

HC-One Oval Limited

# Avon Court Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Avon Court is a residential care home providing personal and nursing care for up to 60 people. At the time of this inspection 24 people were living at the home and one person was in hospital. People lived across two floors, the upper floor was for people living with a diagnosis of Dementia and ten intermediate care beds. These were short stay admissions to the service, for people who required time for rehabilitation following recent hospital admissions.

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

Medicines were now being managed safely at the home. A recommendation has been made in relation to anticipatory end of life medicines.

We saw one example of an undignified interaction that did not promote a person's dignity. All other interactions observed were dignified and respectful. Staff we spoke to were passionate about promoting people's privacy and dignity. People and their relatives did not raise any concerns with us about how they were treated. The provider was no longer in breach of Regulation 10 Dignity and respect.

The provider had submitted one late notification. Action around the failure to notify was taken by the service. All other incidents have been submitted. Although there had continued to be some issues with the notification process enough action had now been taken to improve this and the service was no longer in breach of Regulation 18 (Registration) Requirements The failure to notify the Care Quality Commission of incidents of alleged abuse.

At our last inspection on 19 August 2020 the provider had failed to ensure people received a consistently safe and good service and implement sustained improvements. Although we identified some areas still requiring improvement, enough work had been undertaken to demonstrate the service had improved enough to now be meeting the breach of Regulation 17 Good governance.

The service did not currently have a manager registered with the Care Quality Commission at the time of this inspection. We saw that the service was not displaying the most current and up to date report.

At this inspection we found that improvements had been made and the provider was no longer in breach of Regulation 13 Safeguarding service users from abuse and improper treatment. People and their relatives told us they felt safe and had no concerns. Staff were knowledgeable about their responsibilities to safeguard people

Risks to people had been identified and plans to manage these put in place. Improvements had been made to ensure information was available and correctly recorded in risk plans. Incidents and accidents were being reviewed by management to ensure the appropriate actions were taken. The provider was no longer in breach of Regulation 12 Safe care and treatment.

The service had introduced 'high touch point' cleaning in order to reduce the risk of Covid-19 transmission. However, we saw the documents used to record this cleaning were not always used. Sufficient PPE was available to staff and visitors. In home testing for Covid 19 was being completed regularly with all staff and people living at the service. Following our inspection people living in the home and staff members have begun the vaccination programme to further protect against the Covid-19 pandemic.

People were supported to have maximum choice and control of their lives, the policies and systems in the service supported this practice.

The management team completed regular audits, where improvements were identified, these were addressed with staff.

People and staff spoke positively about the service and it was clear that the improvement journey was one involving people and staff in order to sustain the improvements long term. All staff spoke very positively of the support they received from the current management team and the difference it had made to the service having them in place. The management team spoke of the importance of ensuring the staff team were happy and understood what changes were being made and why.

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 (and update) The last rating for this service was requires improvement (published 29 September 2020). 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 the provider was no longer in breach of any regulations.

This service has been in Special Measures since 15 November 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.

In 2020 we inspected this service three times. We have had regular fortnightly monitoring calls with the service. In these calls the provider has shared their improvement plans and we have discussed in an open and reflective way the progress made and areas still needing work. These calls have been undertaken by supporting management at the service daily and senior management who have oversight. The report and ratings are reflective of the improvements made, the assurances gained and the commitment to sustaining these improvements going forward. The provider has a condition on their registration in which monthly action plans are submitted to CQC to enable monitoring of these improvements and the timescales for completion.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We found no evidence during this inspection that people were at risk of harm.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Avon Court 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.

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

#### Inspection team

Two inspectors and one medicines inspector attended the site visit for this inspection.

An Expert by Experience completed phone calls with people and their relatives away from the service following this site visit. 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

Avon Court 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 at the time of this inspection. An interim manager was supporting the home alongside a support manager and an area quality director.

A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was due to the current pandemic to allow the service time to implement any additional infection control measures for the visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including, the interim manager, support manager and area quality director.

We reviewed a range of records. This included nine people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

# 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 Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection on 19 August 2020, although the provider had made some improvements towards addressing the outstanding breach of Regulation 12, medicines were still not always managed safely. At this inspection we found that the provider had made the necessary improvements since the last inspection. Medicines were now being managed safely at the home. A recommendation has been made in relation to anticipatory end of life medicines.

- Medicines including those needing additional security and oxygen were stored securely. The medicine room and refrigerator temperatures were within the required range and recorded daily.
- There was adequate stock of prescribed medicines.
- Some people were prescribed medicines to be taken on a 'when required' (PRN) basis. Guidance in the form of PRN protocols were integrated with the electronic medicines administration records (MAR) to help staff give these medicines consistently.
- During the last inspection we had found care plans for medicines did not always have the necessary information related to prescribed medicines. The provider had made the necessary improvements and medicine care plans were in place. However, for one person who was prescribed anticipatory medicines for end of life there was no separate care plan or specific information in the care plan for these medicines. There was guidance in the form of PRN protocols for these medicines as they were prescribed if and when required.

We recommend that the provider reviews their medicines policy to ensure care plans are in place for people who are prescribed anticipatory end of life medicines.

- During the last inspection we had found some handwritten MAR's were not appropriately checked and signed. Since the last inspection the provider had introduced electronic MARs. We did not find any evidence of hand-written MARs during the inspection.
- The local GP had carried out regular medicine reviews.
- There was a medicine policy in place.
- Staff members were competency assessed and received training to handle medicines safely.
- One health professional told us, "They do seem to be more responsive and focused on medication."

### Systems and processes to safeguard people from the risk of abuse

At our last inspection on 19 August 2020, we found that there had been a failure to act on safeguarding concerns when these were raised to management. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulation 13 Safeguarding service users from abuse and

improper treatment.

- We have received increased reporting from this service because staff have grown in confidence to raise and report any concerns in the knowledge they will now be appropriately investigated. The interim manager explained, "Staff are reporting all the time even small bruises noted, which is why things have gone up." The area quality director commented, "Staff know that [interim manager name] will follow things up. Staff know we will check."
- People and their relatives told us they felt safe and had no concerns commenting, "She is safe, they've been really good, no mishaps", "I haven't had reason to be concerned, but I think they have improved" and "It's good and solid, they are careful, and they try."
- Staff were knowledgeable about their responsibilities to safeguard people and a safeguarding competency knowledge check had been completed in November 2020. Staff told us, "I feel happy to report concerns. I'm in people's home and they need to be looked after and I'm not scared to raise anything" and "If there was anything, or you witness or suspect anything, it's your duty of care to report to your manager to keep that person safe from harm."

#### Assessing risk, safety monitoring and management

At our last inspection on 19 August 2020, there was a failure to reduce risk appropriately and the provider was in breach of Regulation 12 Safe care and treatment. At this inspection we saw that action had been taken to address this and the provider was no longer in breach of this regulation.

- Risks to people had been identified and plans to manage these put in place. Improvements had been made to ensure information was available and correctly recorded in risk plans. This included risks around choking, pressure ulcer care and the risk of falls.
- Work had been undertaken around the management of falls. A new falls board was displayed for staff to be aware of capturing information around the number of falls, how to reduce these for people and the equipment in place. The falls in the home had seen a steady reduction and the involvement of staff around this had been received positively.
- A falls champion role had been created and details of this role was available including information from a recent falls meeting. The support manager told us, "With delegation we are empowering the junior members of staff as well to check things and allocated roles to take ownership."
- Maintenance staff ensured that the home complied with regular health and safety checks including fire, testing electrical appliances, equipment and lighting.

#### Learning lessons when things go wrong

At our last inspection on 19 August 2020, there was a failure to manage incidents and accidents appropriately and the provider had been in breach of Regulation 12 Safe care and treatment. At this inspection we saw that action had been taken to address this and the provider was no longer in breach of this regulation.

- Incidents and accidents were being reviewed by management to ensure the appropriate actions were taken. Incidents were also being reviewed collectively to consider any patterns and cause.
- Following incidents we saw reflective discussion or group supervision had taken place to share the findings and lessons learnt with staff. The area quality director told us, "We are reporting back to the staff now which wasn't happening and the openness is there. The staff get proper feedback and are part of the team and process." The supporting manager commented, "There is not a blame culture, we promote to staff that it's all about learning."

## Staffing and recruitment

- At the time of this inspection there was a reduced number of people living at the service. During our visit we did not observe staff rushing care and call bells were not ringing for prolonged periods of time.
- People told us on occasions they may have to wait, but on the whole staff were responsive when they called for assistance.
- Staff commented positively on how the team worked together and felt there was enough staff. Comments included, "It's very good, we all communicate really well on the floor", "I do half days but I think some days can be more hectic than others but on the whole I feel I have enough time to interact with staff and people."
- Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- We saw that two new starters identification documents needed to be signed and dated when the originals had been seen. Letters of offers of employment had also been sent with the previous managers name on, which may cause confusion. We raised this with the management team to address.

## Preventing and controlling infection

- The service had introduced 'high touch point' cleaning in order to reduce the risk of Covid-19 transmission. However, we saw the documents used to record this cleaning were not always used. This meant there was not always evidence that this cleaning had taken place.
- We observed that sufficient PPE was available to staff and visitors. We observed this being worn appropriately and in line with national guidance.
- In home testing for Covid-19 was being completed regularly with all staff and people living at the service. Where outbreaks had been identified previously, the service had managed this appropriately. One health and social care professional told us, "They [staff team] have done very well to avoid getting covid spreading within the home."
- Staff told us they were reassured by the infection control measures in place. Staff told us, "I have felt really safe, they always do the right things to minimise risk and always have enough PPE" and "The management and staff have handled it well, we follow all the regulations and I'm happy with what choices we have been given. We have our testing and now waiting on the vaccines. I have felt safe working."
- We observed that external clinical waste bins were being managed correctly and internal and external areas of the home appeared clean.
- The service currently had a food hygiene rating of four and had completed the requested work to replace flooring in the kitchen ahead of a revisit.
- Following our inspection people living in the home and staff members have begun the vaccination programme to further protect against the Covid-19 pandemic.

# 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 inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had assessments in place which considered their physical and emotional support needs.
- The service used nationally recognised assessment tools to assess people's risk, this meant that assessments were evidence based and in line with best practice guidance.
- The interim manager completed daily walk arounds to monitor that the care being delivered was in line with people's assessed needs and choices. Unannounced visits were also undertaken at night and weekends to ensure consistency was maintained in the absence of senior management.

Staff support: induction, training, skills and experience

- Staff feedback about their induction was positive. One staff member told us that the induction process had previously been disorganised but had greatly improved with the new management team commenting, "They showed me everything I needed to know and I've had a lot support since then."
- The senior management team had undertaken a positive piece of work to review new starters induction into the service and look for areas where this could be improved. Staff fed back about having more time with people and the concept of '3pm clock stop' was introduced. This was to ensure that there was a dedicated time in the day where staff stopped and focused on having a chat and drink with people. We saw that other improvements were identified to support staff positively into the home such as ensuring they had a mentor, supervisions completed as required and the creation of a staff wellbeing board.
- People received care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff were positive about the training they received commenting, "We get good training and I'm happy with this" and "I was very welcomed, they set me up with training straight away, even before starting they were in contact with me and so friendly. I had time to shadow and they said I could do it as long as I needed."
- People and their relatives felt confident with the skills staff displayed when supporting them saying, "Everybody seems to know what they're doing, I can't really fault it" and "My relative has to be hoisted and I've never seen any problems." One health and social care professional told us, "The nursing staff seem clear and have good knowledge of patients." The interim manager explained, "It's about having the systems and being clear on the processes and having the involvement of the whole team."
- Supervisions had not been as regular as required, but this was in the process of being addressed. One staff said, "I only had one supervision under the previous management, things are much better now." The interim manager told us, "Supervisions were patchy prior, I am catching these up and we have divided it with nurses and team leader mentors to do these and there is a log to show when next due."

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

- People and their relatives spoke positively about the food. Comments included, "I used to be there at mealtimes and it's not too bad and they do give [relative] a cooked breakfast", "I've seen the food sometimes and nine out of ten times I would want to eat it myself. There's definitely enough food" and "They offer alternatives, there is fruit all the time, we can get fruit all the time."
- The kitchen staff team had made significant improvements in the knowledge and recording of people's dietary information. We saw that the kitchen was clean and organised and food was correctly dated and labelled. There was a good supply of fresh produce available.
- Each morning the chef attended a meeting to update about the menu for that day and get updates about people. The chef spoke passionately about the improvements made saying, "It's been hard work and you can fold or get on with it and we appreciate the chance to learn." The chef spoke easily about people's likes and dislikes and was visible during mealtime to ensure people could feed back directly about the food.
- Staff supported people to choose what they would like for meals each morning. The chef informed us that show plates were used to support people with dementia to make informed choices. However, on the day of inspection, we did not observe this in practice. There was a separate menu if people did not like the daily choices and they could choose an alternative from this. The chef told us, "I want to be sure everyone is happy. With the new management I can trust that things will get done."
- We observed the lunchtime experience for people and saw there was a mix of people who came to the dining room and some who chose to stay in their rooms and have assistance. The tables were laid nicely and people were offered choices of drinks and where they wished to sit and were checked on regularly by staff.
- The timing of lunch continued to be prolonged in serving meals to people. Some people in the dining room were served their meal, whilst others had to wait due to staff assisting them and delivering meals to people in their rooms. We saw this had also been raised by a person in the last resident meeting. We raised this to the management team to monitor and address the effectiveness of lunch delivery and service.

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

- People's rooms were personalised. People were encouraged to choose the decoration as well as to bring in personal items from home. One staff member told us how people's personalised rooms helped them get to know and connect with the people they were supporting commenting, "You look around the room, where you see pictures on their wall or figurines and talk to them about it."
- There were plans to refurbish the communal areas of the home, however due to the pandemic these has been delayed. The service was clean and being maintained during this interim period. We did observe at times that the corridors could be quite busy with equipment, however not many people were moving around without staff assistance at this time. We raised this with the management team to monitor.
- Work had recently been completed to construct a lovely space in a log cabin in the garden for people to enjoy safe visits with family during the pandemic.

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 see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. A record was kept when people had contact with other health or social care professionals. One health and social care professional told us, "Staff have been following care plans and following advice given by [professionals name]."
- People had transfer documents in place which communicated their support needs to other health care professionals in the event they had to go into another setting. We observed that the detail in these forms were variable, and some contained very little information regarding people's needs. The management team said these would be completed on the day of transfer to ensure information was contemporaneous.

However, this may not always be possible in an emergency situation.

- Relatives told us the staff were good at communicating and updating when their relatives were poorly. One relative said, "I've no reason to think he's not safe, he had [name of illness], and they rang me straight away." Another relative commented, "The care home always lets me know when my relatives needs to go to hospital."

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 saw these were being met.

- Staff received training in the MCA, however we found their understanding of the MCA and its impact on people's care was mixed around how this was demonstrated in practice. During our observations however, we saw choices being offered and respected. We raised this with the management team to address.
- Where people were deemed to lack capacity, a capacity assessment was completed by the service and a decision made in their best interests. We saw evidence that the service consulted family and medical professionals when making best interest decisions.
- Where people were deprived of their liberty, application for DoLS had been completed in a timely manner. Where DoLS had been granted, conditions were met.

# 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 has now improved Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection in September 2019 the home had been in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated with dignity and respect. At this inspection enough action had been taken to improve this and the service was no longer in breach. This key question was not inspected at our last inspection in August 2020.

- We saw one example of an undignified interaction that did not promote a person's dignity. One staff member did not always speak about people in a respectful way, the same staff member was also observed completing documentation in a person's room whilst watching a video loudly on their tablet. This was an isolated incident which we raised with management, who took action to address this during our visit. The management team told us, "We are aware and are working on staff terminology and making each other aware of this."
- All other interactions observed were dignified and respectful. Staff we spoke with were passionate about promoting people's privacy and dignity. One staff member told us, "[Care staff] always ensure we aren't discussing any particular person in an open area. We make sure we go to another room and shut the door. We always knock on the door before entering. Close the door, close the curtains. Get consent every step of the way, making sure they are happy with what we are doing." Another staff said, "We knock on the door and ask if we can come in, close the door, engage with the person about what they would like support with. We have some residents that cannot answer us and we still can get acknowledgement through talking to them."
- People and their relatives did not raise any concerns with us about how they were treated. Comments included, "They treat [relative] with respect and they have a laugh", "As far as I can see, I've never seen anything wrong", "Yes, always dignity and respect, the staff are so friendly" and "[Person's name] fingernails used to be dirty and I told them and they were clean the next week."

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

- People appeared relaxed in staff company and the atmosphere in the home was positive and calm. Everyone we spoke with told us the staff were kind and caring towards them. Comments included, "They care very well, they have a lovely mix of ages", "The carers are very, very caring and the rooms are clean and kept tidy and if you ring, they come. I can honestly say there's nobody who has ever been not nice to me" and "Everybody seems to get on alright with everybody. Staff are nice, they get on fine, we have a bit of a laugh now and again."
- Relatives praised the staff for the care shown to their family members saying, "All the staff are very friendly they always speak to me nicely. She's settled really well and made friends" and "He's always said good

things about the staff. I used to go in every day and I can't fault it, those staff try their hardest."

- The management team spoke about the change moving towards involving staff in care outcomes commenting, "They know what is expected from them and why we do audits." The interim manager told us the care delivered was regularly monitored saying, "On walk arounds we stand back and listen, we get feedback from the residents, feedback from the team themselves and we acknowledge good practice and share this to the team."

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

- During this inspection we observed people being offered choices and their decisions taken on board by staff. One staff told us, "We offer people the choice of breakfast or support to get up in the morning as it's their choice what to do first."

- We saw that people's personal care and support plans considered the gender preferences of who people wanted to receive their support from to feel comfortable. References were made to choice within care plans, for example "[Person's name] chooses her own clothes and likes to put her makeup on herself." This demonstrated that these individual preferences were being discussed and recorded.

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People had a care plan in place that recorded aspects of their care and support needs. In the front of people's plans was a resident profile page that gave a snapshot of what was important to them and their preferences.
- People's care and support needs were documented in their care plans. However, we saw that some details could be variable. Whilst some care plans contained thorough and personalised information, we saw some that had generic guidance and referred to people as 'resident'.
- Staff told us they had time to read people's care plans to learn about their needs. One staff said, "When I started, they said I could read the care plans and I did this so I could understand people's conditions."
- There had been improvements to the supplementary charts completed for people. This included charts to record people's food and fluid intake and support to change their position to maintain skin integrity. Where these had not been completed appropriately this was being picked up in spot checks and actions were being recorded where people needed further support. An example form was in place to show staff how to record information on these correctly.

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 had communication needs documented in their care plans. This included how they preferred others to communicate with them and if any support needs had been identified.

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

- The activity staff had worked to continue providing people with opportunities for engagement during the pandemic. People were naturally frustrated that there had been reduced opportunities to spend time out of the service but appreciated the efforts in providing in-house activities. One staff told us, "I feel for the residents, it's been hard and we have done our best to help them see relatives and given reassurance."
- On the day of our inspection we saw people enjoying a pantomime which had been filmed and delivered to people via an online link on the television screen. A knitting club had been started by one person and we saw several people participating in this activity. Activity staff told us, "In the morning we spend one to one

time and try and see everyone in their rooms especially people that don't want to come out. Every month I ask if there is anything they want to do or particularly miss."

- Relatives spoke positively about the support to keep in communication with their family members during the pandemic. Comments included, "They've [care home] contacted me and send lovely updates and she made a keyring that they sent. They're [staff] very kind, sometimes I have faced timed [relative]", "She is safe, I cannot fault the care home, they've done everything to keep them safe, they use screens", "I speak to my husband every day on the 'phone" and "I'm allowed to go in, they take my temperature and I wear a mask and am behind a Perspex screen, we go in through the backdoor. I have an appointment next week."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were encouraged, investigated and responded to appropriately.
- The interim manager told us they provided opportunities for people to open up to them commenting, "When we do walkarounds, we join with the activities so people can see we are someone they can talk too. I share things about myself with people."
- The management team told us the importance of building confidence in people that concerns would be investigated. For example, when there had been a recent medicines error they went to the person and explained this and the action that had been taken. One person told us, "We've got no complaints."

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care. We saw people's end of life wishes were recorded in their care plan.
- Staff told us they felt confident in supporting people at this time of their lives. One health and social care professional told us, "One of my patients recently passed away at the home and the family were very complimentary about the care she had received."

# 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 Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection on 19 August 2020 the home had been in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because a notification of alleged abuse that had not been notified to CQC. Although there had continued to be some issues with the notification process enough action had now been taken to improve this and the service was no longer in breach.

- The provider had submitted one late notification. This had been delayed due to the previous manager not submitting it as required. This was later discovered by the new management team and subsequently notified to CQC. The incident had been managed internally at the time. Action around the failure to notify was taken by the service. All other incidents have been submitted.

At our last inspection on 19 August 2020 the home had been in breach of Regulation 17 Good governance. This was because the provider had failed to ensure people received a consistently safe and good service and implement sustained improvements. Although we identified some areas still requiring improvement, enough work had been undertaken to demonstrate the service had improved enough to now be meeting this breach of the regulations.

In 2020 we inspected this service three times. We have had regular fortnightly monitoring calls with the service. In these calls the provider has shared their improvement plans and we have discussed in an open and reflective way the progress made and areas still needing work. These calls have been undertaken by supporting management at the service daily and senior management who have oversight. The report and ratings are reflective of the improvements made, the assurances gained and the commitment to sustaining these improvements going forward. The provider has a condition on their registration in which monthly action plans are submitted to CQC to enable monitoring of these improvements and the timescales for completion.

- At the time of this inspection the service did not have a manager registered with the Care Quality Commission. An interim manager was supporting the home alongside a support manager and senior management. The management team said they were looking to ensure the home was in a stable place before it could be handed over to a new manager.
- We saw that the most up to date report had not been displayed at the service. We addressed this with the

management team who confirmed this has been amended. The report is correctly displayed on the website.

- The management team completed regular infection control audits, where improvements were identified, these were addressed with staff. However, these audits did not include a review of cleaning documentation.
- The provider had carried out regular medicine audits with actions derived from them to improve medicine management at the home.
- A lot of work had been completed around falls management in the home. We saw the audit considered the equipment people had in place, that a risk assessment was completed and that this had been reviewed following a fall.
- An internal inspection had been undertaken in November 2020, improvements and areas to focus on had been recorded. The home was working from an action plan which was shared with CQC monthly in line with the conditions on the provider's registration. Quality targets were set each month for the service and in December 2020 they were working towards reducing bed rail use for people.
- The service had worked with staff to involve them in the quality monitoring within the service and lead champion roles had been developed for staff in areas including falls, tissue viability and dignity. One staff told us, "[Interim manager] made me aware of what my responsibilities need to be and has gone through quite a few things with me. She's recommended me to do [training course name]. She says we are a company of progression."

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

- People and staff spoke positively about the service and it was clear that the improvement journey was one involving people and staff in order to sustain the improvements long term. One person told us, "I like the cleanliness and friendliness, everybody's been very friendly to me. I can't fault them." Another person commented, "I've got a nice place to live, they keep the place warm and the food is good."
- All staff spoke very positively of the support they received from the current management team and the difference it had made to the service having them in place. Comments included, "The feel of the place since [Interim manager] and [support manager] have been there has changed, it feels like a better environment, it feels less hostile", "They have been open about the CQC report and that it didn't go as well and the things they are putting in place to improve. They care for the staff as well as the people", "It's been a whirl, nobody likes change, you get to the point where you know it's been done for the good. The management at the moment are heading in the right direction and are good, you can go to them at any time."
- The management team spoke of the importance of ensuring the staff team were happy and understood what changes were being made and why. The interim manager explained, "Some staff knew me previously. We had a meeting straight away to say we would change and had to change and seeing where staff were struggling. We met with all of them and chatted to them on an individual level."
- Staff told us the atmosphere in the home was good and they were clearer on their roles and responsibilities. One staff commented, "There has been positive changes in the home, feels like the right things are now been done since the new management have been in. I enjoy coming into work and being part of a team."

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 were aware of their responsibilities under the duty of candour.
- People and their relatives were happy that they knew who to raise things with and that they would receive a response. One relative commented, "I filled a form out today and I put excellent on all of them, if there's a slight hiccup with [relative name] they let me know."

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

## characteristics

- People were given the opportunity to raise things in monthly resident meetings. During the pandemic these had been happening on a more one to one basis with staff speaking individually with people and collating the feedback.
- We saw the service had received compliments about the care and had a care home score of 9.5 with some nice reviews left by relatives. One relative told us, "Communication is good, they always 'phone up and let us know what's going on. If something's not right they put it right when I ask. If I had to recommend a home I would recommend this care home, [person's name] is always clean, their bed and room is clean."
- Staff told us the communication within the home was good. They had the opportunity to attend staff meetings in person or virtually. An online system was in place to allow messages to be shared amongst the staff team and reminders to be sent. One staff member said, "I have spoken to [interim manager] and she's approachable, [support manager and area quality director] are both nice, I would go to any of them. We have been told about changes and things happening."
- A positive piece of work had been undertaken to ask people living in the home what interview questions they would like asked of potential staff who may come and work in the home. We saw people had offered questions including 'have you done this type of work before', 'do you have a sense of humour' and 'are you a kind person.' This was a positive way to ensure that people were involved in this process and had a say in the staff who supported them.

## Continuous learning and improving care

- The management team and staff had worked hard to improve the service for people. It was clear whilst the improvement journey was continuing, the service had addressed a lot of the areas needed and met the remaining breaches of regulations. The interim manager told us, "We have had good feedback and staff feel they are on board with us. They are being shown the right way."
- People and staff were extremely complimentary about the current management and spoke of numerous improvements they had seen since the last inspection. Staff commented, "They do keep us informed, we have a meeting every week and can discuss things" and "Definitely seen improvements, paperwork has been improved greatly from what it was, E-meds is better and flags things. Morale in the staff is better than it used to be."
- The management team told us the changes were continuing to be embedded commenting, "I think it's a happier home there's more laughter to be heard now", "When we bring changes in now, we give staff reasons and understandings for these" and "Staff feel included and they know their roles and delegation."

## Working in partnership with others

- The management team told us they had good working relationships with external professionals.
- The service had received good external professional feedback regarding how successfully they had implemented the new electronic medicine system.
- The service worked well with their local GP and were able to raise any queries with them. The management team commented, " We had a good chat with the GP and they offered us some specific training, it's a good partnership between us."