

Aps Care Ltd

# Stradbroke Court

## Inspection report

Green Drive  
Lowestoft  
Suffolk  
NR33 7JS

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19 October 2017

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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

We carried out an unannounced comprehensive inspection of Stradbroke Court on the 11 and 19 October 2017. This was in response to our previous comprehensive inspection on the 20 and 28 April 2017, where we rated this service as inadequate and placed it in 'Special Measures'.

During our inspection on 20 and 28 April 2017 we found there were six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding safe management of medicines, infection prevention and control systems, staffing arrangements, safe care and treatment, person centred care and good governance.

We undertook enforcement action placing two positive conditions on the provider's registration. One condition was to restrict admissions to the service and the other condition was for the provider to submit to CQC a monthly report of the actions taken to improve the quality of the service regarding safe management of medicines and infection prevention and control.

Following our inspection on 20 and 28 April 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. This included unsafe management of medicines, inconsistent staffing arrangements, shortfalls in records, poor infection prevention and control systems, ineffective oversight and governance arrangements, not responding appropriately to people's feedback including concerns, ineffective systems to reduce the risks of dehydration and poor quality of care provided. We received the provider's monthly progress reports in relation to medicines and infection prevention and control measures. We also received regular updates on the provider's action plan which told us the provider was making the improvements needed.

This service had been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall. Therefore, this service is now out of Special Measures.

At this inspection on 11 and 19 October 2017 we found no breaches in regulations, and the necessary improvements had been made. The key questions, safe, effective, responsive and caring were rated as good. Well-led has been rated as requires improvement as the measures in place to address the previous shortfalls and to provide people with a safe quality service need to be fully embedded and sustained within the service to be rated as good. In the six months since our last inspection we were encouraged by the progress made by the management team to turn the service around and have rated this service overall good and removed the positive conditions placed on the registration of Stradbroke Court.

Stradbroke 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. Stradbroke Court accommodates up to 43 people who require support with their personal care needs, some of whom are living with dementia. At the time of this inspection there were 15 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was visible leadership in the service. Systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. The registered manager worked closely with the provider's nominated individual and was supported by an external consultancy company and the registered manager of one of the provider's other services; this had led to the overall quality and safety of the service improving.

People and relatives were complimentary about the care and support provided. Staff consistently respected people's privacy and dignity and interacted with them in a kind and compassionate manner. They were knowledgeable about people's choices, views and preferences and acted on what they said.

People and their relatives were positive about the approach of the registered manager; saying they were accessible to them and that communication in the service had improved. They described how the registered manager had addressed previous concerns around quality of care and staffing arrangements and they were confident in their ability to address any issues and to move the service forward.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. Effective infection prevention and control systems had been implemented with staff following best practice and the advice from relevant professionals.

There were sufficient numbers of staff effectively deployed to meet people's needs who had been recruited safely. Staff were trained and supported to meet people's needs. They knew how to minimise risks and provide people with safe care and what actions to take to protect them from abuse.

Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Improvements had been made to ensure people's care records reflected personalised care which were regularly reviewed and amended to meet changing needs.

People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. Appropriate referrals were made and acted on where concerns had been identified and people were encouraged to attend appointments with health care professionals to maintain their health and well-being. Where required people were safely supported with their dietary needs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with the opportunity to participate in activities and to pursue individual interests.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. People knew how to make a complaint if they were unhappy with the service.

There was a positive culture in the service which meant that staff were aware of the values of the service and understood their roles and responsibilities. The atmosphere in the service was friendly and welcoming.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were provided with their medicines when they needed them and safely.

Effective infection prevention and control systems had been implemented.

There were systems in place to assess the numbers of staff required to meet people's needs. The recruitment of staff was undertaken safely.

Staff knew how to keep people safe from abuse. There were systems in place designed to keep people safe from harm.

The likelihood of harm had been reduced because risks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

### Is the service effective?

Good ●

The service was effective.

Improvements had been made and were ongoing to train and support staff to meet people's needs.

The service was working within the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support

### Is the service caring?

Good ●

The service was caring.

Staff knew people well, respected their preferences and consistently treated them with dignity and respect.

People and their relatives were complimentary about the

positive relationships that they had developed with staff and the registered manager.

People and their relatives were involved in making decisions about their care and these decisions were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Improvements had been made to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs.

Systems were in place to ensure people's feedback was acted on, valued and used to improve the service.

People were provided with the opportunity to participate in activities and to pursue individual hobbies.

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

**Requires Improvement** ●

The service was not consistently well led.

Systems had been implemented to monitor quality and to drive improvements within the service. These need to be fully embedded into the service.

The registered manager was approachable and had a visible presence in the service.

Feedback from professionals was complimentary about the approach of the registered manager.

# Stradbroke Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11 and 19 October 2017. The inspection team consisted of an inspector, a member of the CQC medicines team 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. They had experience of caring for older people including people living with dementia.

Before the inspection, we reviewed the monthly reports the provider had to complete and submit to us as part of the positive conditions placed on their registration. This included information about infection prevention and control and the safe management of medicines. We also looked at the provider's action plans. We reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. In addition we reviewed the feedback received from five professionals who worked closely with the service. This included commissioners and health and social care professionals.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met and spoke with five people who used the service, five relatives and two visiting healthcare professionals. We observed the interaction between people who used the service and the staff.

We spoke with the provider's nominated individual, the registered manager, and a registered manager from one of the provider's other services. We also spoke with nine members of staff including care, domestic and maintenance staff. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 28 April 2017. This included a breach of Regulation 12: Safe care and treatment, and a continuing breach of Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. During this inspection on 11 and 19 October 2017 we found that the provider was no longer in breach of Regulations 12 and 18. Improvements to address the previous shortfalls had been made and we have changed this rating from Inadequate to Good.

During our inspection on 20 and 28 April 2017, we found concerns with the infection prevention and control systems. At this inspection on 11 and 19 October 2017, we found improvements had been made. The service was clean and there were no offensive odours throughout. The registered manager had implemented the required changes to provide people with a safe and hygienic environment to live in. There was a system in place to monitor the hygiene and infection control in the service. This assisted the registered manager to identify where improvements were needed to ensure that people were safeguarded by the service's infection prevention and control procedures. Advice from relevant healthcare professionals had been followed and additional training provided to all staff. There was an ongoing programme of redecoration and we saw that some furniture and soft furnishings had been replaced. Healthcare professionals who had worked with the service to address the infection prevention and control concerns told us that they were satisfied the standards had improved.

The service had been deep cleaned throughout, including the carpets on a regular basis and monthly deep cleaning of people's bedrooms. Records showed that equipment, the environment and mattresses were frequently cleaned and these were audited. Staff from both the domestic and care teams were clear on their responsibilities for ensuring a clean service was maintained and worked closely together. They told us how communication had improved in the service and shared with us examples of the positive changes made. One member of staff said, "We talk about infection control and cleanliness, hygiene and best practice all the time. What we need to record and when who we need to share it with if there is a problem. It comes up at team meetings, supervision, we had training and there is information and reminders on the notice board." Another member of staff commented, "We just had infection control [external healthcare professionals] come in and they've signed us off till February when they next come. I'm elated, I'm so happy as we have worked so hard. People's rooms are cleaned daily, mattresses checked and mattress covers unzipped to check for staining. We deep-clean every room once a month. If there's an accident or a spill we ask staff to clean and remove what they can, we instruct them not to leave it and then the housekeeping will come along with the carpet shampooer." A third member of staff said, "If a person had a sickness bug we've got [specialist equipment] which we put into the bedroom to enable us to contain the problem by taking it straight down to the laundry. This procedure has been developed in the last six months; it's what the housekeeping team came up with."



Two members of staff, one each from the domestic and care teams had been appointed as infection prevention and control champions. They promoted best practice and supported their colleagues in maintaining an environment that reduced the risk of infection. They told us how they had attended external regional meetings provided by healthcare professionals with staff from other services and this had helped them to understand more about themes and trends, and to be able to deal and pass on concerns raised about infection prevention and control in order to quickly resolve them. They showed us the cleaning documentation that staff completed which clearly showed the areas within the service that had been cleaned and the frequency. They described how these were monitored daily and escalated to seniors and the management team if they had not been done properly. We saw from the monthly audits how any issues were addressed and dealt with in a timely manner by the registered manager. This had included further internal communications, training and support for staff.

During our inspection on 20 and 28 April 2017, systems in place to reduce the risks to people were not robust. There were inconsistencies in people's care records relating to risk and how this was mitigated. At this inspection on 11 and 19 October 2017, improvements had been made. We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. Improvements had been made to people's care records and included risk assessments which provided guidance to staff about how these risks were minimised. The records included risk assessments in areas including mobility, falls, diet and skin integrity.

People who were vulnerable as a result of specific medical conditions such as diabetes, mental health needs and living with dementia had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Previous inconsistencies in the recording of people's food and fluid intake where they had been identified as at risk had been addressed and these were monitored on a daily basis by the management team with any issues picked up and swiftly dealt with. Improvements had been made to the recording of repositioning people who were at high risk of pressure ulcers and the frequency for repositioning them. Records seen included the details staff needed to ensure the person was correctly repositioned. This meant that staff were providing the appropriate care for people.

During our inspection on 20 and 28 April 2017, systems for the safe management of medicines were not robust. At this inspection on 11 and 19 October 2017, we found that improvements had been made. People told us and our observations confirmed that they received their medicines safely and on time. One person said, "Without fail I get my tablets on time." A relative commented, "I've seen [staff members] step up [training / administration of medications] and they're very good. [Registered manager] is a great ambassador for diabetes, and I think [they have] brought everyone up to a standard on medication."

On the 19 October 2017, a member of the CQC medicines team looked at how the service managed people's medicines and how information in medication records and care notes supported the safe handling of their medicines. We found that staff authorised to handle and give people their medicines had received training and had their competence assessed to ensure they managed people's medicines safely.

Medicines were stored securely for the protection of people who used the service and at correct temperatures. Records showed people living at the service received their medicines as prescribed. Audits

were in place to enable staff to monitor medicine stocks, administration and their records. Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities.

There were person-centred care plans in place about how to give people their medicines. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how and when to give them to people to ensure they were given consistently and appropriately. When people were unable to communicate their pain levels, pain assessment tools were used to guide staff about if their pain-relief medicines were needed. There were additional records in place when people were prescribed skin patches showing they were applied to people's bodies in a rotational manner and also confirming they were later removed before the next patch was applied.

For people with limited mental capacity to make decisions about their care or treatment and who would refuse their medicines there were records of assessments of their mental capacity and best interest decisions to give them their medicines crushed and hidden in food or drink (covertly). There was also written information available to show staff how and when to give them their medicines in this way to ensure they were given consistently and appropriately.

During our inspection on 20 and 28 April 2017, the deployment and organisation of staff was not effective to consistently meet people's needs safely. At this inspection on 11 and 19 October 2017, we found that improvements had been made. Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff that were effectively organised each shift. Staff told us that they were clear on their roles and responsibilities each shift and had enough time to meet people's needs and to spend time talking to them. We observed this happening regularly throughout our inspection.

The registered manager told us that agency staff were no longer used as through active recruitment they had enough bank staff or the management team would cover when needed and this ensured continuity of care. A member of staff confirmed this saying, "We don't use agency staff. Bank staff are used when someone is sick." They advised us that the monthly staff rotas were produced in advance taking into account the assessed needs of the people who lived there. They explained how this system enabled them to plan where additional staff may be needed on certain dates to cover training, planned absences and support people to attend appointments or trips out of the service. We were told that these were reviewed regularly and systems were in place to cover any unplanned staff absence such as sickness. They shared with us recent examples of how they had increased the levels of staff to safely support people when needed, for example at night following a change in behaviour and health needs for one person. Conversations with staff, information received from health and social care professionals, plus records seen confirmed this. This showed that measures were in place to ensure that there were sufficient numbers of staff consistently available to meet people's assessed needs.

People and relatives told us that staffing arrangements had improved. One person said about the staff availability, "I just call out, staff are always along the corridor; there's always someone close and handy. I use the call bell last thing at night, [for personal care], yes they're very good, and they come quickly and are always helpful." A relative said, "Mostly [enough staff], they can be a bit short when someone phones in sick, but they do try [registered manager] will come in and the team leaders on their day off." Another relative commented, "There's a couple of new carers that were a bit weak, but they've put them with strong, experienced carers, and they've got on okay now; the staff mix has improved." A third relative said, "[Person's] not kept waiting, when they need something, it's there." A fourth relative commented, "If someone calls they [staff] go [to them] straight away; it's just improved so much."

Improvements had been made to ensure safe recruitment procedures were consistently followed. Records showed that the service's recruitment procedures and systems were effective to assess that staff were of good character and were suitable to care for the people who used the service. This included carrying out a Disclosure and Barring Service (DBS) check which ensured the prospective employee did not have any relevant criminal convictions and had not been barred from working with vulnerable adults. Staff employed at the service confirmed they had undergone the relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed an induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

People who used the service were relaxed and at ease in their surroundings and with the management and staff. They told us they felt safe and protected living in the service. One person said, "I'm safe and really well looked after here, I can't find fault with it at all." A second person smiled and nodded when we asked if they felt safe living in the service.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (reporting concerns of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us if they had any concerns, "I would go to [registered manager] straight away; you have to [when it concerns safeguarding]." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

## Is the service effective?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 28 April 2017. This included a breach of Regulation 14: Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to us about the measures they were taking to address the shortfalls found at the inspection. This included the inconsistencies in the recording of people's nutritional intake to help staff manage the risks to their health. During this inspection on 11 and 19 October 2017 we found that the provider was no longer in breach of Regulation 14. Improvements to address the previous shortfalls had been made and we have changed this rating from Requires Improvement to Good.

Further training had been provided to staff including how to document food and fluid intake for people using new documentation. Staff understood the importance of good nutrition and hydration in maintaining health and wellbeing for people. They told us which people were at risk and described the measures in place to support them with adequate hydration and nutrition. This included regular prompting and encouraging people with drinks and food that they knew they liked if they hadn't had much that day. Inconsistencies in the daily monitoring records had been addressed; staff documented what people had eaten and had to drink. This included information on food portion sizes and showed the recommended daily target or total for each person and what they had had drunk during the day. Where a person had not drunk the required amount their records reflected the actions taken by staff. This included escalating concerns to the registered manager or contacting the doctor. Where appropriate people's daily records provided guidance to staff on what consistency their person's food needed to be, to minimise the risks of not eating enough and choking. A visiting healthcare professional told us, "The documentation is completed properly and shows a person's fluid intake. Staff will contact us if they have a concern and we discuss what can be done."

People fed back that staff were well trained and competent in meeting their needs. One person described their confidence in the staff when assisting them to mobilise. They said, "All the staff are quite capable of transferring me. They do this very carefully; I am perfectly intact." This was confirmed in our observations where we saw several instances of staff moving people comfortably and safely using the appropriate equipment. Staff took their time and throughout the transfers provided reassurance and an explanation of what they were doing. This put people at ease and we saw them sharing a laugh and a joke with members of staff.

Relatives told us they had seen improvements in the skills and ability of the staff which they put down to the changes the registered manager had made with the training. One relative said, "I think the manual handling is a lot better than it was, they [staff] move [person] about to reposition them [in bed], every hour, I feel much more confident about their approach." Another relative told us, "One of the residents, they [staff] would sort of lift her up before. Now there's always two people using the hoist, they're [registered manager] very particular on that." A third relative commented, "There has been a lot of training since the [registered manager] came. They have made sure the staff know what they are doing."

Improved systems were in place to ensure that staff were trained and supported to meet people's needs. This included a comprehensive induction when they first started working at the service. One member of staff told us about their positive induction experience, "I had a day with [deputy manager], and a week's orientation including shadowing an experienced member of staff. I'm confident that the support is there when I need to ask."

The processes to monitor the staff training had been improved and records maintained to identify where staff required mandatory training or refresher updates to ensure their knowledge was kept updated. The registered manager explained how they had introduced competency assessments to check staff understanding following training for example with the safe management of medicines, safeguarding and infection prevention and control. They showed us the training plan which was linked to the specific needs of people. For example diabetes, falls awareness, mental health, pressure care awareness and end of life. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. One member of staff told us, "[Registered manager] is making sure the training is up to date, [they deliver] a lot of the training. All the staff are going to do Parkinson's training and all the staff are going on the 'age simulation' training [to enhance understanding of living with dementia and other conditions] we want to know as much as possible."

Feedback from staff about their experience of working in the service was positive. They described how they felt supported in their role through one to one supervisions meetings. These meetings provided staff with an opportunity to discuss the ways they worked, receive feedback about their practice and identify training and development needs. One member of staff told us, "We have regular team meetings and supervisions. The training is so much better and the manager is open to ideas." Another staff member said, "I do feel supported now. I did consider leaving but am glad I stayed; it is such a different place. I have had supervisions with [registered manager]. We talked about how I am getting on, what I want to do and what training is available. I am now thinking of a career in care which I wasn't before." A third member of staff commented about the support from the management team and their colleagues, "[Registered manager and deputy manager] and all the staff have helped me; as a team they're very good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood when DoLS referrals needed to be made and had made them in line with guidance to ensure that any restrictions on people were lawful.

People told us that their consent was sought before care or treatment was provided, which was confirmed in our observations. A relative described how the registered manager had refused to accept a transfer from hospital at night concerned about the negative impact this would have on the person. "They're not afraid to make decisions in [person's] best interest. [Next of kin] has always been involved in any decision." Another relative described how the staff gained permission from people before assisting them they, "Talk to [people], tell them what's going on; they always ask if it's okay."

Staff had received training in the MCA and DoLS and we saw them consistently seek people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Improvements had been made to people's care records which included their capacity to make decisions and if they lacked capacity, any best interest decisions made. Records showed that people or, where they were not able, their representatives where appropriate had signed consent forms to show they had agreed with the care they were to be provided with.

Feedback about the food in the service was complimentary. One person said, "The food's well cooked and tastes nice." Another person gave us the thumbs up when we asked if they liked the food. A relative told us, "The food's better, [person] has enough choice but if there's nothing on they'll [kitchen staff] do an omelette."

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. One relative told us the staff, "Give [person] a choice, provide them with assistance, spoon to mouth, finger food, crisps in a bowl, and so on [Person] eats well. I'm confident that the support is adequate. They always give them the choice [of where they would like to eat] the dining room or their own bedroom. [Person] stayed in their bedroom for three weeks but they still gave them the choice, and today they went to the dining room." Another relative commented about the staff approach, "They adapt to [relative's] needs, when they weren't well and wanted just soft dessert they were very helpful."

People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals. Relatives told us the staff monitored people's health and well-being to ensure they maintained good health and identified any problems. One relative said, "They [staff] called my [family member], as per the instruction; staff had been monitoring [person] and were concerned about their breathing rate, we came down to be with [person]. We were pleased we got the call." Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that appropriate action was taken to maintain people's health and wellbeing. Two visiting healthcare professionals confirmed that appropriate referrals were made and staff followed the advice given. One healthcare professional said, "I have no concerns with this service, the staff know people well and are alert to changes in their health. They contact us when they should and follow any advice or instructions."

## Is the service caring?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 28 April 2017, where improvements were needed in how people's privacy was consistently maintained and in the language used in people's care records which was not always respectful. During this inspection we found that improvements had been made and we have changed this rating from Requires Improvement to Good.

People's dignity and privacy was consistently promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. Where staff recorded information for monitoring purposes about people's skin integrity support, food and fluid and personal care, this information was kept secure which respected people's privacy. The language used in people's records including their care plans, risk assessments and daily records was enabling and respectful.

Relatives shared examples of how the staff were respectful and aware of the need to respect people's privacy and their confidentiality. One relative said, "They always close the door [when carrying out personal care], they would always take me aside [to have a private discussion] very professional." Another relative told us how they had been impressed by the actions taken by staff to ensure a person's dignity was upheld, "The GP examined [person] in the lounge and was speaking regarding my [family member] in front of people, and it was [named deputy manager and a team leader] who asked the doctor if they could go somewhere private, and upon that request they took them to their room to continue the discussion and examination."

People told us they were happy living in the service and the staff were caring towards them. One person said, "Staff are lovely, we have a laugh and a joke." Another person told us, "I like it here; they are very sweet and kind. They look after me well." A third person commented that the staff, "help you get dressed, very friendly manner. I have everything I need, my bedroom is clean and has all my things. I am very comfortable."

Relatives were complimentary about the staff approach. One relative said, "They will come into the room and talk to people individually; all the carers do." Another relative commented, "The staff here treat [person] like their own [family member]; they're [staff] often in their room when I arrive. The current staff are devoted. I've met the night staff, they came and introduced themselves, spoke about my [relative] and what's going on; I was very reassured by their ability." They added, "It was brilliant how they [staff] greeted [person, upon their return from hospital], it was just nice to see the [staff] here for them, as soon as [person] heard their voices they knew where they were."

A relative shared with us how the service had sensitively cared for their family member during their end of life and also supported them during the challenging time. They said, "The staff at Stradbroke Court proved that not all the angels are in heaven. Everyone helped me through the most difficult period of my life, I was told that I could sleep at the home, have all my meals provided but most importantly everyone listened and hugged me when I cried. [Person] was treated as an individual and made to feel special; [they] loved living at



Stradbroke Court. [They were] friends with all the staff and always had a good word for them, [person] loved them all."

There was a warm and friendly atmosphere in the service. People were relaxed and comfortable in the presence of staff. Staff interactions with people were not rushed and were person centred, compassionate and supportive. When speaking about people, staff were respectful in their language, and ensured people's wishes were communicated. This showed that staff attended to people's needs with due respect.

Staff we spoke with told us they enjoyed their work and showed commitment and a positive approach. One member of staff said, "We treat the resident as if they were one of ours [family member], if you get a smile off a resident it's worth it." Staff knew people well; demonstrating an understanding of their likes and dislikes, preferred routines and what mattered to them. A relative confirmed this saying, "They know all [person's] needs, and they know [person] and their life [history]."

People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. One person told us they felt well cared for and that staff supported them to maintain their independence, "I like to do things for myself but I sometimes can't and need help. They are ever so good they ask me what I want to do and what they can do to help."

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning and going to bed at night. People chose where they wanted to be in the service and what they wanted to do. One person said, "I like to get up early in the mornings, they [staff] bring me a cup of tea and get me ready. I don't like to stay in bed past 10am."

We observed that staff took an active interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. We saw a small group of people and one member of staff talking about their favourite programme, discussing what might happen in the developing storyline. One person said, "I always talk to [member of staff] when they are working about [television programme]. We have a good laugh about what goes on."

People who used the service were supported to maintain relationships with others and were supported to see family and friends if they wanted to. People's relatives and representatives were able to visit the service when they wished.



# Is the service responsive?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 28 April 2017. This included a continuing breach of Regulation 9: Person centred care and a breach of Regulation 16: Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to us about the measures they were taking to address the inconsistencies found at the inspection. This included the delivery of care not always meeting people's needs and care plans lacking important information to guide staff in how to care for people in ways that were safe and responsive. They advised us that a system was in place for managing people's comments, concerns and complaints. During this inspection on 11 and 19 October 2017 we found that the provider was no longer in breach of Regulation 16. Improvements to address the previous shortfalls had been made and we have changed this rating from Requires Improvement to Good.

People told us that they were satisfied with the care and support they received which was personalised to their needs. One person said about the staff, "I'm diabetic and they're always saying are you allowed this or that?, they bring me ice cream, little things like that please me, that's nice to think I'm being treated as an individual." Another person commented, "The staff are kind, caring and know how you like things done. You don't have to keep telling them."

Relatives spoke positively about the staff and their understanding of people's needs. One relative told us how the staff had, "Altered some of [the person's] clothes for them when they had lost weight." They described the positive impact this had to the person's wellbeing and said the person was, "More themselves now." Another relative said, "The staff know how to get the best out of [person]. I have seen them try different approaches to get [person] to take their tablets or to get up and dressed. Depends on [person's] mood which can alter so quickly but it doesn't faze them. They are patient and tolerant and adapt accordingly. I can't fault them."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We saw a member of staff sensitively respond to a person who showed signs of being upset, calling out worried that that they had missed the lunch time meal. The member of staff spoke with the person, reassured them and offered to walk with them to the dining room where lunch was being served. The person accepted and was smiling as they walked with the member of staff.

We observed interactions throughout our inspection which showed that the staff were responsive to people's individual needs. During the lunch time meal a member of staff saw that one person, who ate independently had not eaten much of their food. They sat with the person and with their permission assisted them to eat. The person ate all their meal later telling us they had; "Thoroughly enjoyed it." We spoke with the member of staff who told us that the person was very independent but they were aware the person was feeling under the weather that day so had gone to check if they needed any assistance. This showed us that staff were knowledgeable about people's needs and able to respond accordingly.

People's ongoing care and support was planned proactively with their involvement and or their representatives where appropriate. One relative described how the staff had responded to their concerns, following a planned bedroom move for their family member. They said, "When they moved [person to a different bedroom], I was worried because they would be getting in and out of bed from a different side, so they kept an eye on them; [carrying out checks] every half-hour at night." Another relative told us how they had been involved in decisions about the on-going care arrangements for their family member and had signed them to show they agreed with the content. They said, "They do ask me for my thoughts."

People's care records were accurate and detailed in respect of their plan of care and support. They provided guidance to staff on the level of support required and included details about people's specific needs, conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. One member of staff said, "The care plans and risk assessments have all been updated, the [registered] manager went through them with a fine tooth comb; they tell you what you need to know; so you're caring for people safely." The reviews included feedback from the person and or their representatives where appropriate, staff and health and social care professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. People's daily records identified the care and support provided to people. The management team explained how these were being further enhanced to reflect a more person centred, holistic approach including information about people's mood and well-being.

Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs

Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing such as smiling and engaging with one another and the staff. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We saw that people moved confidently about the service choosing where and with whom to spend their time. One person who in the morning had been in their bedroom confirmed this saying, "I fancied a game of bingo so here I am."

We observed lots of laughing and positive interactions with the activities lead and people in the lounge. People participated in activities and hobbies that interested them, both on an individual and group basis in the lounge. For example, people were playing board games and doing quizzes as well as watching television, reading and chatting with each other and staff. One person told us they liked to stay in their bedroom to watch television or read the paper and the staff respected this. Another person said, "I like the quizzes and games. Bingo is my favourite." A third person shared with us how much they had enjoyed a trip to a local animal sanctuary for their birthday. A relative told us, "The activities are nice, they had an afternoon at [local hotel] and it was so lovely to see [person] away from the home, they really enjoyed it". [Activities co-ordinator] always asks [person] to join in, bingo with bottle tops, adapted games for them to do, [person] always gets invited." Talking about a recent event in the service celebrating the 1940's the relative said, "The staff all dressed up; land army girls. Residents loved it."

Events, both past and planned, were advertised throughout the service and included a 'Bake' sale, and a 1950's day following the success of the recent 1940's day. Fireworks and jacket potatoes for bonfire night, the grand opening of 'tea shop', located in the service named in memory of a person who used to live at the service. Afternoon tea at a local hotel, an Italian day and a Halloween festival involving staff dressing up and trick and treating from the local Brownies group. One relative said, "There is so much going on now it's

fantastic. Before there was very little and people were bored to tears. Now it's such a happy home."

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last six months. Themes included caring staff approach and supporting an individual and their family during a difficult time. Discussions with people, relatives, staff and the management team told us that the service responded to people's comments and concerns. Records seen confirmed this for example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements such as times people wanted to get up in the morning or have their personal care. One relative said, "They act on everything you say, and if they can't solve a problem they will tell you why."

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 28 April 2017. This included a continued breach of Regulation 17: Good Governance, of the Health and Social Care Act (Regulated Activities) 2014. There were insufficient quality assurance systems, ineffective governance and poor oversight at manager and provider level which had failed to fully identify shortfalls in the quality of the service putting people at risk of harm. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the inspection.

During this inspection on 11 and 19 October 2017 we found that the provider was no longer in breach of Regulation 17. Improvements had been made and were ongoing. We were encouraged by the progress made in the six months since our last inspection by the management team, to make the necessary improvements, and as a result we have removed the positive conditions placed on their registration. However these improvements need to be sustained, maintained and fully embedded to ensure people are consistently provided with a safe quality service. We have changed this rating from Inadequate to Requires Improvement.

There was visible leadership in the service. The registered manager worked closely with the provider's nominated individual and was supported by an external consultancy company and the registered manager of one of the provider's other services; this had led to the overall quality and safety of the service improving.

Systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. Incidents, accidents, falls and complaints were monitored and analysed. This analysis supported the registered manager to identify any trends and patterns and to take action to reduce further risks. Regular audits and checks were carried out on all aspects of the service, this included infection prevention and control, safe management of medicines, care plans and health and safety. The outcomes and actions from these fed into a development plan for the service providing the registered manager and the nominated individual the oversight needed to identify any shortfalls and take action to address them. They showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing improvements to staff development, recruitment, safe management of medicines, infection prevention and control, records, complaints, staffing and creating a dementia friendly environment.

The registered manager demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach. One person told us, "The manager is good, always has time for you. Knows exactly what is going on." A relative commented, "The managers weren't very approachable in the past, but definitely, since the new [registered] manager has been here it's just a different place." Before it was a disjointed approach, but [registered manager] has got rid of the 'dead wood' and kept the 'diamonds' of staff, and they are diamonds."

Relatives shared with us examples of the positive changes in the service. One relative said, "Things have

improved; it's more homely. Communication is much better; you get answers to questions now. The manager is visible doesn't hide in the office like [previous managers] and gets involved." Another relative added, "Any problems, you just have to go to [registered manager] their door is open to everybody." A third relative described how the management team were addressing previous concerns around quality of care and staffing arrangements and they were confident in their ability to address any issues and to move the service forward. They said, "I used to email a lot with concerns. I don't have to now because you just talk to manager or deputy manager and it gets resolved."

People and or their representatives feedback was collated through regular care reviews, resident and relatives meetings, and daily interactions and communications. One person said, "My [relatives] come to the meetings." Another person told us, "Residents meetings, I don't go but you can read what was said." A relative commented, "I have not been to one of the meetings yet but I intend to go. I want to encourage the continued progress." The minutes of meetings were made available for people, and included information about the actions taken as a result of their comments. This included changes in activities, the menu and planned improvements to the environment.

Staff were clear on their roles and responsibilities and told us they felt supported by the management team and could go and talk to them if they had concerns. Staff said that there was an open culture in the service, that the leadership had improved and they felt positive changes had been made. One staff member said, "Now I love coming to work, [registered manager] changed it such a lot." Another staff member commented, "[Registered manager] wouldn't expect you to do something that [they] wouldn't do. Their door is always open to everybody; knows everybody, if you've got a problem you can go to them and they will listen." A third member of staff added about the registered manager, "I get on well with them, they are very accessible." A fourth member of staff commented, "It is well organised now. We all know what we are supposed to do, right from the minute you start your shift. There is clear communication and the information you need to do your job properly."

Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. They were kept updated with the ongoing developments in the service. Staff told us they were committed to the improvements being made and to providing a safe quality care to people. One member of staff said, "We have worked so hard to address the previous wrongs found at the last inspection and want to do right by the people here."

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people services to ensure they were following good practice and providing a quality service. Visiting health care professionals told us that the staff had engaged with them proactively and, "made appropriate referrals for people" and that staff followed the advice given. One visiting professional said, "There have been a lot of changes in the service. The standard of care, the records and the communication is much better. The manager is working with us to change things for the better." Another visiting professional said, "I have no issues with this service or the management. It is a caring home."