

Hilgay Ltd

Hilgay Care Home

Inspection report

Hilgay
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Hilgay is a residential care home providing accommodation and personal care for up to 35 older adults living with frailty, dementia and other health related conditions. At the time of the inspection there were eight people living at the home.

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

Improvements had been made across all areas of practice at the home. Since the last inspection the number of people living at the home had reduced and the occupancy level was now 23% of the home's capacity. The level of risks had reduced and only one person had significant complex needs. Staffing levels had improved and this meant that people were experiencing a better quality of life. Since the last comprehensive inspection there had been regular involvement with health and social care professionals to address safety concerns at the home. Improvements to the systems and processes for management of the home had happened since November 2019 and were not yet all fully embedded and sustained over time. There remained some areas of practice that needed further improvement.

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. Some staff did not demonstrate a clear understanding of their responsibilities regarding MCA and DoLS. We did not identify impact for people at this inspection but there was a risk that people's human rights might not be protected.

There were improvements in communication between staff and managers. Some further consideration was needed to ensure that systems for communication did not compromise people's confidentiality. The culture at the home had improved and staff were positive about the changes that had been made. There were concerns about how staff were supported with the provider's whistleblowing policy.

Risks to people were assessed and managed. There were enough staff to care for people safely and people told us they felt safe. Staff understood their responsibilities for safeguarding people and incidents were reported appropriately. Medicines were managed safely.

Assessments and care plans were clear and had been reviewed and updated to reflect the care that people were receiving. Staff had received the training they needed to care for people safely and told us that they felt well supported by the new management team. People were supported to access health care services when they needed to. People had enough to eat and drink and staff were aware of people's nutritional and hydration needs.

People spoke highly of the staff and the care they received. One person said, "They are all very kind." Staff knew people well and supported them to express their views. People told us they had been involved in developing their care plans.

Complaints were recorded and concerns were addressed. People were receiving care in a personalised way and staff were responsive to changes in people's needs.

New systems for assuring quality and driving improvements had been introduced and the manager and quality director were working to an improvement plan. This had led to positive changes in safety and people's quality of life. People and staff told us they had noticed the changes and spoke positively about the new manager.

The level of occupancy at the home is low and risks to people have reduced. Many positive changes have been introduced by the new management team since November 2019. More time is needed to assess how these changes are embedded and sustained in practice.

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 Inadequate (published July 2019) and there were continued breaches of regulations. The last comprehensive inspection on 8 and 10 January 2019 rated the service as inadequate and we issued warning notices telling the provider they had to make improvements within a specified time frame. A focussed inspection took place in April 2019 to check if the provider had made the necessary improvements. The service had deteriorated further so we took appropriate action to address the level of serious concerns. A further focussed inspection in July 2019 was undertaken in response to further information of concern received. This confirmed that there remained continued breaches of regulations and we continued with action to address the level of serious concerns.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and there were no breaches of the regulations. This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hilgay Care Home

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Hilgay Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Due to the level of concern at previous inspections the provider has been sending monthly reports to update us on the progress of improvements that they have been making. We used all this information to help plan our inspection and assess the progress they had made.

During the inspection

We spoke with four people who used the service and two visitors about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, director of quality, senior care workers, care workers and the chef. We spent time observing care being provided.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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.

Assessing risk, safety monitoring and management; Using medicines safely

At the last focussed inspection in July 2019 people remained at risk due to the ineffective assessment and management of individual risks to people. Medicines were not always provided in a safe way. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and there was no longer a breach of Regulation 12. Since the last inspection occupancy levels at the home had decreased and there were now few people with complex needs. Improvements in systems for assessing and managing risks to people were noted to have been implemented since November 2019. This meant that it was too soon to be assured that new systems and processes were fully embedded and sustained in practice. Therefore, this remains as an area needing improvement.

- Risks to people had been assessed and reviewed. The number of people living at the home had reduced since the last inspection. This meant the level of risk to people had also significantly reduced and only one person had multiple complex needs. Since the last inspection health and social care professionals had been involved in reviewing people's care needs and this was evident in the new risk assessments and care plans that had been introduced since November 2019. The quality director had supported the manager and deputy manager to make improvements to the care planning process. These improvements were reflected within the assessments and care plans of the eight people who remained at the home.
- Care plans provided clear guidance for staff in how to provide care safely. However, staff told us that they did not always have time to look at care plans and risk assessments. We observed that staff were providing care in line with people's care plans and therefore we did not identify any harm to people. Systems for sharing information with staff ensured that they received updated information about any changes in people's needs. The manager told us of plans to make further improvements to systems for managing risks and planning care but this was not yet embedded within practice. This is an area of practice that needs to improve and we have referred to this further within the well led domain of this report.
- Some people had risks associated with mobility and were assessed as being at risk of falls. Care plans identified the support they needed and equipment they used. We observed staff supporting people to move and using appropriate manual movement techniques, in line with people's assessed needs and care plans. One person was supported to move from a wheelchair to a lounge chair, two staff members supported the person, they gave clear instructions and encouragement throughout the manoeuvre.
- Some people were assessed as being at risk of choking. Risk assessments included guidance from a Speech and Language Therapist (SALT) identifying modifications to the person's diet. We noted that a

recent change had been documented for one person and staff were aware of this new information. This included food that should be avoided to reduce risks of choking. We noted that the quality director had arranged training for staff about modified meals and drinks in November 2019. The chef confirmed that the training had been useful. They were knowledgeable about people's needs and knew those people who were at risk of choking and needed a modified diet. They explained who needed pureed meals and knew that other people required food to be cut up into small bite sized pieces. We observed staff supporting people with modified meals at lunchtime in line with their risk assessments and care plans.

- Risks to skin integrity were assessed and managed. A person who were assessed as being at high risk of developing pressure sores was monitored regularly. Records showed that staff had made appropriate and timely referrals to health care professionals when they noticed changes in the condition of person's skin. A health care professional told us that the person's pressure sore was improving. The care plan for the person had been updated and included advice from an involved health care professional.
- Two people needed equipment such as a pressure relieving mattress. Records showed that staff were checking the settings once a day. Some staff were not sure what the correct setting should be for the mattress and were not clear about what actions should be taken if the alarm was sounding. We asked the deputy manager about this and they told us that staff were assisting the person to change position on a regular basis and would notice and report any concerns with the mattress. They explained those staff who were responsible for recording a daily check did understand the settings.
- Care plans included guidance for staff in supporting people with specific health care conditions. For example, some people had diabetes and guidance within care plans included how to recognise signs and symptoms indicating the person was becoming unwell due to blood sugar imbalance. There was clear guidance for staff in what actions to take if this occurred. However, some staff told us they did not refer to care plans, so there was a risk that staff might not follow the guidance. The manager confirmed that plans were in place for staff to be more involved with using and developing care plans but this was not yet embedded and sustained within practice.
- Systems for managing medicines had improved and people were now receiving their medicines safely as prescribed. Only staff who had been trained, and were assessed as competent, were able to administer medicines. Some people were receiving PRN (as required) medicines. The staff rota confirmed that there were always competent staff on duty so that people could access their medicines if needed. PRN protocols were in place to identify when it was appropriate to give this medicine. Staff recorded when the PRN medicine was given and recorded why. A staff member told us that PRN protocols had been recently updated following advice received from a health care professional.
- People received their medicines in a personalised way. Staff were knowledgeable about people's needs, including how they needed or preferred to receive their medicine. Medicines were stored safely and stocks were checked regularly to ensure people had access to the medicine they needed. People told us they received their medicines when they needed them. One person said, "They bring the tablets around, they ask if I want tablets for my pain."
- Medication administration record (MAR) charts were completed accurately. A recent audit had identified that a MAR chart needed to be updated to reflect the person's current medicines.
- There were effective systems for managing environmental risks. Health and safety checks were completed regularly, including for fire safety. Records showed that required checks by external contractors had been completed to ensure the safety of the premises and equipment.

Staffing and recruitment

At the last focussed inspection in July 2019 there was a failure to deploy enough staff with the appropriate support and training to care for people safely. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and there was no longer a breach of Regulation 18. Improvements in systems for the deployment and training of staff were noted since November 2019. The occupancy level at the home had reduced since the last inspection and the level of need had also reduced significantly. Improvements in staffing levels were evident since November 2019. This meant that it was too soon to be assured that new systems and processes were fully embedded and sustained in practice. Therefore, this remains as an area needing improvement.

- The provider had recruitment systems in place to ensure that staff were suitable to work with people. Checks included references and checks with the Disclosure and Barring Service (DBS). The manager was not clear about the provider's policy for assessing risks such as previous criminal convictions. An assessment of potential risks had not been undertaken when a criminal conviction had been identified through the DBS process. This meant that potential risks to people had not been assessed and minimised to ensure people's safety. This is an area of practice that needs to improve to ensure that people are consistently protected through robust recruitment. The manager took immediate action to address this.
- There were enough staff to care for people safely. Since the last inspection the number of people living at the home had reduced to eight people and only one person had a high level of needs. The manager told us staff recruitment had continued since November 2019 to ensure that there were enough staff at all times, including weekends and nights and to reduce reliance on agency staff. The manager explained that the staffing levels were more than was necessary to meet the needs of the eight people who were currently living at the home.
- People told us that there were enough staff to support them. They described how improvements in staffing levels since November 2019 had improved their quality of life. One person said, "There are more staff now and fewer people here, so it is much better, they are there if you need them." Another person told us, "Staff come quickly and they are fine." A visitor said, "There are usually staff around." We observed that staff responded to people's needs in a timely way and people were not having to wait longer than they should expect for their care. The manager explained how they assured themselves that staff were answering the call bell system in a timely way with regular monitoring checks and their own observations.
- Staff told us that there were more regular staff employed to care for people. One staff member said, "For the amount of residents, we do have enough staff." Staff rota's showed that there had been a reduction in the use of agency staff over the previous two months
- The home was operating at only 23% of its available occupancy. The manager and quality director confirmed that there were plans to bring new people into the home gradually. We asked how the manager would assure themselves that there remained enough suitable staff to meet people's needs. They explained that a dependency tool was in place and they would assess each person's needs before agreeing to admit them to the home. They confirmed that in this way they could ensure that staffing levels were suitable to support people's needs. This practice was not yet embedded and sustained and will be reported on at future inspections.

Learning lessons when things go wrong

- Lessons were learned, and improvements had been made when things went wrong. Since November 2019 the manager had oversight of incidents, accidents, safeguarding events and complaints. Records showed that staff were recording and reporting incidents consistently. Staff demonstrated a clear understanding of their responsibility to report any concerns. One staff member told us, "We have to document everything, even the slightest things." Another staff member described how information was recorded and passed to managers saying, "We pass everything over to management, we have team leaders now which helps."
- Records of incidents and accidents showed how the manager was undertaking analysis of incidents to identify the root cause. Care plans had been reviewed to identify improvements that could be made to reduce risks of further incidents and improve people's safety. For example, equipment failure had led to a

person having to receive all their care in bed. The manager had taken appropriate actions to ensure the person was cared for safely in bed during this period, a temporary care plan was put in place and their care was regularly reviewed. Following the inspection, the quality director sent us further information detailing how learning from this incident was being used to make improvements in contingency planning at the home.

Preventing and controlling infection

- Staff were managing the prevention and control of infection. Staff had received training and were following safe practice including the appropriate use of Personal Protective Equipment (PPE) which was readily available to them.
- There were systems in place to monitor infection control and hygiene standards which included food hygiene. The chef told us that the kitchen had been refurbished to address previous concerns and they had achieved a rating of very good for food hygiene.
- The provider employed dedicated housekeeping staff who were responsible for maintaining standards of cleanliness throughout the home. We observed that the home was clean and tidy, and people said they were satisfied with the cleanliness of the home. The manager told us that a recent issue with lack of hot water had been identified and dealt with quickly to ensure that infection control risks were minimised.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff demonstrated an understanding of the signs of abuse and knew how to report concerns. One staff member told us about an incident that they had reported previously. Another staff member said, "I would always report any concerns to the team leader or the manager." Records confirmed that incidents had been reported appropriately to the local authority when required. People told us they felt safe and we observed that people appeared to be comfortable with the staff. One visitor told us, "As far as I know everything is alright, I know they feel safe having staff around."

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 the last focussed inspection in July 2019 this key question was not inspected. At the previous inspection in April 2019 this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the focussed inspection in April 2019 there was a breach of Regulation 18 because the provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. At this inspection these concerns about staff training, support and competency had been addressed. Improvements were noted since November 2019. This meant that it was too soon to be assured that new systems and processes for supporting and training staff were fully embedded and sustained in practice. Therefore, this remains an area that needs improvement.

- Staff told us that the new management team had made improvements and they felt well supported. One staff member said, "The managers have been brilliant these last few months, and their door is always open." Another staff member told us, "If there are any problems, we have someone to speak to."
- Since November 2019 the manager had introduced regular supervision meetings to support staff. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records showed that before the new manager started staff had not received supervision consistently. The manager had developed a plan for the coming year showing that all staff had supervision meetings planned. These plans were in place but not yet embedded and sustained within practice. One staff member told us that they had received supervision recently and spoke positively about their experience. They said, "We talk about anything I am not happy with. It's nice to have that because you know you can speak to them one to one."
- Since the last inspection staff had received training to address the previous concerns. For example, records confirmed that staff had received training in safeguarding people and manual movement. We noted improvements in staff knowledge of these subjects and observed improved practice, for example in using appropriate manual movement techniques when supporting people to move. A training plan showed that staff were up to date with training and identified when staff needed to refresh their knowledge.
- Since November 2019 the manager and the quality director had provided additional training including awareness of diabetes, dementia and swallowing difficulties. The manager told us about improvements they wanted to introduce including providing more face to face training and competency checks. The deputy manager had attended a train the trainer course, so they could deliver training to staff in future. These plans were in place but not yet embedded and sustained in practice.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was an inconsistent understanding of consent to care and treatment. Staff demonstrated that they had some understanding of their responsibility to seek consent and told us how they would always ask people and offer choices. We observed that staff were checking with people before supporting them. Staff were not consistent in their understanding about people's rights, when a decision would need to be taken in someone's best interest and who should be involved. Staff were not clear about when DoLS would apply and what their responsibilities were with regard to conditions placed upon DoLS authorisations. Records showed that one DoLS authorisation had conditions applied but staff had not been aware of this. This meant that staff were not always sure about what they should do to make sure that people were supported in the least restrictive way and that their human and legal rights were always protected. We did not identify that people's rights had been negatively affected, but we spoke with the manager and quality director about our concerns and identified this as an area of practice that needed improvement. The manager described plans to improve staff training in this area and to introduce competency checks to ensure that knowledge was embedded within practice.
- Records showed that people had been involved in making specific decisions and their consent had been appropriately recorded. For example, a sensor mat was introduced to support a person who had fallen on a number of occasions. This had been recognised as a potential restriction on the person's freedom and their consent had been sought and recorded.
- Applications for DoLS authorisations had been submitted by the provider. Where conditions had been applied to one authorisation the manager had taken appropriate action to comply with the conditions.

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

- Assessments reflected people's needs and choices. The manager described the work that had taken place to ensure that assessments and care plans were updated to reflect people's needs. They said, "This is still work in progress, but they are more up to date now." We observed that the care and support people received reflected their assessments and care plans. Staff told us that assessments of need were prioritised including if people's needs changed. One staff member said, "We always have to know what the risks are."
- Care plans included recommendations from health care professionals and identified specific outcomes. Guidance for staff was clear and detailed.

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

- People were being supported with nutrition and hydration. The lunchtime meal was a relaxed occasion with all but one person choosing to eat in the dining room. People told us they enjoyed the food and we observed that the meal was well presented and looked appetising. Staff were attentive and offered support when needed.
- Some people needed a modified diet and staff were aware of this and knew who needed support to eat and drink. We observed a staff member helping a person in a calm and patient way, ensuring that they were

not rushed and encouraging them to take a drink now and again, in line with their care plan.

- The chef told us how they sought feedback from people about the food on offer and described how people were involved in choosing the menu. They gave examples including, one person asking for a particular food item which was being served at tea time. Another person had expressed specific preferences and staff had involved them in ordering food on-line so they could pick the brand they preferred. The chef was knowledgeable about people's needs and preferences and said they were kept informed of any changes in people's nutritional needs.

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

- The design and adaptation of the home was suitable for people's needs. Three people who were able to mobilise independently told us that they could access all areas of the home, including the upper floors with the use of a passenger lift. Bathrooms had been adapted to support people with disabilities. The garden was accessible and people told us they enjoyed going outside with staff support, when the weather permitted this.
- The lounge had recently been redecorated and people had been involved in choosing the colour scheme.

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

- People were supported to access the healthcare services they needed. One person told us that staff would contact the GP if they needed to, saying, "I occasionally see the doctor, I can always ask staff if I need to."
- Staff told us they had developed positive working relationships with visiting health care professionals. Records showed that advice from visiting health care professionals was included within people's care plans and had been followed. For example, guidance from a health care professional in how to support a person with their position in bed was included within a care plan. Staff were aware of the importance of regularly supporting the person to change their position and records confirmed that this was being achieved regularly.
- Staff had worked with social care professionals from the local authority following audits and quality checks. Staff told us there had been a high level of scrutiny on the service provided. One staff member said, "There have been a lot of changes, including how the documentation is done."
- People were supported with regular health care appointments, including with the optician, chiropodist and community nurses.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's dignity and privacy were not always respected.

Respecting and promoting people's privacy, dignity and independence

At the last comprehensive inspection in January 2019 there was a breach of regulation 10 (Dignity) because people were not always treated kindly and with respect. At this inspection we found improvements had been made and there was no longer a breach of regulation. However some areas of practice needed to improve.

- People's experience of living at the home had improved since the last inspection. The number of people living at the home had decreased and staffing levels had improved. This meant that staff had more time to spend supporting people. One person told us that there had been positive improvements saying, "The staff seem happier and less stressed. They are all kind and now they can take their time, so we don't feel rushed." We observed positive interactions between staff and people. Staff spoke to people in a respectful way.
- Staff described how they protected people's dignity when supporting them to be as independent as possible with personal care. One staff member said, "I support them to do as much as they can for themselves." People told us staff were respectful and kind. We observed how a staff member was assisting a person to be independent at mealtime. They ensured that the person has a plate guard fitted and they had the cutlery they needed to eat their food independently, in line with their care plan.
- A new electronic communication system was being used by the management team and staff members. Staff spoke positively about the benefits of the system which involved use of a mobile telephone application. Staff said this on-line group had helped them to keep up to date with changes which included people's care needs. One staff member gave an example of receiving information about a person who now needed to have their fluid's monitored regularly. We asked how this information was kept secure to protect people's privacy. The manager said the application was secure and only those staff who worked at the home could have access to the on-line group. Staff told us that only initials were used so that people's identities were protected. However, the application was accessed on staff member's personal mobile phones and this meant that the provider could not be assured that the information was always kept securely. A policy was in place and acknowledged that the application did not guarantee privacy. There was guidance for staff in how to protect people's information when using the on-line group, but the policy had not considered the implications of staff holding this information on their personal mobile telephones. We spoke to the quality director and the manager about our concerns and they gave assurances that the policy would be reviewed to further ensure people's privacy was protected. This is an area of practice that needs improvement.

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

- People were treated well by staff who understood their needs and preferences. One staff member told us, "We know people very well because there are only eight people here now, it makes it easier to get to know

them." Another staff member told us, "I think I know every person's preferences."

- People spoke positively about the support they received from staff. One person told us, "Things have improved so much now there are more staff. They are so kind and patient." Another person said, "The staff are very good, they are all kind people." People said that they had developed positive relationships with staff who knew them well. One person told us, "I know all the staff and they know me. We get along fine now."

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

- People were included in making decisions about their care. The manager said people and their relatives had been kept informed through meetings and by emails about the concerns identified at the previous inspections. One person told us, "They have advised us about the problems the home has had, we have had meetings." This showed people had been provided with information that was important and necessary for them to make decisions about their care.

- People told us staff had involved them in planning their care and support. One person said, "They talk to me about the care plan, I am happy here now they have made improvements, it's fine. I can tell them what I think about things."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At the last comprehensive inspection in January 2019 there was a breach of regulation 16 (receiving and acting on complaints). This was because there had been a failure to consider, investigate and address complaints. At this inspection the breach had been addressed and people's complaints and concerns were being recorded, investigated and addressed to improve care and support. Improvements were noted since November 2019.

- There were improvements in the management and oversight of complaints. Following the comprehensive inspection in January 2019 the nominated individual had been responsible for addressing complaints. Records were not clear and did not identify what actions had been taken to resolve issues. The manager explained how complaints were now being managed by the quality director who had oversight of the complaints system. Records showed that since November 2019 the system for recording and monitoring complaints had improved. All complaints were recorded and addressed in a timely way to ensure issues were resolved. We noted that eight complaints were recorded since November 2019 and records showed clear details of how each concern had been addressed and included any actions to prevent a reoccurrence.
- People told us that they felt comfortable to raise any complaints or concerns that they had. One person told us, "I would speak to the manager or to my family if I was not happy." Staff told us that they reported any concerns to the team leader or the manager. One staff member told us about a complaint about laundry being misplaced. They described a new system that had been introduced to ensure that items did not go astray when put in the laundry.

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

- The manager told us that they were in the process of updating care plans. They showed us how they were working with people and their families to capture information about people's personal history, background and interests. The manager explained that this was work in progress to improve the personalisation of care plans, including social activities for people. These positive changes were still being planned and not yet embedded within practice.
- Some people were living with dementia and staff were observed spending time with them but there were missed opportunities for meaningful occupation. The manager told us they had recognised that activities needed improvement to make them more personalised. They described plans for improving staff knowledge and understanding of dementia to increase opportunities for people who were living with dementia to have meaningful occupations. These positive changes were still being planned and not yet embedded within practice.

- People were being supported with social activities and to maintain important relationships. Staff told us that they were able to spend time with people engaging in activities and hobbies. One staff member said, "Because there are only eight people here now we can spend time with them which is really nice." Another staff member said, "Some of the people here don't need much support, we have more time to provide care to those who do." We observed that staff were chatting to people, sitting with them at different times through the day and engaging in activities that were relevant to the person. For example, one person enjoyed knitting and a staff member was supporting them with this.
- People told us that they enjoyed the organised group activities that were arranged including musical entertainers. Staff told us people had particularly appreciated a service that had been arranged for Remembrance Day in November.
- One person was spending all day in their bedroom and staff were observed to be checking on them regularly, chatting to reduce risks of social isolation and encouraging them to have a drink. Three people told us that they preferred to spend time in their bedrooms and didn't always want to join in with group activities. One person said, "I like to be as independent as possible, I can move around the home without staff support so I can choose when to join in." Another person said, "I usually stay up in my room, I prefer it and don't need much help from the staff."
- People were being supported to have choice and control. Staff told us that they could work more flexibly with people because staffing levels had improved and there were fewer people to support. A staff member described how a person who was living with dementia could become very anxious when getting ready for bed. They explained how staff adapted their approach depending on how the person reacted and described the different strategies that staff used to ensure the person remained in control.
- People told us that staff understood their preferences. One person said, "The staff let you do what you like when you like." Another person told us they were able to choose when they got up and went to bed. Saying, "I don't usually get up too early." A third person said, "It's much better now there are more staff and less people, we get a better service because they know us very well and we can choose when we have care."
- People were receiving care that was responsive to their needs. Care plans had been reviewed since November 2019. The manager said this was to ensure the care plans accurately reflected people's needs. We noted that care plans had been reviewed when people's needs changed. For example, a person had needed to remain in bed when they became ill and their care plan had been amended to reflect this change.
- Staff were using technology to support responsive care. For example, some people had sensor mats to alert staff when they were moving around and needed staff support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recognised and recorded. A communication care plan identified the person's needs and equipment or strategies that staff could use to support the person. For example, one person with communication difficulties was known to become upset and anxious when they didn't understand what was happening. Their care plan guided staff in how to support and reassure the person and strategies that were known to work when communicating with them.
- One person had both visual and auditory impairment. They told us they couldn't always hear what was being said to them, for example during meetings, and that they could not see normal size text. We noted that the manager had identified this and provided documents in large print for this person.

End of life care and support

- At the time of the inspection there was no one receiving end of life care, but people were supported to

plan for end of life care. People's wishes, and any cultural needs were recorded in end of life care plans so that staff were aware and could plan for appropriate care. The manager said that when required, the GP would prescribe anticipatory medicines for people so that their symptoms could be managed, and they could be supported to stay at the home if that was their wish. This meant that people would have access to the medicines they needed to control symptoms if their condition was to deteriorate quickly.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found a continued breach of regulation 17 (Good Governance). This was because the provider had failed to improve quality assurance and governance procedures, failed to maintain accurate records, had not lessened risks and had not made the required improvements. At this inspection improvements had been made and the provider was no longer in breach of regulation. However, the improvements were not yet all fully embedded and sustained so this remains as an area of practice that needs to improve.

- Since that last inspection there had been changes in the management structure at the home. Since November 2019 a new manager and deputy manager had been recruited. A consultant had also joined the team as the part time quality director. The nominated individual continued to have oversight of the management of the home but told us that the quality director was responsible for monitoring quality and governance at the home and supporting the manager with developments. Team leaders had also been introduced and they were responsible for leading the shift and allocating work to care staff.
- Staff described better organisation, clearer structures and accountability. One staff member said, "Having team leaders has made a difference, they allocate tasks to staff and sort out problems as they arise." Staff were clear about their roles and spoke positively of leadership at the home. One staff member said, "The new management team are trying their very hardest. I've seen managers come and go but I think things have really improved." Another staff member said, "There have been a lot of changes and improvements. The new managers have given us all a lot more confidence."
- Systems for governance and management of the service had improved. There was clear leadership and the manager had oversight of the day to day running of the home. They were able to tell us about the care needs of each person living at the home and demonstrated a clear awareness of risks, issues and priorities.
- Records of people's care and support had improved. The manager explained how they had worked with the quality director and deputy manager to identify how care plans could be improved and had undertaken a review of each person's care plans since November 2019. They described this as "work in progress". We noted clear improvements in the care planning process. Care staff relied upon verbal and electronic updates if changes were made to people's care and did not refer to care plans. We asked the manager whether this system would be robust if more people came to live at the home as the provider planned. The manager acknowledged that with more people moving into the home a more robust system would be needed. They

told us about plans to train staff so that they could be included in the development of risk assessments and care plans in the future. They said this would ensure that the care planning system would become embedded over time.

- Management systems and audits had been completed consistently since November 2019. Where shortfalls were found, actions had been taken to drive improvements. For example, a dignity audit had been undertaken in January 2020. This identified that staff did not know people's background and personal history. The manager was in the process of improving this information within care plans to address this shortfall, to improve staff understanding and support provision of a more personalised service.
- Management of staffing levels had improved. The manager had continued to recruit staff to improve the sustainability of the service and reduce reliance on agency staff. They explained that there remained some times including at weekends when staff availability was more difficult but there were plans in place to ensure all shifts were covered and the manager had oversight of this. The quality director told us that there was a plan to increase the number of people living at the home now that safety concerns had been addressed. There was a clear plan for the management of new admissions and the assessment of staff skill mix to ensure people's needs could be met. The manager explained people's dependency levels would need to be carefully assessed to ensure there remained enough suitable staff. These plans will be reported on at future inspections.
- The provider had engaged a quality director to oversee governance and to support the manager in making improvements since Nov 2019. A clear action plan had been updated and showed progress since November 2019. Where audits identified shortfalls, these were added to the action plan and had been addressed or were in the process of being addressed. For example, a care plan audit had identified that a risk assessment was needed for some people who were able to use the stairs, this had been completed by the manager. Some actions related to shortfalls identified at previous inspections. For example, a risk assessment that had not been reviewed since March 2019 was identified and reviewed by the manager in November 2019. This showed that although some issues had been identified and were known about following the previous inspection, actions to address these concerns had only been taken more recently following the appointment of the new manager.
- People told us they had noticed improvements at the home and spoke highly of the manager. One person said, "They have all been working so hard to make improvements and it is definitely better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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.

- The manager and quality director described how they were striving to achieve more openness within the staff team. The provider had a whistleblowing policy and staff were aware of this, but did not all have confidence that they could raise issues freely. We raised a concern with the quality director and the manager about whether whistle-blowing was encouraged and seen as a positive and constructive tool for learning and developing the service. Following the inspection, the quality director sent us information about their reflections on the whistleblowing policy.
- Leadership had improved, and staff told us they had confidence in the new manager. One staff member said, "We are all working as a team now. I have noticed improvements. It is a lot better than before."
- Staff described feeling more engaged with the management team. One staff member said, "We have been told we are moving forwards and not to look back." Another staff member said, "I think everyone is working very hard. We are on good terms now, we had been failing but we are trying hard to improve." Staff described improvements in communication and better team work.
- People told us they had confidence in the new management team and spoke highly of the manager. One person said, "They are very nice, friendly and approachable." Another person said, "I have no complaints,

they are very good."

- The manager understood their responsibilities with regard to the duty of candour. The quality director told us that the nominated individual continued to have oversight of the home and was aware and involved in the development of the action plan to drive improvements.
- Systems were in place to gain the views of people and their relatives about the quality of the service. Positive feedback had been gained from the people who had responded.

Working in partnership with others

- Since the last comprehensive inspection there has been significant involvement and support from a range of health and social care professionals. The local authority safeguarding team, contracts team and health care professionals had worked with staff at the home in response to significant safety concerns. These concerns have now been addressed and the level of risk at the home has reduced. One health care professional told us that confidence had improved with the introduction of the new management team.
- Staff continued to work in partnership with other agencies. One staff member described positive relationships with mental health professionals and how this had helped staff understand a person's emotional needs. The quality director described how staff had worked with social workers to address previous safeguarding concerns and achieve positive outcomes for people. One person told us, "I know they have worked hard to make it better here, so we can stay, none of us want to move."