

HC-One Limited

# Berry Hill Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 19 April 2018. Berry Hill Care Home is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Berry Hill Care Home is registered to accommodate up to 66 older people in one building. Some of these people were living with dementia. At the time of the inspection, 38 people were using the service.

At the last inspection on 7 September 2017, we asked the provider to take action to make improvements to the safety of the service, the assessment and management of the risks associated with people's care, the support people at risk of dehydration received, care planning documentation and overall governance of the service. During this inspection we found the required improvements had been made however, further work still needed to be done to ensure all care planning documentation was reflective of people's current needs.

During the home's previous inspection on 7 September 2017, we rated the home overall as 'Requires Improvement' with the question, 'Is the service well-led?' rated as 'Inadequate'. Because of the improvements made at this home since their last inspection, the overall rating has now changed to 'Good' although the question, 'Is the service responsive?' remains rated as 'Requires Improvement'. The details of the reasons why are explained in the summary below and in the body of the main report.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe living at the home. The risks to people's safety were now appropriately assessed and acted on. The process of investigating accidents and incidents and reducing to the risk to people's safety had improved. Medicines were now stored and handled safely. There were enough staff in place to support people. Staff understood the processes for protecting people from avoidable harm. Robust recruitment procedures were followed to ensure people were protected from unsuitable staff. The home was clean and tidy and staff understood how to reduce the risk of the spread of infection.

People were now supported to remain hydrated and records used to record the amount people drank was recorded and monitored. People's health needs were assessed and provided in line with current legislation and best practice guidelines. People told us staff knew how to support them. Staff were well trained, although some staff required refresher training to ensure their practice met current best practice guidelines. Staff felt supported by the registered manager. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. The environment had been adapted to ensure people were able to lead fulfilling lives. However, more directional

signage was needed to support people with independent movement around the home. 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, although some best interest decision documentation required more detail.

People felt staff were kind, caring and compassionate. Staff treated people with respect and dignity. People's privacy was respected and staff spoke discreetly when discussing people's personal care needs. People felt listened to and staff understood how to communicate effectively with people. People were encouraged to do things for themselves and access to an advocate was provided if they needed one.

Some improvements had been made to the care planning process since our last inspection. Many of the records we looked at were fully reflective of people's current health needs. However, more work was still needed to ensure all care records were up to date. End of life care plans were in place, but some of these lacked detail. Prior to moving to the home assessments were conducted to ensure people's needs could be met at the home. People felt there were sufficient activities at the home and they were able to follow their own interests. People's care records were person centred and guidance was provided for staff on how each person would like to be cared for. People felt their personal preferences and choices were respected. People were cared for without discrimination and systems were in place to support people who had communication needs. People felt able to raise a concern with the registered manager but were unsure of the formal process for doing so.

A new registered manager was in place. They, with support of the senior management team had made improvements to the home since our last inspection. There were now clear quality assurance processes with staff given responsibility to assist the registered manager with identifying concerns and acting on them. A detailed action plan was in place to further assist the registered manager with making longer term, sustainable improvements to the home. People felt able to give their views about the service. Staff felt valued and felt the registered manager had made a positive impact since joining the home. Staff were now held accountable for their actions.

## 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.

Improvements had been made to the safety of people at the home. The risks to people's safety had reduced. Medicines were now safely handled. Staff understood the processes for protecting people from avoidable harm. There were enough staff to keep people safe. Accidents and incidents were now regularly reviewed, assessed and investigated by the registered manager. The home was clean and tidy.

### Is the service effective?

Good ●

The service was effective.

People's health needs were assessed in line with current best practice guidelines. People were supported by trained staff that had their performance regularly assessed. Some staff required refresher training. The risk of people becoming dehydrated had now been reduced. Other health care agencies were involved with people's care. The environment had been adapted to support independent living although more directional signage was needed. People were supported to make decisions.

### Is the service caring?

Good ●

The service was caring.

People and relatives liked the staff who they found to be caring, compassionate and treated people with kindness. Staff were respectful and treated people with dignity. People's privacy was respected. People felt able to make decisions about their care and the staff respected those decisions. People were encouraged to lead as independent a life as possible. People were provided with access to an independent advocate if they needed one.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Some improvements had been made to people's care planning records, but further improvements were needed. End of life care

planning was discussed with people although some records were limited in detail. People had access to information about their health and people liked the activities at the home. People felt able to raise concerns with the registered manager, but were unaware of the formal complaints process.

**Is the service well-led?**

**Good** ●

The service was well led.

Improvements had been made to the service since our last inspection, which has resulted in a better quality of service for people. Quality assurance processes were now more effective in identifying areas for improvement. Timely action was taken to make the necessary improvements. The registered manager was supported by the senior management team to ensure improvements were sustainable. People and staff felt able to give their views about the service.

# Berry Hill Care Home

## **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 comprehensive inspection took place on 19 April 2018 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. This informed our inspection planning.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

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.

The inspection team consisted of two inspectors, a nursing specialist advisor 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.

During the inspection, we spoke with nine people who used the service, three relatives, eight members of the staff including the cook, kitchen assistant, nursing assistant, two nurses and members of the care staff. We also spoke with the registered manager, area quality director and area director.

We looked at the records relating to 10 people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This

included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints. We asked the registered manager to send us their training matrix after the inspection, which they did within the required timeframe.

# Is the service safe?

## Our findings

During our previous inspection on 7 September 2017, we found concerns about how risks associated with people's care and support were managed. This resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the risks to people's safety were now appropriately assessed, acted on and reviewed. This meant people were now supported safely and in line with the regulations.

We noted improvements had been made to the way people were supported who may be at risk of developing pressures sores. Records showed people had been repositioned at appropriate intervals. Pressure relieving equipment for the people we looked at was set at the required level and was frequently checked by staff to ensure they were operating effectively. Other risks associated with people's care were appropriately assessed. Records showed assessments had been carried out to assess risks in areas such as nutrition and the risk of choking. In addition, individual risks to people such as the risks associated with taking a specific medicine were appropriately managed with plans in place to reduce the risks. Records showed these assessments were reviewed monthly to ensure they were appropriate to people's current needs.

We noted environmental assessments were also carried out. This included the regular testing of fire safety equipment and servicing of gas installations. Guidance was in place for staff to ensure they used people's equipment safely. Equipment used to support people such as wheelchairs and hoists were regularly serviced to ensure they were safe. Plans to evacuate people safely in an emergency were also in place and reviewed. This contributed to people living in a safe environment.

Improvements had also been made to the way accidents and incidents were investigated and acted on. The registered manager told us they received support from their senior management team who offered advice and guidance on how to reduce the risk to people and others when an accident had occurred. We spoke with the area quality director who told us they were fully involved when mistakes had occurred and they supported the registered manager to make improvements where needed. The registered manager also told us there was an open and transparent approach to learning from mistakes. This included talking through incidents with staff and helping them, if needed, to improve their practice. Staff spoken with told us they received feedback from incidents and accidents and they said changes to practice were discussed with them. This meant people could be reassured that when accidents occurred, measures were in place to reduce the risk of reoccurrence and to ensure their safety.

At our last inspection we had concerns with the way people's medicines were stored. We noted the trolley used to transport medicines around the home was not always locked when the staff member was not present. During this inspection we found medicines were now stored safely and people could not access medicines that could cause them harm. The room in which medicines were stored was also kept locked and the temperature of that room, fridges and cupboards were monitored to ensure the temperature stayed within safe limits. This ensured the effectiveness of people's medicines were not altered through too high or low temperatures. Most liquid medicines and topical creams were labelled with their date of opening but we



found some that were not. Some of these types of medicines once opened have a limited time in which they can be used. If used after this time their effectiveness can be reduced. The registered manager told us they would remind staff to record the date of opening for all of these types of medicines.

People told us they were happy with the way staff supported them with their medicines. People received their medicines on time and when required. We observed staff administer medicines in a safe way and in line with their preferences as recorded within their care records.

People's medicine administration records (MAR) contained a photograph of each person to aid identification, record of allergies and their preferred way of taking their medicines. When medicines were handwritten on the MAR they were signed by two people to show they were checked for accuracy of transcription. Staff recorded the site of application of skin patches to ensure the site was rotated in line with good practice. We noted one person was receiving a medicine, which required their blood levels to be monitored regularly, and we saw this was completed and changes to the dose of the medicine made as required.

When people were receiving their medicines covertly, staff obtained permission from the person's GP and consulted with the pharmacist. A mental capacity assessment and best interest decision was completed. This ensured people received their medicines in a safe way without impacting their rights. Protocols were also in place to provide the required information for staff about medicines that were prescribed to be given only as required. Records showed these medicines were administered appropriately.

Regular audits were carried out to check medicines were handled in line with nationally recognised best practice guidelines. A recent audit carried out by the supplying pharmacist had highlighted some areas where improvements were needed. This included ensuring all records were appropriately completed. Action had been taken to address these issues.

People felt safe living at the home. A person told us when they pressed their call bell, "Staff come to me straight away." A relative said, "[My family member] is safe here. I went into several homes before I chose this one." Other people or their relatives gave a variety of reasons why they or their family member has felt safe. Some told us it was because there were always staff available if they needed support, others told us they appreciated they could use a call bell to get help if necessary, which staff responded to quickly. Others felt reassured that staff would help address any problems they had and due to the number of people around, they never felt lonely.

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. A safeguarding policy was in place and staff knew who to report any concerns to. The registered manager had a good understanding of how to report concerns and ensured the appropriate authorities such as the CQC were notified when needed.

The majority of people and relatives we spoke with told us they felt there were sufficient staff in place to support them or their family member when they needed them. Some people did say they occasionally had to wait a while if staff were seeing to others, but most accepted this and said this did not happen frequently.

Throughout this inspection we noted call bells were responded to quickly and people were not left alone for long periods. The registered manager showed us their rotas and how they planned staff numbers to meet people's level of dependency. They told us when people's needs increased they were able to use more staff to meet those changing needs. This also included if people needed support with a visit to the hospital. Permanent nurses had been recruited with the aim to recruit more. This, the registered manager told us,

would further improve the consistency of clinical care from a stable nursing team.

Robust recruitment procedures were in place that ensured the risk of people receiving care and support from unsuitable staff was reduced. Staff files and records showed criminal record checks had been carried out and proof of identity and references had been requested before staff commenced working with people. This contributed to people receiving support from appropriate staff.

People told us they felt the home was clean and tidy. Relatives agreed. One relative said, "The cleanliness is good, I wrote and told them [the registered manager] that everything is excellent."

The environment of the home was visibly clean. During the inspection we observed housekeeping staff maintaining cleanliness and using appropriate equipment. Equipment used to move people such as hoists and wheelchairs were clean. The kitchen was well organised and visibly clean. The laundry had adequate separation of clean and dirty linen and a flow through area to avoid contamination of clean items. Hand sanitising gel was available for visitors in the front entrance to reduce the risk of the spread of infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons at key points throughout the home. Staff told us they had a good supply of PPE. Staff spoken with were aware of the steps to take to prevent and control infection on a routine basis and during an outbreak of infection. This contributed to people living in safe and hygienic environment.

# Is the service effective?

## Our findings

During our previous inspection on 7 September 2017 we found issues with the way people's fluid intake was monitored which resulted in people being at risk of poor hydration. This resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made. This meant people were now supported effectively and in line with the regulations.

Where people had been assessed as at risk of poor hydration, records used to record how much fluid people had consumed were now completed more comprehensively. We noted records included the amount people had consumed and the daily recommended amount for each person was recorded. This enabled staff to identify if a person was not consuming enough fluid and was at risk of dehydration and action could be taken. This now reduced the risk to people's health.

Nationally recognised nutritional screening and assessment tools were used to help staff identify people who may be at risk due to poor food and drink consumption. People's specific dietary requirements were recorded in care records and staff were aware of each person's needs and preferences in relation to their eating and drinking. For example, the records identified the need for special diets, modified textures, allergies and people's specific food and drink likes and dislikes. Staff monitored people's weight monthly or more frequently if they were at risk of losing weight. The care records we reviewed showed people were maintaining or increasing their weight where needed. The cook told us they fortified food and provided high calorie shakes when people were not eating well or losing weight. This was in response to professional guidance received from dietitians. These processes contributed to people's nutritional health.

Most people told us they liked the food provided at the home. One person said, "The meals are lovely." Another person said, "The food's very good, there's enough for me. Drinks come round too." Other feedback from people stated they thought the food was good, plentiful and staff would provide a different meal if they did not like what was on offer. One person told us the registered manager had got them a specific type of food that they were particularly fond of. People also told us drinks were offered throughout the day and our observations confirmed this. We observed the breakfast and lunch time meals being served and people received their meals quickly. People were encouraged to eat independently but support was offered when needed.

We found improvements had been made since our last inspection to ensure that people's physical, mental health and social needs were assessed and care provided in line with current legislation and best practice guidelines. A range of best practice information was available for staff in people's care records and displayed in staff areas. For example, NHS guidance on recognising Urinary Tract Infections was available in the nurses' office. Care records contained advice from the local healthcare trust on colour coding of potential falls risks and medicines that can increase the risk of people falling. Information from NHS Choices was printed out and stored in a person's care plans in relation to Alzheimer's disease. This guidance, along with many other examples, helped to ensure people received care and support in line with current recognised best practice guidelines.

People told us they were happy with the way staff supported them and felt they understood their specific health needs. One person said, "The staff know what to do." A relative said, "I told the staff [my family member] can be difficult when they have a shower but they do listen to me and they know how to help."

People were supported by staff who had completed an induction. New staff also completed the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. Staff also received on-going training in a number of areas relevant to their role. This included, safeguarding of adults, infection control and moving and handling. We noted training for most staff was up to date; however there were some staff that required refresher training in some areas. The records for all training courses showed 84% of staff had training that was currently in date or were new staff members and training was in the process of being completed. A further 8% had refresher training booked and 8% had training that had expired and not yet had their refresher courses booked. The registered manager assured us that they were focusing on ensuring the 8% of staff completed this training as soon as possible to ensure people received support from competent and well trained staff.

Staff had their performance reviewed through supervision. Records showed 35 of the 42 staff employed to work at the home had received supervision in the last three months. Staff told us they welcomed the new registered manager and were now receiving supervision more frequently. The regular supervision of staff practice contributes to people receiving effective care from competent staff.

To enable a smooth transition between health and social care services, people's care plans contained information that could be taken with them to inform other professionals of their health and social care needs. People's records explained how people communicated, whether there were any known risks to their safety and whether they had any personal preferences that should be taken into account.

People told us they felt their health needs were met by staff. When they needed additional input from external health professionals, staff supported them with accessing this. One person said, "The GP comes here and the optician, they've been very helpful." Another person said, "When I was poorly, I had a cough for a long time and they [staff] got the GP to see me." Records confirmed that when people required external input from other healthcare agencies, this had been provided.

When people were receiving treatment from a community nurse, their care plans identified the responsibilities of staff and when they should seek assistance or refer the person to the appropriate specialist. A GP we spoke with told us they felt there had been a lack of continuity of staff over previous months and felt due to agency nurses being used this had impacted on people's care. However, we noted that the use of agency nurses had decreased and the home now had more employed nurses working at the home. The nurses spoke confidently about people's health care needs and the people we spoke with felt the nurses supported them well. We raised the concerns highlighted by the GP with the registered manager. They told us they were confident that people's needs were met now the home had a more stable nursing and care staff team working alongside each other.

Berry Hill Care Home was well maintained, spacious and provided people with the space they needed to lead their lives without restriction. There was ample and accessible outside space that offered people the opportunity to sit outside when they wished to. However, this could be better developed to provide a more stimulating and interesting environment for people. The gardens were safe and secure although there were a few uneven paving slabs that could present a trip hazard. People's bedrooms, communal areas, including bathrooms and toilets were equipped with modern furnishings. Attempts had been made to provide some directional signage for people to enable them to orientate themselves around the home, independently of

staff. However, the layout of the home could be confusing for people living with dementia. Further prominent signage was required to direct people to bedrooms, communal areas and bathrooms. This would further enhance people's ability to move around the home independently of staff.

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. We checked whether the service was working within the principles of the MCA.

Care records contained consent to the use of photographs signed by the person using the service and consent to influenza vaccination. There was also a record of consent by people to the information in their care records being shared with other professionals.

When people were unable to make some decisions for themselves, mental capacity assessments and best interest decisions were recorded. Most contained evidence of the involvement of the person's family members and other professionals in the decision making process. However, some best interest decisions were not entirely reflective of the specific issues relating to the person and the decision required. For example, a person was verbally aggressive during personal care and their best interest decision did not state how staff should deal with this. This could place the person's rights at risk.

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 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 made DoLS applications where necessary and authorisations were stored in each person's care records along with a care plan in relation to DoLS. The registered manager told us that there were no conditions stated on any of the DoLS that had been granted and we found this to be the case in the DoLS we reviewed. This meant no unnecessary restrictions were place on people and their rights were protected.

# Is the service caring?

## Our findings

People and their relatives told us they felt the staff were caring and treated them or their family members' with kindness. One person said, "The staff are lovely, they're all very nice. I could talk to them about a problem." Another person said, "I feel okay with all of them, the men were very good, very nice." A relative said, "The staff are respectful and kind."

During our previous inspection we identified some areas of poor practice that compromised people's right to privacy and to be treated with dignity and respect at all times. This included staff members talking openly about people's personal care needs. During this inspection we found the approach of staff had improved and we observed some thoughtful and respectful interactions. Staff now removed themselves from public areas when discussing people's care. This ensured people's privacy and dignity were not at risk. When staff interacted with people they did so in a caring way that made people feel at ease in their company. It was clear from our observations that staff and the people they supported had built meaningful and respectful relationships.

Staff could explain how they ensured people's right to privacy. One staff member told us they closed the bedroom door and curtains when providing personal care. They also said they always knocked before entering a person's room. Another member of staff said, "Sometimes a person leaves the door open when they go to the toilet and I would always close it for them to given them privacy if I pass."

Staff were compassionate and acted quickly to support people who showed signs of distress or agitation. A relative we spoke with praised the caring nature of the staff and their ability to engage positively with their family member. They said, "Staff are really good with [family member] and they respond very well to them."

People told us they felt listened to, comfortable with staff and they could talk with them about any concerns they may have. People told us they were asked if they would like a bath and this was offered more since the new registered manager had started at the home. We noted people were well presented and wearing clean clothes. This contributed to people receiving dignified care and support.

Staff spoke respectfully about the people they supported. One staff member said, "I like working at the home and caring for the residents." Another staff member said, "I love the place, the staff and residents are great." It was clear staff morale had improved since our last inspection, which has resulted in a higher quality of care for people living at the home.

People told us they felt involved with decisions about their care needs although some did say they were unsure whether they had seen their care plan. In each of the care records we looked at there were examples of people being involved with routine reviews of their care. Where appropriate, relatives were also included in these reviews. Staff spoken with explained that when they updated care plans they discussed them with people and their families. This ensured people were fully involved with decisions about their on-going care and health needs.

Where people were unable to make informed decisions for themselves, people had the opportunity to have an independent person to speak on their behalf if they wished them to. The registered manager told us if they identified any person who needed this support they would ensure they had access to an advocacy service. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are made about their health or social care.

People were provided with a service user guide that gave them information about the services available to them. This included the level of care and support they should expect at Berry Hill Care Home. However, we did note this guide was not specific to Berry Hill Care Home and lacked information about the home itself. The registered manager acknowledged a guide with more detailed information for people living at the home would be beneficial. They told us they would look into providing additional information alongside the more corporate version people received at the moment.

People's records contained information about how staff could effectively communicate with them. We observed staff engaging with people using a variety of different approaches. These included jovial banter, calm and caring words or a gentle touch of the hand. When communicating with people living with dementia, staff were calm, patient and caring and gave people the opportunity to have their say.

When staff supported people using equipment such as a hoist, they did so carefully and respectfully giving the person their full attention. This ensured people were treated with dignity and respect. People's independence was encouraged. We observed staff support people with moving around the home, offering encouragement to people to do as much for themselves as possible. This ensured people felt empowered to lead their lives as independently as they wanted to.

People's care records were stored safely ensuring the information within them was treated confidentially. Records were stored in a locked cabinet away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

There were no restrictions on people's family and friends visiting them. We observed visitors coming and going throughout the day. Staff interacted well with visitors and made them feel welcome.

## Is the service responsive?

### Our findings

During our previous inspection on 7 September 2017 we found not all care planning records accurately reflected the needs of all people living at the home. We made a recommendation that the provider carry out a review of people's care records to ensure they were up to date and reflective of people's current needs. The provider had adhered to this recommendation and carried out a review. We found improvement had been made, although there were still areas of some care planning that required further attention.

Records showed that each person had a range of care plans to provide information on their individualised care needs. These contained the key information for staff about the care and support the person required along with their preferences in relation to their care. We reviewed the care of people whose care records we examined and saw the care plans for most of these people reflected their needs. However, we did see examples where more detailed care planning was needed. For example, we saw a diabetes care plan contained information about the signs and symptoms of hypoglycaemia and hyperglycaemia, (this is when a person's blood sugar is too low or too high). It stated the community nurse administered the person's insulin and monitored their blood sugar levels, but it did not provide information for staff about what to do if the person became hypoglycaemic. We did note however that the person had attended regular eye testing screening which is important for people who have diabetes.

We also noted one person had a 'sticky eye'. Staff were supporting this person to reduce the impact on their eye; however no care plan was in place. This could lead to inconsistent care being provided. Guidance was also limited for staff on how to support another person who was resistant to personal care. This person had been assessed as potentially presenting behaviours that may challenge others but guidance to support this person was limited. We raised these issues with the registered manager who told us they would address them. The registered manager told us they felt the care plans had improved since our last inspection but acknowledged there were still improvements needed.

When end of life care and support was needed care plans were put in place to record people's wishes. For some people this information had been comprehensively completed, detailing people's personal wishes ensuring their religious beliefs were taken into account and respected. Where appropriate the wishes of people's relatives were also included. We also noted care records contained a record of a care review meeting that had taken place with people and their relatives to discuss their care and their end of life wishes. We did note for others the information was not so comprehensively completed and the care records contained little recorded evidence of why they had not been completed. The registered manager told us this was probably because people did not wish to discuss this element of their life, but they would make this clearer on people's care record documentation.

Prior to attending the home, assessments were carried out to ensure that when people came to live at the home, their needs could be met. Once it was agreed that people would move to the home, more detailed care plans were put in place. In each of the records we looked at, we saw a wide range of care planning documentation that covered all aspect of people's care needs. These care plans were regularly reviewed to ensure they still met people current needs. Records showed people's personal preferences, choices and



likes and dislikes had been discussed with them and subsequent care plans put in place to support them. People told us they were able to make choices about what they wanted to do and staff respected their wishes.

People told us they had regular access to activities that interested them. One person said, "I like doing puzzles, the other activities are good, I like them." A relative said, "They do things with [my family member], they interact with the others in the lounge, they [staff] try to involve them."

Since our last inspection a new activity coordinator had been employed and people told us they regularly went to talk with them and ask them what sort of thing they might like to do. During the inspection we observed the activities coordinator offering individual sessions with people that included sitting and chatting, playing games and doing mini manicures. They were responsive to people's opinions and asked people what sort of music they would like to be played. They tried to include as many people as possible in group activities and in the afternoon organised an engaging quiz that many people appeared to enjoy. People told us overall they were happy with the activities on offer at the home.

People's cultural and religious needs were met at the home. People were supported to follow their chosen denomination of the Christian faith. People were supported to attend church if they wanted to. If they were unable then representatives of local churches were invited to attend the home. For some this could mean receiving communion. People's diverse needs were met and people were empowered to lead their lives in the way wanted, without discrimination. Staff had completed equality and diversity training and from our observations treated people in line with their personal preferences and choices.

The Accessible Information Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager had an awareness of this standard and told us they would review all documentation within the home to ensure it was accessible for all. We noted some efforts had already been made with large print being used on noticeboards throughout the home.

The majority of people and their relatives were satisfied with how complaints or concerns were managed at the home. None of the people or relatives we spoke with had raised any significant concerns, but one person told us when they had raised an issue it had been dealt with. One relative told us they felt there was sometimes a lack of feedback from issues they had raised. However, people and relatives told us that since the new registered manager came to the home they had felt more confident that complaints would be acted on and feedback provided more quickly.

People were not aware of the complaints procedure. This was likely due to the fact the complaints procedure was located in a locked foyer which was inaccessible for most people. After the inspection the registered manager told us they had now moved this to a more prominent place within the home.

The registered manager was aware of their responsibilities to ensure that when a formal complaint was made, they would respond appropriately and in line with the provider's complaints policy. Records showed historical formal complaints had been responded appropriately.

## Is the service well-led?

### Our findings

During our previous inspection on 7 September 2017 we found issues with the way the service had been managed and the quality assurance processes in place to address the on-going failings at the home were not effective. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and further improvements were on-going. This meant there were now effective measures in place to ensure people received sustained high quality care and support. A new registered manager was now in place. They were supported by the area quality director and the area director to address the concerns raised during the previous inspection. This included addressing the breaches of regulations, compiling an action plan and completing the agreed improvements by a required deadline, ensuring there was always sufficient management cover at the home, including at weekends, ensuring quality monitoring systems were effective in identifying and acting risks to people and the service, ensuring policies and procedures met current best practice guidelines and obtaining and acting on people's feedback.

An action plan was in place. This action plan, agreed with senior management, enabled the registered manager to focus on addressing the concerns listed above. The action plan was reviewed regularly and the registered manager held accountable for its completion. Where appropriate, responsibility for ensuring parts of the action plan were completed were delegated to other staff. The area quality director assured us that with this plan in place they were confident that the home was now managed effectively and had made the required improvements. Our findings throughout this inspection reflected this view. There was a clear quality assurance process in place now. This included in-depth audits focusing on areas such as medicines or infection control. Additionally, there were daily audits, where the registered manager carried out a daily 'walk around' to identify any issues that could be acted on immediately. The concerns were then discussed with each head of department such as nurse, cook, housekeeper or senior care staff. Responsibility was given for ensuring these concerns were acted on and then progress discussed at every daily meeting. These processes have contributed to the improvements at the home and the higher quality of service people received.

People and staff told us the registered manager was available when they needed them. Several of the people we spoke with told us they knew who she was and that they understood she was the new registered manager. People told us they found her to be approachable and listened to them. One person told us they had seen a number of registered managers "come and go" whilst they had lived at the home; however, they had respect for the new one who they thought would be "responsive and positive". Staff spoken with agreed, they welcomed the new registered manager and were embracing the changes they were implementing. A staff member said, "[The registered manager] is really inspiring, she doesn't sugar coat things but is honest."

Staff told us they welcomed the stability that the new registered manager had brought to the home. They told us they felt more confident that their views were listened to and the quality of the care people received had improved. This included having a registered manager available to them throughout the week, but also

having additional managerial support at weekends, which they found reassuring. A member of staff said there had been a number of staff who had left recently but they did not "have the right values that were expected at the home". They also said some staff had had "difficulties in adjusting to the changes introduced to make the service more person centred". When asked if the registered manager was fair, a member of staff said, "Absolutely without a doubt." They went on to say the registered manager gave staff the benefit of the doubt but acted when necessary. Another member of staff said, "You can tell [the registered manager] anything and she will deal with it." They described the registered manager as, "Absolutely brilliant." They said they had faith in the registered manager and said, "I want things to be right." They felt the manager was tackling the issues that had prevented the home from providing people with the support they deserved.

The registered manager told us they felt supported by the provider and when they asked for any equipment or funds for the home to improve people's lives this was always provided. They also told us when they needed to use additional staff to support people's changing needs they were permitted to do so. The area quality director and area director were supporting the registered manager to continue the improvements at this home. They carried out regular quality assurance visits and when they identified areas for improvement they agreed timeframes for the registered manager that were fair and achievable. This cohesive approach to quality assurance has ensured that the home has made and is continuing to make the sustained improvements needed for people living there.

The registered manager had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service

People and staff were encouraged to give their feedback about how the service could be developed to improve people's experiences at the home. A questionnaire had recently been sent to people asking them for their opinions on the quality of the service provided. The deadline for responses was May 2018 and the registered manager told us this would form part of their on-going improvement plan. Some of the people we spoke with were unsure if there had been a recent 'residents' meeting' however records showed one had taken place on the 12 March 2018 with a further meeting scheduled for the following month. The registered manager told us they wanted to meet with people as often as they could to ensure their voices were heard and their opinions acted on. Records showed staff meetings also took place and staff felt able to give their views. All staff spoken with felt the home was improving and much of this was as a result of the work of the registered manager. One staff member said, "Some people [staff] don't like change and find change difficult." However, they said the new registered manager had introduced changes that improved things for people using the service. They said, "It is improving already."

Staff understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had an open and transparent approach when working alongside other health and social care agencies. This ensured staff were equipped to support people in line with other health and social care agencies recommendations and guidance.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

