out all the stops and got some the next day, we were happy with the outcome" and "Clothes go missing, or they get ruined because they haven't been washed properly. Management have reimbursed us."

We found assessments of people were carried out prior to their admission to the home, from which a range of care plans were developed using an electronic care plan system, to ensure the service could support their individual needs. People's care plans contained information to help care staff provide support to people in accordance with their wishes and aspirations. We found these included details about their life histories, personal likes and dislikes, which helped care staff understand them and enable their personal preferences to be promoted. Additional supplementary records were maintained where required, which covered a range of issues, such as food and fluid input, weight monitoring, pressure area care and general observations.

Assessments about known risks to people were included in their care records, which covered issues such as falls, skin integrity and risks of infection. There was evidence people's care records were regularly reviewed to ensure they were kept up to date. However we did not see evidence this routinely involved the participation and involvement of people and their relatives or representatives, to ensure they were involved in the formal review process of their needs and were in agreement with how their support was delivered. One relative told us they had recently found their member of family was having regular routine night-time checks. They commented to us, "We haven't discussed a care plan; I would have liked to have been told they were having nightly checks."

We recommend the service seeks guidance in relation to best practice for involving people and their relatives in decisions about their care and support.

There was evidence the service had continued to develop the provision of activities since our last inspection, to enable people to have opportunities for social interaction. We were told there were two activities organisers employed by the service. One activity organiser told us, "I have just been upstairs doing a



reminiscence group to celebrate World Alzheimer's Day and am now going to do some one to one work with people. Last week I took a person out to a 'singing for the brain' group." We saw the activities for people were highly individualised and person centred. We found the service had established links with a local nursery and a group who visited to provide animal therapy. We observed a group of people happily participating in a game of 'wheel of fortune' during the first morning of our inspection, whilst in the afternoon we observed a group of people baking cakes and biscuits. We found the service was holding a coffee morning to raise funds for the Macmillan cancer support charity in the near future.

Comments from people and their relatives about the activities provided were positive and included, "We went out for a meal the other day", "Last week we had a baking session. I liked that", "She likes the entertainment, she likes the singers", "There is something every day" and "They had a game here in the lounge yesterday". The provision of meaningful opportunities for social interaction enables people's health and wellbeing to be positively enhanced.

## Is the service well-led?

### Our findings

At the last inspection, we found the service was in breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the governance systems in place did not always effectively assess, monitor and improve quality and safety in the service. At this inspection there was evidence the registered provider had developed their governance systems for the home and that the service was now compliant with this regulation.

There was evidence the registered manager carried out a range of audits to enable them to monitor the level of service provision. We saw these audits were checked by the provider's quality compliance inspector and overseen by the regional director on a monthly basis. Where issues were identified; action plans with dates for compliance had been developed to address the shortfalls that had been noted. We saw audits included reviews of staff training and development, evaluation of people's care plans, incidents and accidents analysis and medicines management. Systems were in place to support the registered manager, who was assisted by a deputy manager, an administrator, together with regular visits from senior staff who worked for the registered provider.

Although improvements had been made we noted further work was required to ensure the internal monitoring systems were robust to enable the service to be well led. There were some recording shortfalls in medicines management arrangements relating to stock balances of medicines that were maintained and we found aspects of communication and involvement with people should be developed.

Meetings took place with people who used the service and their relatives to enable feedback be provided to help the service develop. A newsletter was available that provided details of past and forthcoming events to help people be kept informed of developments. We found surveys were used to enable the views of people, their relatives, stakeholders and staff to be obtained to enable the service to learn and develop. Whilst a report of the findings from these was produced, an action plan for how the service was planning to improve had not formally been developed to share with people.

We were told the service reviewed people's support on a monthly basis in a process known as 'resident of the day', however we were told this process did not directly involve the person concerned. The registered manager advised improvements were being introduced to help make people's care plans more person centred. They advised they would ensure people and their relatives were meaningfully consulted in this process and would think about strategies to improve this aspect of the service.

Some staff told us communication was sometimes an issue. We were told, "I get on with the management, but feel individual floors are not always well led on a day to day basis. Hand over is always what we struggle with. Things don't always get handed over in a timely manner." We had a discussion with the registered manager about their not appearing to be a team spirit for the home overall and that the floors appeared to work independently. They advised they had recently introduced daily 'flash meetings' with staff on each

floor to address this issue and enable improved communication and leadership to be provided.

People who used the service and their relatives told us the registered manager was approachable and that overall the service was well managed. One relative told us, "I think it is well run, it's always clean. [Name of registered manager] keeps the staff on their toes." Another commented "[Name of registered manager] is on top of things, they always have time to speak to everybody. The staff are the same; I trust all of them with mum".

We observed the registered manager had a 'hands on' approach and was available throughout our inspection, providing support and guidance to staff and people who used the service. We found the registered manager carried out daily walk rounds and undertook unannounced visits of the home, to enable them to monitor the service and ensure they were kept up to date about people's needs. The registered manager told us they kept their skills up to date and attended regular meetings to ensure new legislation and best practice was discussed with care staff. The registered manager had a range of background knowledge and experience of health and social care services. They demonstrated a clear understanding of what was required to ensure people's health, safety and welfare was promoted. We found the registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service.

Care staff told us the registered manager was supportive of them and maintained an open door policy. Care staff told us they felt valued by the registered manager and received feedback in a constructive way to help them carry out their roles. Care staff said they felt able to approach the registered manager with suggestions, or concerns and had confidence these would be listened to and taken on board. Care staff comments included, "[Name of the registered manager] has always got time for you. You can speak to her any time", "Management are quite supportive on training" and "I feel respected for what I do."