

Florence Care Homes Limited

# The Oaks Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of this service in June 2016 and we found breaches of legal requirements in relation to regulations 12, 17 and 18. The provider submitted an action plan about how they would make improvements to the service and ensure compliance with the regulations. At a comprehensive inspection in August and September 2017, we found continued breaches of regulations 12, 17 and 18 and further breaches of regulations 9, 10, 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The service was rated 'Inadequate' and placed into special measures. We took immediate enforcement action to restrict admissions to the service. We placed conditions on the provider's registration requiring them to demonstrate that the numbers, skill mix and competency of all staff was appropriate for the care and support needs of people living at the service.

We carried out a focused inspection within the six months timescale because we received further information of concern from the local authority and whistle blowers, which related to poor staffing levels and poor care. We inspected the key questions of 'Safe' and 'Well-led' and found that sufficient improvements had not been made since our last inspection in August and September 2017 and the provider was continuing to fail to meet the requirements of the regulations, commonly referred to as The Fundamental Standards of Quality and Safety.

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

We undertook this comprehensive inspection on 19 June 2018 to check that the registered provider had made the required improvements and to confirm they now met legal requirements.

The Oaks is a residential care home that provides personal care for up to 30 older people, including people living with dementia. There were 12 people living in the service when we inspected on 19 June 2018. This was an unannounced inspection.

There was a registered manager in post. 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.

Since our last inspection of the service, while improvements had been made and we found no breaches of legal requirements, further improvements were still required. We viewed the steps taken to strengthen the management team of The Oaks to be a very positive step, however further improvements were still required. This to ensure that quality assurance arrangements were robust and effective to drive, sustain and embed improvements, to rebuild confidence in the service and to achieve continued compliance with regulatory requirements. We made a recommendation regarding information sharing between services and the development of a dementia friendly environment.

There were systems in place to safeguard people from abuse and the recruitment of staff was safely completed to make sure that they were suitable to work in the service. Staff were aware of their responsibilities and knew how to report any concerns.

There were procedures and processes in place to ensure the safety of the people who used the service. However, not all environmental risks had been identified and managed and improvements were required around cleanliness and decoration.

There were sufficient numbers of staff on duty to support people and meet their needs and people were provided with adequate supervision, stimulation and meaningful activity. Staff were deployed effectively to meet people's needs.

Training for staff was managed effectively and staff had received training to equip them with the skills and knowledge required to carry out their role. Staff demonstrated an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The culture within the service had improved and people were provided with support to meet their assessed needs. However, further improvement was required to ensure that people's mental health and emotional needs were met.

The managerial oversight in the service had improved and the management team were more pro-active. Audit and monitoring systems were in place to ensure that the quality of care was consistently assessed, monitored and improved. However, they had not identified all of the issues that we found during our inspection. This identified that further work was needed to ensure these systems were embedded and sustained to support continuous improvement.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Improvements were required to identify and address environmental concerns.

There were sufficient numbers of staff deployed effectively to meet people's care and support needs.

People's care had been co-ordinated to ensure their specific needs were being met safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The service design and decor was not dementia friendly.

People were supported with their dietary needs.

Staff were trained and supported to meet people's individual needs.

The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring and the culture of the service had improved.

People were supported to be actively involved in making decisions about their care.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans were much improved. However further improvements were needed in providing guidance to staff on supporting people

with their mental health and emotional wellbeing.

People were engaged in meaningful activity to ensure their wellbeing.

People's feedback was used to drive forward improvements.

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

The service was not consistently well-led.

Managerial oversight had improved and the leadership was proactive.

Audit and monitoring systems were in place to ensure that the quality and safety of care was consistently assessed and monitored, however these required further improvement

The culture of the service had improved and was more positive. We received positive feedback about the registered manager and the changes that they were making.

**Requires Improvement** 

# The Oaks Residential 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 unannounced inspection took place on 19 June 2018 and was carried out by two inspectors. Before the inspection the provider completed a Provider Information Return [PIR]. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the director, the registered manager, the deputy manager and seven other members of staff, including care and catering staff.

We spoke with three people who used the service, five relatives and one healthcare professional. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed seven people's care records and other information, for example, their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection in January 2018, we found that there were concerns with staffing numbers, staff deployment and medicines and this key question was rated as, 'Inadequate.' At this inspection, we that found improvements had been made, however further improvement was required and this key question is rated as 'Requires Improvement' with an improving picture.

Improvements were needed to ensure that all risks from the environment and from faulty equipment were identified and addressed. There was a heated trolley which was used during mealtimes to keep food hot. People using the service had access to the heated trolley and this posed a risk of scalding. The registered manager took action and informed us the day after the inspection that they had moved the trolley to a different area to make this safe.

One of the rubber feet [ferrule] was missing from a standing / walking aid in the shared bathroom and from a walking frame in the garden. This posed a risk to people of slipping or falling if used. The lack of checks meant that the wear and tear of equipment went undetected and placed people at risk of harm from using equipment that may be damaged and/or unsafe. The manager confirmed that a system would be put in place to check the safety of this type of equipment.

There was broken furniture in the garden including a wooden chair with broken slats. A relative confirmed that they had recently seen people sitting outside and this put people at risk of injuring themselves. There were trip hazards to people with poor vision or mobility from sunken areas in the grass and uneven surfaces. The lighting in the back corridor was poor making the corridor dark and dim which posed a risk to people with poor eyesight or mobility. The director assured us that the lighting would be changed.

There was an infection control policy in place and people were mostly protected against risks associated with poor infection control. Gloves and aprons were available and worn where required. However, some areas were not clean. The carpet in the back corridor was stained. The kitchen had recently been deep cleaned but there was an area behind the cooker where the grouting was still black and tiles were stained which meant the area was difficult to clean. The director told us they would look into replacing the tiles with a more suitable option to ensure the area could be effectively cleaned. The registered manager had recently implemented a deep cleaning rota which they felt would address these issues.

Improvements were required regarding the management of legionella. A legionella risk assessment had been completed in November 2017 and water samples had been tested in Jan 2017. An action plan was in place to manage legionella, however where actions had been identified, it was not recorded that these had been completed. For example, there was no evidence that the boiler was being checked monthly to ensure it was at the correct settings and the temperature of cold water outlets was not being recorded. The director told us this would be addressed and all measures to control the risk of legionella would be implemented as per the action plan.

Staff had undergone fire training including how to use the evacuation equipment in place and routine

checks of fire safety equipment were completed. However, improvements were required to further protect people in the event of a fire. People did not have a personal emergency evacuation plan [PEEP] in place to determine if they could understand the dangers of a fire, the fire evacuation process or what assistance they required in the event of a fire. This meant that staff may not have the information they needed to support people to evacuate safely and quickly in an emergency. There was a lack of fire signage in the building to show people which direction the fire exit was. The external fire exit leading down from the first floor had a covering which protected people from inclement weather, however a build-up of debris on the steps, made this a potential slip/trip hazard. The registered manager had completed the required PEEP's for people, the day after the inspection.

Individual risk assessments and associated care plans were now in place to meet people's needs and provided guidance to staff on how to support people and keep them safe and had been updated to show changes in people's assessed health and welfare needs. This included moving and handling, risk of falls, the prevention of pressure ulcers and managing anxiety and dementia related conditions. Moving and handling processes were managed safely and staff knew which equipment was required to support people and demonstrated confidence and competence in using this.

There were processes in place to record and monitor incidents and accidents and systems were now organised and demonstrated what actions had been taken to mitigate any further risk evidencing that lessons had been learned.

Improvements had been made to the medicines systems. The service had safe systems in place to order and administer medicines. There were sufficient quantities of medicines available and medicines were administered on time. Where people were on controlled medication a system was in place to ensure transdermal patches were rotated to prevent the risk of skin irritation. Improvements were needed in providing staff with guidance on the safe temperature range of the fridge in which some medicines were stored. Discussion with one member of staff identified that they were not sure of the parameters. Therefore, although they were recording temperatures each day they did not know when to alert the manager that the fridge was not working to the correct temperature which could cause the medicines to spoil and become ineffective. The manager addressed this while we were still at the service.

Protocols were now in place for medicines which were prescribed to be taken 'as and when required' to guide staff as to when these should be administered. Records showed where staff liaised with the dispensing pharmacy and the person's GP to ensure people received their medicines in a safe manner. Staff told us they received training and had their competency checked before they were allowed to administer medication. Regular audits were undertaken to ensure staff were following safe practice. Where any shortfalls had been identified, for example, staff had not completed records accurately, these had been acted upon to minimise the risk of re-occurrence and to improve practices.

Relatives told us that staffing levels had improved since the last inspection and they felt that people were safe. One relative commented, "[Person] is safe, there are enough staff and [Person] is properly looked after here." Another relative said, "I feel [relative] is safe here. They are fully recruited with staff and there are plenty of staff currently." A third relative added, "The staff are more visible and they are on the floor doing things with people."

There were now systems in place for ensuring adequate staffing levels and shifts were well organised. Since the last inspection, the culture and the practice had improved. Senior staff had time to lead the shift and processes were in place so that staff knew what specific tasks they were to complete during their shift. An additional staff member had been recruited to carry out laundry duties and this had contributed to staff



being able to spend more time with people. Agency staff were used infrequently and when they were, they were provided with a summary of people's needs to enable them to understand the support people required.

We saw that staff had time to sit and spend with people, were always present within the communal areas and available to provide support to people whenever this was needed. There was a new activities co-ordinator in post who had time to focus on meaningful engagement and the provision of activities as there was now adequate numbers of care staff in place. One member of staff told us, "I do think there is enough staff now. We don't use as much agency as before and [manager] has assured the staff that as we have more people live here, the staffing levels will go up." Another staff member said, "Shifts seem more organised and everyone gets a shower or a bath now." A third staff member commented, "Staffing levels have improved and staff are not phoning in sick. We have time to spend with people, we know what is expected of us and we know what to do."

Staff had received training in safeguarding and could describe the different types of abuse and the actions they would take if they had any concerns someone may be at risk. One staff member said, "I would go to the manager if I had any concerns. I had training a little while ago and it was interesting to find out what constitutes a safeguarding." There was a poster displayed within the service providing information of who to contact if people, staff or relatives had any concerns. Records demonstrated the service notified the appropriate authorities of any safeguarding concerns, although on one occasion had not notified the Commission to keep us informed.

The recruitment of new staff was managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Making checks with the DBS helps employers make safer recruitment decisions.

## Is the service effective?

### Our findings

At our last comprehensive inspection of August 2017, we found that there were concerns with ineffective training, nutrition and the application of the Mental Capacity Act 2005 (MCA) and this key question was rated as, 'Inadequate.' At this inspection, we found improvements had been made, however further improvement was required and this key question is rated as 'Requires Improvement' with an improving picture.

Additional development was required to ensure people's needs were met by the design and decoration of the premises and was following best practice in providing a suitable environment for people with dementia related needs. The colour scheme was dull and not very engaging and although signage was in place this could be improved. There was paint peeling off from the door frames and communal areas required decorating. One relative said, "The place still looks messy." The director assured us that a decorating schedule was in place and these concerns would be addressed.

There were limited sensory or comfort items around the service such as memory books, old newspapers, scarves or handbags that people could pick up and use to stimulate thoughts and memories, which are important when caring for people with dementia. There were no photographs on people's bedroom doors which could aid as a prompt for people to find their bedrooms. The menu although in a pictorial format was small and not visible to people. We were told that larger pictures were being printed and would be used in the future. Consideration needs to be given to better utilising the additional small lounge in the service. One relative said, "It can be difficult to get away from the noise as it is small which is tricky but people are always in one area."

We recommend that the service explores further current guidance from a reputable source on improving the design and decoration of accommodation for people living with dementia.

Although people had a, 'This is me' booklet, this did not provide detailed information about the person which could help when the person transferred between services, for example, if admitted to hospital. It did not contain information about their communication methods, their mobility and any dementia related needs so the hospital were able to provide personalised care for that person.

We recommend that the service consider methods of ensuring that information is effectively transferred between services.

People were supported by a range of community professionals including social workers, GPs, and the community nursing team. One professional said, "They [staff] do what we request but it can take some time for the information to filter through the team." The registered manager had recently requested visits for people from the community dentist. One person who had a recent bereavement had been referred to counselling services for people with dementia. Staff were also to be given support and training which would increase their awareness to be able to support others in the same situation if the need occurred.

At our inspection of August 2017, we found improvements were required to ensure staff received adequate support and supervision. At this inspection we found that improvements had been made and staff received regular supervision, support and guidance as part of their roles. Supervision is an opportunity for staff and their manager to talk through any issues, seek advice and receive feedback about their work practice. One staff member said, "We have supervisions and staff meetings regularly. If there is anything that we don't understand, we can ask [manager] and they will explain it." Another staff member said, "[Registered manager] never makes you feel stupid whatever the question and if they don't know, they will find out and come back to you."

People's dietary needs were now assessed and met and people received adequate food and fluid intake. The menu showed a good range of nutritious meal choices. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals and their advice was acted upon where possible. People were provided with enough to eat and drink and supported to maintain a balanced diet. One person said, "Staff come around with drinks at different times of the day but I have access to them if I want a drink in between." The service had adopted a 'Pass and pour' approach which staff felt had increased people's fluid intake and made staff more aware. This meant that if a person had an empty glass, it was automatically refilled and this encouraged the person to drink more.

People and their relatives were complimentary about the food. One person said, "It was a nice lunch. I have heard grumbles from some people but there is nothing wrong with the food. I enjoyed the flan." Another person said, "The food is okay and if I turn it down, I am offered an alternative." One relative had noticed an increase in people being offered snacks. They said, "I notice people eating toast and biscuits and more finger foods."

We observed people being offered a range of nutritious, and where required, high-calorie snacks including milkshakes fortified with cream to support their individual needs. Where one person was at risk of malnutrition due to often leaving their meals, a staff member told us they would, "Pop a Bakewell tart in [the person's] hand". This approach encouraged the person to eat something they enjoyed and helped to keep their weight stable. Following the last inspection, staff had received training in dysphagia [swallowing difficulties]. Where required, people had received a SALT [Speech and Language Therapy] assessment and we saw that staff supported people correctly and in line with any recommendations made by the SALT.

At our last inspection we found that the meal time experience was not a positive one for many. At this inspection we found this had improved. Meal times were calm and relaxed and people were being supported where required and given gentle encouragement as needed. A staff member was explaining to one person what combination of food was on their fork before supporting them to eat. Staff were discreet in their approach and displayed kindness and patience.

New staff received an induction into the service which included shadowing more experienced staff members. Staff received mandatory training in areas including manual handling, safeguarding, fire safety, the Mental Capacity Act 2005, and first aid. Mandatory training is training the provider thinks is necessary to support people safely. Staff also received other training to be able to effectively support people, for example, in diabetes, infection control, person centred care and diversity and equality. Staff told us that they felt the training had been beneficial in improving their practice which had resulted in positive outcomes for people. One staff member said, "The training has much improved. I want training so I know what I am doing. We had continence training which was very helpful and we were given advice to follow for one person and it worked. I learned a lot from that and feel proud that I helped [named person]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions.

Improvements had been made and staff were working within the principles of the MCA. Staff had received training in the subject and the principles of the MCA were displayed so that staff could refer to these as required. Staff had a good understanding of the legislation. One staff member said, "Some people have limited mental capacity. We try and help them to understand the information so they can make a choice." Another staff member said, "The MCA is there to protect the person and make sure that they get the support they need. It is about presuming someone has capacity unless proven otherwise and making decisions in their best interests." We saw that staff sought people's permission before assisting them. However, where decisions were required to be made in people's best interests, it was not always documented that family members had been involved in the decision making. The registered manager told us this would be improved going forward. A referral had been made for one person for an independent advocate to support them through a complex situation that they were facing to ensure that their voice and views were heard.

# Is the service caring?

## Our findings

At our inspection of August 2017, we found that the culture of the service was not caring and people's needs were not consistently met. We rated this key question, 'Inadequate.' At this inspection we found that significant improvements had been made and the rating has improved to 'Good.'

People and relatives told us staff were kind and caring and felt the care at The Oaks had improved. One person said, "Staff are very good and very patient." One relative said, "It is definitely better. The quality of the care has improved and the carers have changed. These carers actually do care and are more professional." Another relative said, "Staff do a good job. Nothing is too much trouble for [staff member]. A third relative said, "The place seems to have more oomph!" We saw compliments from relatives that said, "I truly appreciate all the care and kindness you have shown and continue to show to [relative]," and, "You are a wonderful team." We saw feedback from people with comments that included, 'I think the care we get is top class.'

Staff told us that they had worked hard to improve the care provided. One staff member said, "We now all have the same view. The resident comes first." Another staff member said, "We have new staff and it is a new beginning. It is more organised and we have more continuity." People could have visitors when they wished and we saw people entertaining their visitors on the day of inspection. We received mixed feedback regarding how welcome they were made to feel. One relative said, "They [staff] always put the kettle on straight away. However, another relative said, "I am not always offered or made a drink." The registered manager told us that this would be addressed with the staff team.

We observed that people were treated with respect and dignity and their right to privacy was protected. Staff respected people's choices on how they preferred to spend their time, for example whether they wanted to spend time in their rooms, watch TV or chat to staff. However, we noted that information relating to continence pads that people wore was displayed on the front of their wardrobes, which would be more respectful if placed, for example, on the inside of the wardrobe door. Records were written respectfully, however they could be further developed by focusing more on the person rather than on the tasks that the person had been supported with. The registered manager had recently attended dementia training which they will be cascading to staff. They hoped this would develop staff understanding so they would focus on the quality of the person's day, considering their emotional well-being rather than the tasks they were supporting people with.

Staff knew people well and care was now being provided in a planned and consistent way. The atmosphere was calm and relaxed. We observed positive interactions between staff and people and overheard conversations and friendly banter as staff stopped to chat. Staff were not rushed and spent time talking and sitting with people, sharing conversation. When people required some support, this was provided quickly and sensitively. We heard one staff member checking that a person was comfortable saying, "Tell me if it is uncomfortable. What about your pillow? Do you want me to move it?" We observed staff supporting one person with their mobility. They explained what they were doing and what was going to happen next. The person was appeared comfortable and responded afterwards by telling them, "You definitely got a 10!"

Improvements had been made to ensure that relatives were involved in the planning and review of their care and we saw that, where appropriate, relatives had signed to agree to care plans that were in place. One relative said, "I always have a nice conversation with [registered manager] about [relative]. I can talk to [registered manager] whenever I visit about their care." Another relative said that where they had concerns about potential weight loss of their relative, they discussed this with the manager who showed them the care plan and explained the actions that were being taken which provided them with reassurance that their relative was being supported properly. A third relative said that they had read the life story of their loved one and had noticed a couple of inaccuracies which were pointed out to the manager who asked them to make any amendments so that it was correct.

People's care and support needs were continually reviewed to enable staff to deliver personalised care and people were supported to be involved in making any decisions. We saw the registered manager discussing options with a person for a hospital appointment that was coming up. The registered manager had also advocated on behalf of a person when they did not feel that the correct support had been given by an external professional.

## Is the service responsive?

### Our findings

At our last comprehensive inspection of August 2017, we found that there was a lack of stimulation and activity for people and care was not personalised. We rated this key question, 'Inadequate.' At this inspection we found that improvements had been made and the rating has improved to 'Requires Improvement,' with an improving picture.

Opportunities to participate in activities had improved since the last inspection. Staff had time to engage in activities and spend time talking to people to enhance their wellbeing. A new activities co-ordinator was in post who had recently attended training on sensory loss and was developing activities for people based on the knowledge they had gained from the training. We saw that people were receiving one to one time and having personalised conversations with staff about subjects which interested them. For example, one person was discussing Winnie the Pooh, another was talking about books they had read and Buckingham Palace and a third was about their mother's piano and reminiscing about their parents. People were engaged, relaxed and laughing with staff. We saw people colouring, using sensory items and spending time in the garden. However, one relative commented that, "Staff could be a bit more proactive, for example, getting people out into the garden more often." One person said, "It helps if you have someone to talk to, a lot of the others don't speak which is unfortunate." We discussed this with the registered manager who agreed to discuss the possibility of a befriender for the person.

At this inspection we found people received personalised care that was responsive to their needs. Staff had been involved in developing the care plans to ensure that they were accurate and staff could input their views on what worked and what didn't when providing support. One staff member said, "We had a meeting so we could discuss the care plans as a group and it was interesting how different carers viewed people's care needs. We added any extra information and we discussed that one person was struggling to use a stand aid so we re-assessed their needs and now they use a full body hoist." We saw feedback from another staff member that said, 'The new manager is more pro-active and has set aside time for us to read the care plans.'

Improvements had been made in care planning especially in relation to how to support people with their physical needs. There was clear guidance on how to support people with their mobility, epilepsy and diabetes. However, further improvements were required to ensure plans focus on the person holistically to include how they are to be supported with their mental and social wellbeing. For example, while staff now demonstrated that they understood the reasons why people became anxious or upset, there were limited details in people's care plans to tell staff about triggers that might make this worse, or ideas about how to distract or engage positively with them. Records did not include the strategies that staff had tried to engage with the person or whether these had alleviated the person's anxiety. People's care plans contained information about their life histories which staff were using to generate conversation, however this information could be developed further. The registered manager assured us they would consider this.

People's care records detailed their basic preferences and choices for their end of life care, however these could be further developed. While there was no-one at the service who was nearing the end of their life, staff

had not had training on end of life. The owner had told us at the last inspection that this would be sourced for all staff to attend. Training records did not evidence that this had happened, though the registered manager had made a referral for staff to receive some training through a counselling service.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. The service had not received any complaints since the last inspection. Relatives knew how to raise a complaint and said they would feel comfortable doing so.



## Is the service well-led?

### Our findings

At our last inspection in January 2018, we found that there were concerns with oversight and governance and this key question was rated as, 'Inadequate.' At this inspection, we found improvements had been made, however further improvement was required and this key question is rated as 'Requires Improvement' with an improving picture.

Although we found that improvements had been made, there were some areas that some required development. For example, risks from the environment, faulty equipment and broken furniture, Legionella management and the development of a dementia friendly environment. There had been an improvement in the managerial oversight of the service at all levels. The management structure had been strengthened with the appointment of a deputy manager to support the registered manager. The director had taken a slight step back from the service which had allowed the registered manager to take control and make the required improvements. However, the director still completed monthly audits to ensure that they knew what was going on within the service. These audits had not identified all of the shortfalls that we found during our inspection.

Staff were now clear on their roles and responsibilities and how they contributed towards the provision of good quality care. They were effectively deployed and were focused on supporting people in a person-centred way to meet their individual needs. The culture of the service had improved and the atmosphere was now relaxed and filled with chat and laughter. One relative said, "I have noticed things picking up a lot since [registered manager] has been here." Another relative felt that the service was, "A lovely asset to the village." One staff member said, "It is really positive and the changes have raised staff morale and brought us all together." Another staff member said, "Things are much better now. There is better management and the support is there." A third staff member had provided feedback which said, "There have been lots of improvements but the best is the atmosphere within the home."

Regular relatives and resident's meetings had been held to keep people up to date and to ensure that the communication was open and people could raise any concerns that they had. One relative had commented that, 'The staff had worked hard and they could see the positive improvements that had been made.' Another relative told us, "I have been at one of the meetings and I was very impressed. Discussions included making people aware of safeguarding and talking about the fire procedures." Where suggestions had been made, we saw that these had been listened to and actioned. For example, staff now had name badges. One relative told us that they received emails about the content of the meetings as they were unable to attend.

At our previous inspection, staff reported to us that they had been reluctant to raise concerns as they believed that the manager would not take appropriate action. However, this was no longer a concern. A staff member said, "I love it now and everything has come together in the last few months. We have back up and structure." Staff meetings were now held and staff felt that their views were listened to. One staff member said, "If I ask to change something, it gets changed unless there is a good reason not to and then this gets discussed." One staff member gave examples of things that had been put in place including a new hoist and a dedicated laundry person, "So clothing doesn't seem to go missing."

We received positive feedback regarding the registered manager and staff and relatives felt the service had improved. One relative said, "[Manager] is pretty on the ball and approachable. They are setting a good example and training staff their way." Another relative said, "I can't fault it." One staff member said, "The registered manager and deputy manager work really well together." Staff had completed questionnaires to provide feedback to the management team and comments included, "I feel that the management support, listen and value staff." However, one relative commented that while the new manager and the resident's meetings had given them confidence, they had, "Seen this all before" and that they needed to see if the changes were going to be sustained. One relative felt that the manager's email address could be made available for relatives to contact them directly if they wished.

Throughout the inspection, the registered manager and staff were very proactive in addressing any concerns and were receptive to the feedback received. The local commissioner's quality improvement team had been providing support to the service as they were in failing to meet the terms of their contract and had been completing an action plan which they had recently achieved on 23 April 2018 and had been signed off as compliant.

The management team were committed and motivated to improving the quality of the service and we could see positive improvements had and were being made. Whilst we acknowledge the management team has responded and acted during and after our inspection to rectify some of the shortfalls found, these concerns had not been previously identified and rectified prior to our inspection or where they had been identified were not yet in place. This meant that the current arrangements for monitoring the quality of the service need to be reviewed and embedded. This is to ensure all areas for improvement are identified, and a clear action plan is put in place to address concerns and evidence continuous improvement.