

Leafoak Limited

# Beechlawn Residential Home

## Inspection report

Elton Park Hadleigh Road  
Ipswich  
Suffolk  
IP2 0DG

Tel: 01473251283  
Website: [www.guytoncarehomes.net](http://www.guytoncarehomes.net)

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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

### About the service

Beechlawn Residential Home is a residential care home providing personal care to up to 35 older people, in one adapted building; some people were living with dementia. At the time of our inspection visit on 14 June 2019, there were 23 people using the service, with one person moving in on the day.

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

There had been changes in the management of the service, since our last inspection. This had caused some instability in the service and improvements identified at our last inspection had not been sustained and embedded in the culture to improve the service's rating to at least good.

Improvements had not been made in a timely way to improve the service provided to people. The current management team were working to improve the service and were introducing systems to make these improvements.

We were not always receiving notifications from the service, this is important information about certain incidents which we should be informed of.

Improvements were needed in the training provided to staff to ensure they were skilled and knowledgeable about their roles and responsibilities and to provide good quality care to people.

Improvements were needed in how the staff recorded where people received their prescribed medicines that were to be administered externally, such as creams. Other medicines, such as patches and tablets, were administered as prescribed and safely.

People's care records were being improved, which was ongoing and not yet complete. There were some inconsistencies in the records which did not provide robust guidance to staff about how to meet people's needs. Not all people's records included guidance for staff about people's preferences for their end of life care.

Improvements were needed in how people were provided with stimulation and engagement which were meaningful and reduced the risk of boredom.

Some improvements had been made in the environment to be more accessible for people living with dementia, this was ongoing and not yet complete.

There were systems to keep people safe. However, not all staff had received training in safeguarding.

Despite the shortfalls we identified in the service, we received positive feedback from people using the service and relatives about the caring nature of the staff and the care and support received.

People's dietary needs were assessed and met. Referrals to health professionals were made, as required.

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.

Improvements had been made in the staffing levels in the service. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement from our previous inspection of 13 March 2018 (published 14 June 2018). There were no breaches of Regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Beechlawn Residential 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 was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Beechlawn Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection and the last inspection report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We also spoke with one visiting social care professional. We spoke with seven members of staff including the acting manager, who was the registered manager of another of the provider's services, the assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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. We observed the care and support provided to people throughout the inspection, we also observed a handover and staff meeting.

#### After the inspection

The acting manager and deputy manager sent us their updated training records, within the agreed timescales. This was because the records reviewed at the inspection did not provide the information required.



## 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 requires improvement. At this inspection this key question has now remained the same, 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.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received safeguarding training, nine of 22 care staff had not received the training and those who had, six were identified as requiring updated training in February 2019. This was in the process of being addressed by the management team.
- Staff understood the different types of abuse and when they should report concerns. There was information about reporting safeguarding appropriately displayed in the service to provide guidance to staff.
- Safeguarding referrals were made where there were concerns about people's safety. The service completed internal investigations when concerns were raised and used these to drive improvement.

Using medicines safely

- Improvements were needed in how people received support with medicines which were to be administered externally, such as creams. This had been identified in the provider's quality assurance processes and improvements in this area were ongoing.
- Medicines administration records for other medicines including patches and tablets, were appropriately completed.
- People told us they were satisfied with the arrangements for how they received their medicines. One person said, "I am quite happy with it, have tablets in the morning, none missed, they give them to me and stay." Another person commented, "If I am in pain, they give me a tablet."
- We observed the lunchtime medicines round and this was done safely by staff. They explained to people what the medicines were and why they needed to take them.
- Some people were prescribed medicines to be administered when requires (PRN). There were protocols in place to guide staff when these medicines should be considered for administration. We saw a staff member offer a person their PRN pain relief.
- Medicines were stored safely.

## Preventing and controlling infection

- Not all staff had received infection control training.
- The service was mostly clean and hygienic. There were some areas in the service which required improvement, such as overflows in sinks, and some areas in a bathroom which could be a risk of cross infection. We raised this with the acting manager. We were assured these shortfalls were being addressed.
- One person's relative told us, "The room is always very clean, they shampooed [family member's] carpet when I took [family member] to mine, I was pleased they did that. They are always changing [family member's] bed, clean [their] bathroom every day." One person told us, "My room is cleaned every day."
- There were gloves and aprons for staff to use to reduce the risks of cross infection. We observed staff using these appropriately. One staff member told us, "I tell the carers gloves and aprons for personal care and not to come out of rooms with them on but to put them into the bags in the rooms...staff going into the kitchen have to wear aprons. Serving lunch staff all wear aprons...after giving personal care, everyone washes their hands."
- Bathrooms and toilets held hand wash liquid and disposable paper towels, there was also hand sanitiser available around the service to use to reduce the risks of cross infection.

## Assessing risk, safety monitoring and management

- Since our last inspection, improvements had been made in the ways that risks to people were assessed and recorded. These assessments were individual and care plans were in place to identify how the risks were reduced.
- People told us that they felt safe using the service. One person said, "I do feel safe, I won't come to harm here. The night staff check you twice but don't disturb you, makes me feel safe." Another person told us, "I feel very safe here, always someone on call, can press the buzzer or use the cord, they come fairly quickly."
- Where required, people had pressure mats in their bedrooms, which alerted staff if they were trying to stand independently and were assessed to be at risk of falls.
- People were provided with equipment, such as cushions, to use to reduce the risks of pressure ulcers developing. Equipment was regularly checked and serviced to ensure it was fit for purpose. This included equipment such as fire safety, and items used to support people to mobilise.

## Staffing and recruitment

- People told us they felt there were enough staff to meet their needs and requests for assistance, including using call bells, were responded to promptly. One person commented, "Got a buzzer and only have to press and they are here instantly day or night." Another person said, "I think there is enough staff."
- The deputy manager told us the staffing levels were assessed based on people's needs. Since our last inspection care staffing levels had been reviewed and improved. There was only one part time activities staff working in the service, the deputy manager told us that they were actively recruiting to another activities post to ensure people were provided with the opportunity to participate in activities.
- The deputy manager told us, since our last inspection, there had been more permanent staff employed and the reliance on agency staff had reduced. This was confirmed by the rotas.

## Learning lessons when things go wrong

- The service had not acted in a timely manner to improve the service from their last inspection rating of requires improvement.
- The new management team were addressing shortfalls, such as the analysis of falls and incidents to reduce future risks. Following an incident all senior staff had received training in medicines when this had not been provided but they were administering medicines. An improved system had also been started to ensure all staff administering medicines had three monthly competence checks.
- We observed a staff meeting and, where required, the management team explained to staff the actions



they needed to take to reduce risks to people, this included with improvements required in the infection control processes when the management team had seen that people's laundry had not been managed appropriately. This demonstrated that the shortfall had been addressed and acted on.

- Where incidents had happened, such as safeguarding, these were used to drive improvement, including the instalment of a safe to ensure secure storage was available.



## 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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

- The system to record and monitor the training provided to staff was not robust. There was not a clear picture of the training staff had received. The document in place identified a list of dates in red which showed when training had been booked, some due before our inspection visit and some after. There was no clear record found by the management team to show that this training had been completed or booked.
- Following our inspection visit, the acting manager and deputy manager sent us revised training records which they had formulated from archived certificates and newly received certificates. This demonstrated that not all staff had received the training they required to meet people's needs effectively. The acting manager assured us that they were addressing this.
- Some people displayed behaviours that others may find challenging, despite this only two staff had been provided with training in how to support people with their behaviours, anxiety and distress reactions associated with dementia. Eight care staff had not received training in dementia.
- Whilst we saw some staff supported people safely and effectively with their mobility. We saw one instance where a staff member put their arm under the person's armpit to pull them up from a chair, which was an unsafe moving and handling method. We told the management team what we had seen, and they told us this would be addressed.
- The induction process was not robust, staff were not provided with formal training in all the subjects they needed before they started work. Staff received information about the service and the people living there and undertook shadowing shifts of more experienced colleagues.
- There had been a start in the provision of the Care Certificate and this was ongoing. The Care Certificate is a set of standards that staff should be working through, including during their induction period.

Staff had not received the training they required to meet people's needs effectively, therefore the above is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One to one supervision meetings and appraisals had not been happening regularly to ensure staff were provided with the opportunity to discuss their practice, receive feedback and identify training needs. There was a plan in place to address this, which had been commenced.

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

- Before people started using the service, their needs were assessed. This informed the care plan and assured the service that they could meet people's individual needs.
- People and their relatives and/or representatives where appropriate, were included in the assessment process to ensure that as much information was gathered about the person and their specific needs as possible.

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

- People told us that they were provided with a choice of good quality food. One person said, "Food is nice... I like tomatoes raw and I ask for them and they get them." Another person commented, "I can have food and drink whenever I want, get a good choice of food, lovely and hot." Another person told us, "Fish and chips from the shop today, food is very good. I don't often eat meat have a cheese flan, baked potato or fish. Get grapes and apples for snacks, oranges, tangerines and peaches, get enough fresh fruit. They do lots of fresh vegetables with meals."
- Staff encouraged people to drink and we saw that in addition to the drinks that were served, there were jugs of drinks available in people's bedrooms and in the communal areas. One person said, "I can buzz for drinks, get water and squash at breakfast, if you want drinks there are plenty." Another commented they got, "Enough teas and coffees."
- Staff demonstrated they were knowledgeable about people's individual dietary needs. This included people who required a softer diet and high calorific food and drinks to assist them to maintain a healthy weight.
- Where risks were identified, such as people choking, staff sat with these people at lunchtime to monitor. To avoid a person feeling singled out, a staff member said when they arrived at the dining room, "Oh good, I have saved you a seat next to me." Referrals were made to dieticians and Speech and Language Therapists (SALT) where risks had been identified such as weight loss and choking.
- Lunch was a social and positive occasion. Where people required assistance, this was done at the person's own pace. Lunch was a takeaway meal from the fish and chip shop with several choices. There was a choice of six deserts, three of which were suitable for people who required a diabetic diet.
- Since our last inspection show plates had been introduced to support people to make their meal choices.
- Where there were risks of people not eating or drinking enough records were kept to monitor what they had. However, there was no indication of the recommended amount of fluids. The deputy manager said this would be addressed. One person commented, "When I was sick they made a note of what I was eating."

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

- Since our last inspection, there had been some effort to make the environment more suitable for people living with dementia and to assist people to navigate around the service. This included signage and some people's bedrooms had memory boxes outside their bedroom doors and/or their name and a photograph.
- The different corridors in the service had been given the names of flowers and these flowers had been painted along the bottom of the walls. This assisted people to identify where their bedroom was. One person's relative told us, "Corridors have names now and flowers at the bottom, they are new, helpful and it looks homely."
- Some toilets had different coloured toilet seats which assisted people living with dementia and sensory impairment, if they wanted to use the toilet.
- There were several communal areas that people could use, including the conservatory, two lounges and a

dining room. We saw people freely walk around the service, accessing areas as they chose to. People's bedrooms were personalised which reflected their choice. One person told us, "I love my room, like the lovely view."

- There was a well-maintained garden area and a small patio area. The deputy manager showed us screens that had recently been purchased which were to be used to cover the gate in the patio area to discourage people from leaving this way.

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

- People told us they were supported to access healthcare services where required. One person said, "If I feel under the weather the doctor comes and checks me over." Another person commented, "Keeping check on my ears," and another said, "Chiropodist every month." Records and discussions with the management team showed referrals to healthcare professionals were made appropriately.

- People's care records included information when they had received treatment or healthcare support. Important information about the individual was included in the records and used to share with other professionals, such as if the person required admission to hospital.

- The management team told us how they had positive working relationships with social and healthcare professionals to ensure people received timely treatment and support.

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. We found that they were.

- People's care records included information about if they had capacity to make decisions and how staff could assist them to do this. People told us that their decisions were respected. One person said, "I choose my clothes that I am going to wear."

- We observed staff asking for people's consent before providing any care, such as where they wanted to be in the service and how they spent their time. One staff member asked a person, "Can I move your footplates, you will be able to move your feet better?"

- Appropriate authorisations had been made where people lacked capacity to make their decisions regarding the care and support they were provided with.

## 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 good. At this inspection this key question has now remained the same, good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received respectful and compassionate care from the staff. Staff positioned themselves at eye level with people and used reassuring touch, where required. We observed caring interactions between staff and people using the service. This included supporting a person when they were upset about the death of their spouse and helping a person who had just moved in to settle. Another person was upset, and a staff member spoke with them, "Can we do anything to cheer you up? Here this pillow might be a start, how about a cup of tea? There I got a smile, let's have a brew."
- Without exception, people and relatives commented on the caring attitude of the staff. One person said, "[Staff] are really kind, you can trust them, any problems they help." Another person commented about the staff, "I could not wish for better, kind and got respect for you."
- As well as the care staff, people were also complimentary about the domestic staff. One person said, "The cleaning staff talk to me, they all chat about the weather, TV, all very nice." One person's relative pointed to the domestic staff member and said, "They are very nice, they all are."
- We saw a handover and staff meeting. Staff demonstrated they knew people well and any changes to their wellbeing was discussed. Staff spoke about people in a caring and compassionate way.

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

- People's views were listened to and acted on relating to the care they received. One person said, "I do what I like." People told us that they ate where they wanted to, such as in their bedrooms, dining room or lounge. One person said, "I have my breakfast and dinner in here [quiet lounge]. I prefer it in here, I am not worried about joining in." Another person commented, "I stay in my room most of the time, my choice, have all my meals here."
- The acting manager and deputy manager told us about how improvements had been made to ensure

people's choices were respected. This included people's choices at bedtime and when they got up, rather than the institutionalised way of supporting people in a way that suited staff. People we spoke with confirmed that their choices were respected. One person said, "If I get up early, I am an early riser I go and sit with the [staff] they say do you want a coffee, I go to bed at 8pm, if football is on I watch it in the lounge and stay down late."

- On the day of our inspection visit, an advocate attended the service following referrals made by the management team.

Respecting and promoting people's privacy, dignity and independence

- People did tell us that some people entered their bedrooms which they were not happy about. However, they said that if they called staff this was addressed quickly. One person said, "If anyone wanders into my room I only have to press the buzzer and they [staff] come and sort them out. Only staff come in at night to check on me."
- There had been some efforts to stop this happening, including the use of buntings across people's bedroom doors to deter others from entering. One person's relative told us there had been a person in their family member's bedroom, "I don't like it when other people go into [family member's] room."
- One person told us that staff, "Always knock," on their bedroom door. Another person commented staff, "Always knock on the door." This was confirmed in our observations.
- People told us how the staff respected their independence. One person said, "I wash myself except for my back, they treat me with respect." Another person commented, "I have got a key for my room and lock it when I go out and at night. I always tell them [staff] I am going out." They added that they went out into the community for a walk, a coffee and see people they knew.
- One person told us how they felt that their dignity was respected by staff when being supported with their personal care needs, "You are never embarrassed, they've got respect for you."

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- We observed some appropriate interactions from staff relating to supporting people with behaviours that others may find challenging. This included diverting a person when they were trying doors in corridors, "Do you want to come and sit down, how about a cup of tea?" The lack of training impacted on the care that some people received. Examples included, a person told a staff member several times to go away when they were supporting them to the dining room. The staff member continued to try to support the person rather than doing as they asked and returning later.
- Since our last inspection there had been some improvements in people's care records, some had been reviewed and rewritten. One staff member told us, "Care plans are starting to change, they are easier to write and read, now better, got different colour folders. The first page is better and can see at a glance next of kin, mobility, preferences, weight, risk assessment and nutrition."
- We reviewed care plans from the updated versions and the old style. There were some areas that required improvement in the two versions. This included, guidance for staff about how to support people with behaviours that others may find challenging required further information to ensure they were supported appropriately.
- One person used a wheelchair to move around the service, but their care plan stated they used a walking frame and only a wheelchair for long distances. Therefore, the information was not up to date.
- Some care plans included detailed information about people's conditions and how they affected them, others did not. One person's care records included the initials of two conditions that the person had but these were not referred to or explained anywhere in the care plans.

The systems in place to ensure people received person centred care were not robust to ensure their needs were always met, therefore the above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls we saw in staff training and people's records, people told us they were satisfied with the care they received. One person said, "I am very satisfied with the treatment I get, the staff are caring and loving." Another person told us, "I am looked after as well as I possibly could be, am happy and contented, staff are very good." One person's relative told us, "[Family member] is happy, they look after [them] very well. We are happy."

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

- Since our last inspection there had been some improvements in the environment to support people living with dementia. The deputy manager told us that they had obtained some cushions for people which had buttons and items for people to touch to enhance their senses. However, they did not know where these had been put. We saw only one of these cushions in a person's bedroom. There was a lack of objects in the service which could support people's memories or senses. People living with dementia were not engaged and there were no items in the environment to engage themselves with.

- There was one activities staff member who worked in the service two days a week and every other weekend. The deputy manager told us that they were actively recruiting to a second activities role to ensure people had access to activities. In the absence of the activities staff, who was not working on the day of our visit, day to day activities fell on care staff to provide. We did see that some efforts were made, such as an exercise activity on the morning of our inspection. However only two people participated and three watched. We saw that staff were busy supporting people with their personal care needs, although they spoke with people, there was limited time for them to provide meaningful and stimulating interaction and activity.

- There was a lack of engagement to reduce the risks of people becoming bored and disengaged. An example of this was one person walked with purpose throughout the day, during our visit we saw they had removed items of clothing five times in the communal areas, and also entered another person's bedroom. Whilst the staff responded to the person when they were aware that they needed assistance, this was reactive rather than engaging the person.

- People told us that there was not a lot of activities in the service, and often entertained themselves. One person said, "Not a lot to do, I like to read, watch a little bit of TV but love reading." Another person commented, "Went to the gent playing the guitar on Monday for an hour, he was good, they have various events. I always have got plenty of magazines, got my TV, I can go down to the lounge whenever I want and there is always someone there you can have a chat. I like the old fashioned sing along." Another person told us, "Got my tablet, croquet, knit do crosswords and got my TV." Another person commented, "Good activity [staff], does bingo now and then. I sit out in the good weather under an umbrella with a hat on. Last August went to Felixstowe on outing, going again this August."

- One person told us how they had been previously supported with their individual interests, "I used to do painting and drawing, some of my drawings are in the main and small lounges, portraits. I used to play scrabble but the [staff member] left and I don't do it now."

People were not receiving personalised care which met their needs and preferences in relation to meaningful social interaction and activity, therefore the above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain relationships which were important to them. This included family and friends were able to visit with no restriction. One person told us that their relative often had meals with them in the service. One person's relative said, "Staff are doing their jobs, but have time to talk to us and they give us tea."



### End of life care and support

- Only six staff members had received end of life training. The acting manager told us how they were in the process of working with health care professionals to support staff in delivering good end of life care, including staff from a local hospice.
- Not all care records included people's choices of how they wanted to be cared for at the end of their lives, apart from if they wanted to be resuscitated. The deputy manager told us that this had been identified as an improvement needed and there were plans in place to address it, this was confirmed in audit documentation of care records.
- One person had recently been assessed as requiring palliative care. The deputy manager told us that they were waiting for community nurses to attend to discuss what the person required.

There were no appropriate systems in place to ensure people's needs and preferences were met at the end of their lives, therefore the above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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.

- A notice on a person's door stated, "Please speak clearly when you enter my room, and inform me what is going on, I am poor of sight and have poor hearing." This demonstrated that staff and visitors received guidance on how to communicate with the person.
- The ways that people communicated was identified in their care records.
- Information was provided to people which was accessible, for example the results for quality questionnaires were displayed in the service using both text and picture format.
- In the entrance to the service there was a large notice board with the photographs and names of staff. This assisted people to identify the staff who were supporting them.

### Improving care quality in response to complaints or concerns

- People told us that they knew what to do if they had a concern about the service they received. One person said, "Any concerns I could talk to one of the [staff]." Another person commented, "Got no complaints, they are very caring." Another person commented, "Have little meetings here on Tuesdays and any questions you like to ask you can, no need for complaints. They are very kind and help where they can."
- Records showed that complaints were responded to and acted upon and used to drive improvement.



## 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 requires improvement. At this inspection this key question has remained the same, 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager during our last inspection left in January 2019. Another manager was employed in February 2019 and they left in May 2019. The service was now being managed by a registered manager from another of the provider's services (referred to as the acting manager) and the deputy manager. The provider had advertised the manager post and was in the process of shortlisting. The changes in the management had caused some instability in the service. The improvements made at our last inspection had not been sustained and embedded in the culture of the service
- There was a copy of a letter displayed in the entrance hall which had been sent to people using the service and relatives in May 2019 telling them about the changes of management, and if they needed to speak with the acting manager and deputy manager they would be available.
- The acting manager and deputy manager told us they were working to improve the culture in the service, including to ensure that any concerns were raised through the correct channels and did not develop into staff arguing amongst each other. We saw this was discussed in the staff meeting which was held on the day of our inspection. Staff were reassured and encouraged to speak with the management team if they had any concerns.
- Improvements introduced by the management team since May 2019 included handover meetings, staff allocations of work, key worker roles, and daily care records. These were new systems and were in the process of being tried and monitored by the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We had not received notifications injury in 2018 or 2019. We followed this up with the management team

during our inspection visit and found that there were incidents that the service should have notified us of. The management team told us they would go through their incident reports and submit the notifications.

- The acting manager and deputy manager told us they had been unable to locate any clear quality assurance systems, such as falls analysis and audit trails of incidents. They were in the process of making these improvements.
- A consultant undertook quality visits/audits to the service. They had picked up shortfalls and action plans were formulated. However, not all of the improvements had been made and embedded in practice.

#### Continuous learning and improving care

- Staff meetings were held, where they discussed any concerns about people and improvements being made in the service. We observed the staff meeting held on the day of our inspection visit. Staff were asked for their comments about the improvements being introduced, including the new daily notes records, and if they had any comments or suggestions. They also discussed how the team should work together and guide newer staff, for example when making a bed.
- The ways that the training and support provided to staff was monitored was not robust. Checks made by the management team identified improvements were required in this area and we were assured these would be made.

The governance systems are not robust to ensure people receive high quality care at all times, therefore the above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The acting manager told us that they had sent out questionnaires to people who used the service, relatives and staff. This was to check if there were any areas of the service that needed improving. One person told us, "Had a form to fill in last week, asking do you know the carers, the under manager, etc. I filled it in."
- Regular meetings were held for people using the service and for people's relatives. Discussions included what was happening in the service and people's views were sought relating to activities, food and any improvements they could suggest.
- Outcomes from the last quality assurance surveys were posted in the entrance hall to the service. These included actions taken as a result of people's comments, this included ensuring that people who chose to eat in their bedrooms were offered sauces and served promptly to ensure their food was hot.
- Staff were complimentary about the management team and the improvements that had been made recently. One staff member said, "Management now are 100% supportive. [Acting manager and deputy manager] listen to you, they are brilliant, it makes it a pleasure to come to work. Loads better atmosphere now, staff morale is up, staff much happier." Another staff member commented, "It is wonderful here, now I am happy working...now [acting manager and deputy manager] are supporting staff, more support for me and I can go to them anytime... staff were under pressure and now we are working as a team, [staff] know the rules and what they should be doing, every day there is a hand over."
- A staff member told us that they appreciated that the deputy manager gave praise when they had seen or heard staff working to good standards. The acting manager had introduced observations on staff practice.
- People told us they were happy with the service they received. One person said, "I like it here. Would give it eight out of ten." Another person commented, "I would definitely recommend here," and added that another family member had lived there before them.
- One person's relative told us how they had seen recent improvements in the service. They said, "It is quite good now, it is cleaner now, brighter, staff more friendly, perhaps more staff, they seem happier. They look

after [family member] well and seem to know [family member] well and they do all they can. Lot more relaxed atmosphere, it is homely and [family member] seems calmer."

Working in partnership with others

- The management team told us that they worked with commissioners of the service and social and health care professionals to ensure people received a consistent service.
- Feedback we received from the local authority showed that the service had accepted support, such as workshops, to improve the service.

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 management team understood their responsibilities under the duty of candour.
- Records of complaints evidenced that they had been investigated and where, required, people and/or relatives were informed of the outcomes, actions taken and were provided with an apology.

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not always provided with person centred care which consistently met their needs and preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (3) (b) (d) (e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems were not robust enough to ensure people receive high quality care at all times.</p> <p>Regulation 17 (1) (2) (b) (f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not receiving training to meet the needs of the people who used the service effectively.</p> <p>Regulation 18 (2) (a)</p>

