

Brentwood Homes Limited

Seven Arches Nursing Home

Inspection report

Lea Rigg, Cornsland
Brentwood
Essex
CM14 4JN

Tel: 01277263076
Website: www.brookvalehealthcare.co.uk

Date of inspection visit:
10 July 2019
11 July 2019

Date of publication:
22 August 2019

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?

Good ●

Summary of findings

Overall summary

About the service

Seven Arches is a care home providing personal and nursing care to people aged 65 and over. The care home accommodates 30 people in one adapted building. At the time of inspection 29 people were using the service.

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

People told us they felt safe living at the service. Significant improvements had been made in how risks to people including potential safeguarding concerns were managed which protected people from the risk of harm and abuse. People were supported by sufficient numbers of staff who had been safely recruited. Staff knew people well including risks and how to manage them to keep people safe. Medicines were safely managed by staff who were trained and competent.

Staff received training, supervision and appraisals to give them the skills and knowledge to do their job. Improvements to the environment were underway to ensure the service was 'dementia friendly'. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain their health and wellbeing and had access to food and drink which met their needs and preferences.

We made a recommendation about improving the mealtime experience.

Staff were kind and caring and knew people well. People felt listened to and included in decisions about their care and support. Staff treated people with dignity and respect and maintained people's privacy. People were encouraged to be independent and were supported to maintain important relationships.

People's care plans were personalised to help staff provide person-centred care. People told us staff knew and respected their preferred routines likes and dislikes and provided care and support the way they wanted.

We made a recommendation about exploring and upholding people's bathing preferences.

People and their relatives were included in reviews of their care and support. If people had end of life needs and preferences these were explored and documented. Opportunities for people to engage in a range of activities in and outside of the service were provided.

We made a recommendation about considering the needs of people who needed one to one support with activities.

The service was well led by a new registered manager who promoted a person-centred, open and inclusive

culture. People, relatives and staff spoke highly of the new manager and were positive about the change in management and improvements made to the service. New quality assurance processes had been introduced to ensure more robust oversight of the safety and quality of the service at management and provider level.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 4 July 2018) and there were multiple breaches of the regulations. 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 regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 had improved to good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service had improved to good.

Details are in our well-led findings below.

Seven Arches Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seven Arches 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 had a manager registered with the Care Quality Commission. This 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided.

We spoke with the registered manager, the registered provider, eight care staff, activities staff and two nurses. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, policies and procedures and quality assurance information. We also contacted three professionals who regularly visited 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 requires improvement. At this inspection we found the rating had improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly identify, investigate or report potential safeguard concerns. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The new registered manager had introduced new robust systems and processes to safeguard people from the risk of harm and abuse.
- Accidents and incidents including falls, pressure ulcers, bruises and skin tears were reported to the registered manager by staff. A person told us, "They [staff] notice everything, even if it's just a little bruise they ask about it."
- Monthly audits were completed by the registered manager who investigated and analysed all accidents and incidents to identify potential safeguarding concerns. The registered manager was vigilant in ensuring people were protected from the risk of harm. For example, where a person had unexplained bruising they had organised refresher training for staff in moving and positioning as they could not be sure it was not due to poor technique.
- The registered manager understood their safeguarding responsibilities and reported concerns appropriately and in a timely way. A member of the nursing staff told us, "[named registered manager] escalates things quickly and I am aware of how to escalate to the safeguarding team; they are going to go through the safeguarding process with us so we can do it as well 'safeguarding' has recently been 'policy of the month'."
- All staff received training in safeguarding and knew the signs to look for that someone might be being abused and how to report concerns.
- People told us they felt safe living at the service. A person said, "I feel very safe; when they told me I hadn't long to live I made sure I could come here; I feel very safe; they can't do enough for me." Relatives also said their family members were safe. A relative told us, "I'm certain [named person] feels safe; I can see it in their face, their body; they smile when staff chat with them; I have seen they are content."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently identify, assess and manage risks to people to

ensure their safety and wellbeing was maintained. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our previous inspection we found inappropriate use of bed rails which placed people at risk. At this inspection we found this concern had been addressed. Appropriate risk assessments for bed rails were completed and where people were identified as not suitable, alternative safety measures were used such as regular checks on people, low rise beds, crash mats and bed and chair sensors.
- During the last inspection we found risks associated with weight loss were not always well managed. At this inspection we found the required improvements had been made. People identified at risk were regularly weighed and food charts were kept to monitor their intake. If necessary referrals to the GP, speech and language therapy (SALT) and dietician were made. We saw some people had been prescribed food supplements to help them gain weight. We looked at the records of four people identified at risk and saw they had gained weight. This showed they were receiving sufficient dietary support.
- Individual risks to people had been assessed with management plans in place to provide guidance to staff on how to minimise the risks. Staff we spoke with demonstrated a good knowledge of the risks to people and knew what to do to keep people safe.
- People at risk of choking had been assessed. Where required, referrals had been made to SALT and their advice had been incorporated into people's care plans. Some people were on soft diets or had thickener added to their fluids to reduce the risk of aspiration.
- To improve information sharing amongst staff on risks to people, more detailed information about people such as health, mobility and dietary needs had been added to the daily handover sheet.

Staffing and recruitment

- People told us there were sufficient staff to meet their needs. One person said, "There seems to be because I don't lose out on anything; there is always someone there when I have needed it; I've got my buzzer and they always come; when I need the loo I press it and it's never long to wait."
- Staff confirmed that there were enough staff and there had been recent improvements made by the new registered manager. A nurse told us, "When we started we had one less, there are two nurses on duty now; we now have a full complement of six staff on both shifts; I think people's needs are met; sometimes balancing the care, nurses will assist."
- Safe systems for recruitment in place to ensure staff were suitable to work in the care industry. All the required checks had been completed including taking up references, exploring gaps in work history and completing disclosure and barring checks (DBS). DBS checks are a requirement to make sure staff are suitable to work with vulnerable adults.

Using medicines safely

- The storage, administration and disposal of medicines was undertaken safely, and in line with current professional guidelines. Only staff who had been trained and assessed as competent administered medicines.
- People had individual medicines administration records (MAR) with their photograph on so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines.
- Staff signed people's MAR to evidence when they had given medicines. There were no gaps on the MAR's indicating that people had received their medicines when needed.
- People told us they received their medicines on time and in a safe way that met their needs and

preferences. A person told us, "They come round at the same time every day I can almost tell the time by them; they put them in a little pot and ask me if I want water or tea if I have one."

- Where people were receiving nutrition via percutaneous endoscopic gastrostomy 'PEG,' nurses signed the MAR sheet to evidence flushing of the PEG and the feeding regime.
- Regular audits of medicines including controlled medication and loose boxed medicines was undertaken by the registered manager to check people's medicines were managed safely. To ensure accountability any actions required as result of the audit had to be signed off by the nursing staff once completed. Where mistakes by staff were identified appropriate action was taken, for example, supervision and retraining.
- Improvements had been made to how people's creams and lotions were managed to ensure more consistent recording practices. A new topical MAR sheet had been introduced along with a body chart to show staff where to apply creams.

Preventing and controlling infection

- Staff had received training in infection control and were provided with protective clothing to prevent the risk of cross infection.
- The registered manager was committed to ensuring good infection control practices by staff. They had introduced an annual hand hygiene audit to monitor staff performance. The audit was effective at picking up areas requiring improvement. For example, where they observed a staff member's hand drying was not sufficient, the staff member received feedback on their performance and was then later observed for a second time.
- For the most part we saw staff observed good practices in relation to infection control. However, we did notice some poor practice by staff which we shared with the registered manager. They took immediate action, providing supervision and retraining.
- Domestic staff were employed, and we saw a cleaning rota was in place which had been completed as scheduled. The premises appeared clean and smelled fresh with no bad odours.

Learning lessons when things go wrong

- The registered manager promoted a learning culture where mistakes were openly discussed and used as a tool for learning and systems and processes adapted to improve people's safety. For example, where a person who had just arrived at the service that day left the building unsupervised due to a delay in staff responding to the door alarm, a group supervision had been organised with staff to discuss what needed to be improved. Consequently, a new procedure was put in place where all new people had one to one support from staff on their first day. In addition, the service no longer took new admissions at the weekend.

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 good. At this inspection this key question remains good.

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

- The new registered manager had introduced a more robust assessment process which was far more detailed. The new style assessment considered all aspects of a person's needs and wishes including the characteristics identified under the Equality Act. People and their representatives were included in the process.
- People's choices and preferences including preference for gender of care worker were respected and supported. A person told us, "They gave me a choice, I don't mind men but not for washing or personal care, the home has respected my choice."

Staff support: induction, training, skills and experience

At our previous inspection we made a recommendation that the provider review their clinical training programme to ensure the professional development of nursing staff.

At this inspection we found the provider had followed our recommendation and the clinical training programme for nursing staff had been improved with more face to face training in a broader range of clinical subjects.

- Nursing staff told us they received regular clinical training which was of a good quality. A nurse told us, "There are clinical refreshers; I have had training for end of life care and planning care recently." Another said, "We have clinical updates for 'PEG', medicines and pressure sores; we have all the relevant training we need; the registered manager is very supportive to us nurses."
- People told us staff had the skills and knowledge to provide effective care. A relative told us, "I feel confident staff know what they are doing; when I'm here they all appear to be well trained and skilled."
- When new staff joined they received an induction based on the care certificate which represents best practice when inducting new staff into the social care sector.
- Staff received regular training which was a mixture of online, face to face and group discussions. Staff confirmed they had recently received refresher training in a range of topics to support their knowledge and skills and ensure they could care for people effectively. A staff member told us, "Training is very good here."
- Specialist training was provided to meet people's individual needs for example, those living with dementia. Staff had training in dementia care and understood how to support people living with the condition. A relative told us, "Staff all seem to understand how dementia has impacted on [family member], I'm satisfied."
- At our previous inspection we found the monitoring and oversight of staff performance and learning needs to be patchy and inconsistent. At this inspection we found the required improvements had been made.

Supervision and annual appraisals were used to monitor staff performance and identify learning needs. Staff received supervision at least six times in a year. Supervision was a mixture of one to one, group and observations of practice.

- Staff who worked at the service for over a year received an annual appraisal which provided them with the opportunity to shape their professional development. A staff member told us, "The manager knows what is going right, they do observations, competencies and supervision; we have group supervision, [named manager] will use things and examples for learning."

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

- Hot and cold drinks were placed within reach for people and snacks including fruit were laid out throughout the day. People told us they regularly offered drinks and were encouraged to eat. A person told us, "The chef comes up here to talk to me, he suggests things I might like, he says try this or that and I do, it's to help me get my appetite back."

- Fluid charts were used to monitor how much people drank but the amounts were not always consistently recorded. A nurse told us, "In practice we are encouraging all the time, but I can see we are not always recording our actions." We found there was a very low incidence of urinary tract infections in the service (a common infection in people who are dehydrated) which indicated this was a recording issue as in practice people were being supported to have enough to drink.

- We discussed our findings with the registered manager. They told us they completed bi-weekly audits which looked at many aspects of the service including people's fluid charts. Records showed where the registered manager observed recording errors action was taken to remind staff of the importance maintaining good documentation practices.

- People told us they were offered a choice at mealtimes. A person said, "staff come round in the morning to see what you would like, they write it down and serve it at lunch; the food is all right, I quite like it; the portions are plenty for me I can't always finish it."

- We observed the mealtime experience and saw the tables were nicely presented with tablecloths, flowers and condiments available. The food was nicely presented with generous portions and second helpings available.

- There was some variation in the quality of support provided by staff and volunteers. We saw many examples of very good practice, such as staff coming down to the same level as people when talking to them in a warm and helpful fashion and providing the right level of support. Adapted crockery was available to promote people's independence. However, we also saw some incidents of poor practice such as providing support that was rushed and not always asking for people's permission before providing assistance.

- We discussed our concerns with the registered manager who advised that a weekly mealtime audit was completed to identify and improve the meal time experience. However, this audit had not picked up on the issues we found. We received confirmation after the inspection that the issues of poor practice we had seen had been dealt with through supervision with the staff concerned.

We recommend the provider seek independent advice and guidance to improve the mealtime experience for people and ensure choice and control is consistently promoted.

Adapting service, design, decoration to meet people's need.

- The provider had identified the design and decoration of the service required improvement to meet people's needs, including those living with dementia. A programme of improvement was underway including re-painting of communal rooms and the redesign of outdoor space. The activities staff member was in the process of painting a beach themed outdoor area in preparation for a summer barbecue.

- The registered manager had completed a self-audit of the home environment sourced from 'The Kings Fund' which is based on best practice guidance. As a result, new signage had been ordered and contrasting

coloured toilet seats to help people with dementia orient themselves.

- There was a sensory garden for people to enjoy which was attractive and well designed and people told us they enjoyed spending time there.

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

- People's health needs were assessed and staff were aware of their individual needs and supported people to maintain their health and wellbeing. A relative told us, "I really do think staff understand [named persons] health condition, they try to talk to them about their health so they feel in control which feels right; when any concerns have arisen they have called the doctor and on two occasions taken them to hospital; nothing is left to chance."
- People were supported to access a range of healthcare services when needed including GP, dietician, chiropodist, optician and dentist.
- Nursing staff kept a 'wound file' which recorded marks on people's skin including pressure ulcers. This recorded actions taken including re-dressing of wounds and referrals made to tissue viability specialists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw evidence of best practice principles employed by the registered manager when completing MCA assessments with people, for example, the registered manager included evidence in the assessment of their discussion with the person and had recorded their views. Relatives views were also sought and recorded, and relatives were involved in any best interest decisions.
- The registered manager had applied for DoLS appropriately, ensuring people were not being unlawfully restricted. They kept track of DoLS applications and chased these up with the relevant local authority.
- Where people had lasting power of attorneys (LPA) in place, the service requested a copy which was held on file. This meant the service was aware who to consult for best interest decisions if people lacked capacity to make particular decisions.
- Staff had received training in the MCA and knew how to support people to make their own decisions. A staff member told us, "This is about making sure people have choices; [named person] cannot speak but we will still open the wardrobe and ask people what they want to wear."
- Relatives told us staff included people and their relatives in decision-making and ensuring consent. A relative told us, "When I see staff with mum they do explain what they're doing, they do this even when she's sleepy and isn't really listening."

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 good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person said, "I can't tell you how wonderful they are, they are just like family; they pop their heads round and say are you alright? They will bring me anything I need."
- We observed positive interactions between staff and people, for example, staff complimenting people who had their hair styled. A person told us, "Staff are very good, they are very kind to me, it always feels like they are interested in me, they ask me things, what I like doing, it's nice, they make me feel cheerful."
- Staff noticed when people became upset or anxious and took appropriate action, for example, providing verbal reassurance and making people a cup of tea. Feedback from relatives confirmed staff were good at helping people feel calm and at ease. A relative told us, "Staff seem to make sure there is no distress for [named person] at all; whenever I come they are calm; staff have taken the time over the past 18 months to get to know them."
- People's comments about the kind and caring nature of staff were universally positive. This included not only care staff but all staff who worked at the service. One person told us the chef brought them an ice lolly every afternoon because their tongue was sore, and the ice lolly helped relieve their discomfort. They said, "It's so soothing, it really shows how caring they are."

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

- Information about how people communicate was included in their care plans to help staff support people to express their views. Staff showed a good knowledge of how to communicate with people to include them in decisions about their care. For example, one staff member told us, "We have one person who uses signs, we ask a question and they raise their hand if the answer is yes, it's simple but it works for them."
- Relatives told us they were involved in the care their family members received and staff listened to them. A relative told us, "The staff have listened to me when I've asked for anything to be changed, tweaked, even little things like where to leave [person's] slippers."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and spoke to them politely. A person said, "Yes, all of them [staff], they're very respectful, they show respect for my things too, everything is looked after as if it was their own."
- Staff respected people's privacy, knocking on doors and waiting to be invited in. A person told us, "They do always [knock], they don't just barge in, they are respectful."
- People told us their dignity was respected and promoted. A person described how two staff had walked with them to help them use the toilet rather than the commode. They told us, "It has been so difficult feeling

dependent and this gave me back my dignity."

- Staff told us they helped people to be independent by just stepping in where needed. A staff member told us, "[Named person] washes and dresses themselves, they do what they can do, we only help with the things they cant do."

People were supported to maintain important relationships that were important to them.

- One person told us that they had moved to the service when a family member was already living there.

The told us, "They bring [family member] to see me in the afternoon, they bring us a cup of tea and we spend time together, we sit and chat; this is now in both of our care plans."

- Visiting family and friends said they were made welcome at the service. A relative told us, "staff are very caring, they can't do enough, even for me when I come they ask if I want a drink; they check [family member] has one so we can have one together, if we get stuck for conversation and staff are near they join us for a bit to help."

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 good. At this inspection this key question has remained the same. 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

- Care plans included personalised information about people to support staff to provide people with person-centred care which means care tailored to meet each person's individual needs and wishes. Life story work had been completed with people which was of a very good quality. Life stories are used as a way of staff getting to know about people's lives, interests, likes and dislikes.
- People and relatives told us staff knew people well and people received care the way they wanted. A person told us, "Staff remember if I say I like something, I told one I wanted my flannel left hanging over the taps, it's always left there now by all of them." A relative said, "Staff have got to know [named person] well; they have asked about their past, their family; they have talked to them about their hobbies and tried to find out about things they enjoyed."
- The person-centred information held in people's care records matched what we observed in practice. For example, one person's care plan recorded how they liked their bed made. We visited the person's room and saw the bed had been made as instructed.
- Many of the staff had worked at the service for some time so people benefitted from continuity of care. This meant staff got to know people well. A relative told us, "Staff understand [named person] well; they have taken the time to get to know them."
- People said their routines were known and respected, they could get up and go to bed when they wanted and choose how to spend their day. Three people told us they could have a bath or shower whenever they wanted however, three people were not sure if they could. One person told us, "It tends to be regular times, so I don't know if it can be changed." Another said, "I supposed I could, I've never tried, I just go when they say it's okay."
- We discussed our findings with the registered manager who told us that as a rule of thumb people were supported to bathe/shower twice a week but the service would accommodate people's wishes if they wanted more.

We recommend that the provider review their current systems and processes for exploring and meeting people's bathing preferences to ensure a consistent person-centred approach.

- Care plan reviews were organised annually or when things changed for people. People told us they were involved in reviews of their care. A relative told us, "I've been very involved, we have had meetings about [named persons] care and what works for them, if anything changes we've talked about it and they update the care plan."
- A dedicated staff member was employed to provide activities both in and out of the home. Each person had an activity record which included information about their life history and interests. This helped the

activities staff member organise things to do that met people's individual preferences.

- On the day of inspection we saw people being supported to enjoy activities that reflected their interests. For example, one person declined the offer of a magazine as told the staff member they preferred to read books about a particular person. We observed the staff come back a short while later with the requested book title which the person enjoyed looking at.
- Whilst there was a range of activities available for people to enjoy, these mainly took place downstairs in communal areas. We found a lack of opportunities available for one to one activities for people who stayed in their rooms. This was confirmed by a staff member who told us, "We have a lovely lady [activities staff member] but unfortunately they are more or less stuck in the lounge monitoring this while we are doing personal care; they do activities but has limited time to go to people in their rooms." We spoke to two people who stayed in their rooms, they told us they would like more to do.
- We discussed our concerns with the registered manager. They told us they planned to address the issue by ensuring the whole staff team understood that engaging with people in activities was the responsibility everyone, not just the activities staff member.

We recommend that the provider seek independent advice and guidance to ensure all people have access to opportunities for meaningful activities that reflect their needs and preferences.

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.

- The service was complying with the Accessible Information Standards (IAS) and was able to provide information about the service in a range of formats to promote people's understanding.
- People's communication abilities were assessed, and staff supported people to communicate their needs. A relative told us about their family member who was non-verbal. They said, "[named person] has been given a laminated sheet with pictures on it, it's to help them communicate with staff; for example, if they need the toilet they can point to the picture."

Improving care quality in response to complaints or concerns

- There were policies and procedures in place to manage complaints. Complaints were logged and responded to appropriately. The registered manager took a conciliatory approach, apologising to people and their relatives where required and action was taken to prevent a re-occurrence. For example, where care records failed to show that a person had been assisted to have a bath, staff supervision was arranged and an accountability log was introduced which staff had to sign to evidence they had completed their allocated duties.
- People told us they knew who to speak to and how to make a complaint but had not had to. A person told us, "I would talk to any of the staff, but it hasn't happened as I haven't needed to."

End of life care and support

- Staff received training in end of life care. If people had end of life care needs, then a special care plan for this would be put in place.
- People told us the service had discussions with them about any preferences for their end of life care. A relative told us, "It's been hard, but we had to, we have made decisions such as where [named person] would prefer to die."

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the provider had failed to meet their registration requirements as had not always notified us of significant events which they were required to do so by law. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). The provider had also failed to consistently monitor the safety and quality of the service to drive improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the necessary improvements had been made and the provider was no longer in breach of the regulations.

- There was a new registered manager in post who understood the requirements of their registration including notifying us of significant events in a timely manner.
- Concerns had previously been raised by ourselves and external stakeholders regarding the lack of oversight and support by the provider. We found improvements had been made with new robust systems and processes in place to monitor, review and improve the quality of the service at both manager and provider level.
- The registered manager regularly completed a range of audits and sent daily and monthly reports to the provider regarding all aspects of the service. They told us they felt very well supported by the provider who visited monthly to complete their own quality checks.
- The provider demonstrated a commitment to improving the service as had arranged for a comprehensive audit of the home by an independent organisation. In response to the findings an action plan was generated, and we saw the required actions were either in progress or had already been completed. In addition, the provider had invested in the recruitment of a new quality lead who visited the service monthly to monitor safety and quality and provide additional support and guidance for the registered manager.

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

- The new registered manager was an excellent role model for staff demonstrating positive values and a strong commitment to improving the service and providing high quality person-centred care and support. Work had been done to develop a positive staff culture and ensure the staff team shared the vision and values of the service.

- Staff were positive about the new registered manager and the improvements they had made. A staff member told us, "The registered manager is trying to improve things for staff and residents; they are easy to talk to and will try and listen to us." Staff said they felt very well supported by the new manager and that staff morale and teamwork had improved. A staff member told us, "I think morale is better recently, we are happy again and back to normal."
- People and relatives also spoke well of the new registered manager. A person's relative told us, "[named registered manager] is lovely, they came to see me twice in hospital, when I didn't show up to see my [family member] they phoned me was checking I was alright; when they found out how ill I was they've gone above and beyond; they are truly wonderful."
- Feedback from health and social care professionals confirmed the positive changes brought about by the change in management. A health professional told us, "There has been a recent change in the management structure at Seven Arches and this has appeared to have a positive effect on the whole care team. In general, the staff are very approachable and willing to assist both ourselves, as visiting professionals, and the residents within the home. The atmosphere within the home is calm and conducive to the wellbeing of the residents who live there."

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

- Throughout the inspection process we found the new registered manager to be extremely open and transparent. They understood and acted on their duty of candour responsibility and provided us with information requested in a timely fashion. Feedback from stakeholders confirmed our findings. A social care professional told us, "[named registered manager] has worked with us excellently and has been responsive, open and honest."
- Feedback from staff showed the open and transparent culture adopted by the registered manager had a positive effect on the staff team. A staff member told us, "There is a lot of transparency and support; I was not going to stay but [named registered manager] brought everything out in the open and made us aware of what was going wrong; they told us what was wrong and what we needed to do to improve; they are very strong and stand by what they say."

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

- People's relatives told us the service was good at communicating with them. A relative told us, "I always feel they keep me updated about anything important."
- Residents and relatives meetings were organised so that people could be included in the running of the service. Minutes of meetings showed people were listened to and concerns actioned. For example, where a relative expressed concerns about their family member's hearing aid becoming blocked, a poster was put up in the person's room reminding staff to regularly check it for blockages.
- Staff were also included in how the service was managed through meetings and surveys. A staff member told us, "Every month we have a meeting and we can say our views, the manager asks us one by one and does listen."
- A staff survey was completed in March 2019 to obtain staff views on working at the service. We reviewed the results and found these were very positive about the new manager and the ongoing improvement work. A staff member told us, "The hands-on training is much better, communication much improved with management; the service has improved dramatically with appointment of [named registered manager]."

Continuous learning and improving care

- At the previous inspection we found the registered manager and provider did not recognise the importance of reflective practice to ensure continuous learning and service improvement. At this inspection

we found significant improvements in this area. The new registered manager consistently reflected and learned from safety-related information which was closely monitored and investigated appropriately to ensure people's safety and wellbeing.

- To promote their own continuous learning and development the registered manager had completed the 'My Home Life' leadership programme. My Home life is an international initiative that promotes quality of life and delivers positive change in care homes for older people.
- The registered manager recognised the importance of ensuring the nursing staff were supported to develop professionally so had arranged with the local university to take student nurses on clinical placements within the service. They told us, "The challenge that 'student nurses' provide will help develop the skills, knowledge and confidence of my nursing team."

Working in partnership with others

- The new registered manager had worked positively with a range of organisations such as the local authority's safeguarding team, completing all necessary actions to ensure the safety of the service. This had resulted in the 'embargo' restricting new admissions being lifted in February 2019.
- The registered manager was also working with the council's quality improvement team and had signed up to 'Prosper' which is an initiative aimed at improving the safety and quality of care.
- We also saw that the service had worked in partnership with the local clinical commissioning group (CCG) medicine optimisation team to improve safety of medicine management.