Shires Healthcare (Woodside) Limited

# Woodside Nursing and Residential Care Home

## Inspection report

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Tel: 01582423646

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22 November 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Following the inspection in December 2016, we asked the provider to complete an action plan to show what they would do and by when to improve all key questions to at least good. In June 2017, we also imposed a restriction on admissions to the service using our enforcement powers.

When we inspected the service in May 2017, we found the provider was in continuing breach of Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans lacked information that enabled staff to provide person centred care. Medicines were not always managed safely, staff were not always deployed in a way that promoted safe care, and the provider did not have robust quality monitoring processes in place. Following the inspection, we met with both the nominated individual and the registered manager to discuss our findings, and they gave assurances that action would be taken to address the shortfalls identified.

This was the second consecutive inspection where the overall rating for the service was 'Inadequate'. This meant that the service remained in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

This unannounced comprehensive inspection on 15 and 22 November 2017 was carried out to check if sustained improvements had been made. We found the provider had made improvements to all areas where we had previously identified shortfalls. Well-led was rated 'requires improvement' because a longer period was required to ensure that systems and processes had been embedded to enable staff to provide consistently safe, effective and good quality care. We were also still concerned about the level of the nominated individual's involvement in driving sustained improvements. However, the service demonstrated to us that improvements have been made and is no longer rated 'Inadequate' overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Woodside Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 27 people in one adapted building. At the time of this inspection, 19 people were being supported by the service.

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

People's medicines were now managed safely and accurate records were kept. The provider had effective

recruitment processes in place. More staff had been employed to ensure that people were supported safely and consistently. There had been further improvements in the level of cleanliness and people were now protected from potential risks of acquired infections. The provider had effective systems to keep people safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. Environmental risks were assessed and there was evidence of learning from incidents to reduce the risk of recurrence.

Staff training, support and supervision was now more robust. The requirements of the Mental Capacity Act 2005 were being met and people's consent was sought in line with guidance. People's needs had been assessed so that they had effective care and treatment. People were supported to have enough to eat and drink, and they had access to healthcare services when required.

Staff were kind and caring towards people they supported. They treated people with respect and as much as possible, they supported people to maintain their independence. People were happy with how their care was provided and they valued staff's support. People made decisions and choices about how they wanted to be supported and staff respected this.

There had been improvements in the quality of care plans and these now contained personalised information that enabled staff to provide person-centred care. Staff were responsive to people's needs and where required, they sought appropriate support from healthcare professionals. People were supported to take part in activities they enjoyed. The provider had an effective system to manage people's complaints and concerns. People were supported in a caring and dignified way at the end of their lives.

More robust quality audits were now carried out and prompt action taken to make improvements. Everyone we spoke with was complimentary about the new manager's pro-activeness in making improvements in their short time at the service. Staff felt supported and motivated to carry out their roles. People and their relatives had been enabled to provide feedback in order for them to contribute to the development of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People's medicines were now managed safely.

There was now enough skilled and experienced staff to support people safely and quickly.

People felt safe with how staff supported them and there were effective systems in place to safeguard them.

There was evidence of learning from incidents.

### Is the service effective?

Good

The service was effective.

Staff training, supervision and support was now more robust.

The requirements of the Mental Capacity Act 2005 were being met. Consent was sough in accordance to guidance.

Staff understood people's individual needs and provided effective support.

People were supported to eat well and to maintain their health and wellbeing.

### Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

## Is the service responsive?

Good

The service was responsive.

People's care plans were now personalised to enable staff to provide person-centred care.

People's needs were met in a timely way by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

People were supported in a caring and dignified way at the end of their lives.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

Further work was necessary to ensure that improvements made could be sustained so that people received consistently good care. We still had concerns about the nominated individual's level of involvement with the service.

Quality audits were now more robust to enable the provider to identify shortfalls in the quality of the service and make prompt improvements.

Everyone was complimentary about the pro-activeness of the new manager.

# Woodside Nursing and Residential 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.

The inspection was prompted in part by notification of incidents following which two people using the service sustained injuries. The information shared with CQC about the incidents indicated potential concerns about the management of environmental risks and how the care of people at risk of developing pressure ulcers was being managed. This inspection examined those risks.

This inspection took place on 15 and 22 November 2017, and was unannounced.

The inspection was carried out by three inspectors and a pharmacist inspector on the first day of the inspection, and by one inspector on the second day.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also received feedback from the main local authority that commissioned the service.

During the inspection, we spoke with four people using the service, four relatives, two care staff, a nurse who is also the clinical lead, the new manager, the registered manager, the provider's operations director, and the provider's registered person. We observed how staff interacted with people and how care was provided within communal areas of the service.

We looked at the care records for eight people to review how their care was planned and managed. We looked at five staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was being assessed and monitored. We contacted a professional who worked closely with the service and we received specific feedback about how well staff managed the care of a person who had developed a pressure ulcer.

Good

# Is the service safe?

## Our findings

When we inspected the service in May 2017, the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they still did not have robust medicines management systems in place. They were also still in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have sufficient permanent staff to ensure that people were supported safely and consistently. There was no formal method of assessing the required staffing numbers and this meant that people were sometimes left in communal areas of the service without staff support.

We found improvements had been made in how medicines were managed. People we spoke with were happy with how their medicines were managed and raised no concerns in relation to this. Our specialist pharmacy inspector completed an overall review of the provider's medicines management systems and found the provider had moved to an electronic system for recording medicines administration in July 2017. This system prompted staff to re-order medicines when stocks were getting low. Staff were able to access a copy of the original prescription and check if it had been dispensed by the supplying pharmacy. The system also prompted staff to do a random check of stock balances, which had to be done before the process could be completed. We checked the stock balance for 20 medicines and this was accurate for 19, with a discrepancy on one item. However, the clinical lead took prompt action to contact the pharmacist who supplied the medicines to the service and we saw an email response stating that a labelling error had meant that more medicines than recorded had been sent to the service. This was then quickly resolved by recording the correct number of tablets on the electronic system.

Medicines were stored safely and securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature. There were individual protocols in place when medicines were prescribed to be given on an 'as required' basis (PRN) or where they were to be used under specific circumstances. This ensured people were given their medicines when they needed them and in way that was safe, consistent and effective. The administration of oral medicines was recorded electronically and the alert system meant that omissions and recording errors were very unlikely to happen. We saw the use of emollients and barrier creams was recorded on individual cream charts.

Staff who administered medicines had all received training on how to use the new electronic system. One member of staff told us they found the system easy to use and efficient in comparison to paper records. Auditing of medicines administration records was completed more regularly as the electronic system produced a daily report which identified any missing entries and if any medicines were not available. The reports for the previous week showed there were no out of stock items and everyone had been given their medicines as prescribed. The pharmacist who supplied medicines to the service had completed an audit in October 2017. This had identified that an up to date British National Formulary (BNF) was required and we saw the service now had the latest copy. A BNF is a pharmaceutical reference book that contains information about medicines available in the UK.

We found staffing levels had improved as the provider had recruited more care staff since our last inspection

and other interviews were planned, particularly to fill a night nurse vacancy they had. We reviewed the recruitment records of the staff who had been employed since our previous inspection. We found the provider continued to maintain robust recruitment procedures to ensure that staff were suitable to work within the service. All appropriate pre-employment checks had been carried out in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there was enough staff to support them quickly including one person who said, "There's definitely enough of them, they're lovely." Relatives we spoke with told us that they had also seen improvements in the numbers and quality of staff. One relative told us, "They have more permanent staff now, so they don't have agency staff here that often." Staff also told us that they were happy with current staffing numbers including one member of staff who said, "It's got better. We use agency staff, but not all the time and those that do work here are regulars and know the residents."

We noted that use of agency staff had significantly reduced and this promoted continuity of care. We also observed that sufficient staff were available to support people during our two days at the service. The registered manager now used a dependency tool to assess the numbers of staff required to meet people's needs safely and effectively. Their tool had determined that they currently required one nurse and three care staff during the day, and one nurse and two care staff at night. The registered manager assured us that staffing numbers would always be re-assessed if people's needs changed or if they had more people admitted to the service. They also said that they and the new manager were available to support staff if required during weekdays and they provided on-call support during weekends.

We found there had been further improvements in the level of cleanliness and hygiene within the service to protect people from risk of acquired infections. While supporting people, we saw that staff wore appropriate protective wear, such as disposable aprons and gloves so that people were protected from risk of cross-infection. We also saw that hand washing facilities were available to encourage good hand hygiene.

To ensure that the service was cleaned thoroughly, the provider had recruited two new cleaning staff, who also worked as laundry assistants. A relative who had previously been concerned about poor cleanliness of the service told us that they had seen significant improvements, particularly since the new manager started. They added, "Cleaning is much better now and they've got new staff. Air fresheners were introduced around the home and it smells good." They also told us that they had previously normally found their relative's bedroom untidy and the bed unmade, but this rarely happened now. Another relative who told us that they sometimes found the service smelt unpleasant said, "Since the new manager was here, the smell has started to disappear."

We noted that cleaning staff worked to an agreed cleaning schedule for six days a week, with Sundays covered by care staff who dealt with spillages and other urgent cleaning. The registered manager told us that there were still looking to recruit weekend cleaning staff so that thorough cleaning of the service was completed daily. We saw that deep cleaning of some areas of the service by contractors took place over three days in October 2017 and since then, the cleaning staff had managed to keep these areas clean.

During this inspection, we examined circumstances around an incident where a person was injured following a radiator cover coming off and falling on their leg. We saw that appropriate action had been taken to ensure that the person received prompt care in hospital and they only required minor treatment. The registered manager acknowledged that their health and safety checks had not previously identified that the clips that held the covers in place could be loosened if the cover was leaned on. Following this incident, they had improved their health and safety checks to include physically checking if the covers were still intact. To add further safeguards, the radiator covers had been screwed to the wall. This showed that lessons were

learned and improvements made when things went wrong in order to prevent the risk of re-occurrence. Other health and safety checks were also completed to ensure that the environment people lived in remained safe and free from hazards that could harm them. These included checks to ensure that the risk of a fire was low, and that gas and electrical appliances still functioned properly. The provider had a contingency plan to manage any foreseeable emergencies that could arise.

People were safe living at the service because the provider had effective safeguarding systems and had trained staff on how to recognise potential risks and report them appropriately. None of the people and relatives we spoke with were concerned about potential abuse within the service. They, as well as staff said that people were safe. Staff showed good knowledge of what constituted abuse, and reporting procedures. One member of staff said, "I would report anything to senior staff or the manager. I would report it to others too if I needed to, we have contact details in the office." Furthermore, we saw that the registered manager continued to maintain a log of incidents and the referrals they had made to the local authority safeguarding team and notifications to the Care Quality Commission. This showed that they appropriately reported incidents so that they could be investigated and safeguards put in place to protect people. They also took action to make the required improvements including updating people's care plans and risk assessments when required.

Potential risks to people's health and wellbeing had been assessed, and personalised risk assessments gave staff guidance on how risks could be minimised. We discussed with the registered manager concerns we received in June 2017 about people and staff being at risk of harm because new staff were not always trained on 'moving and handling' techniques before supporting people. The registered manager showed us that they had improved their induction programme to ensure that more robust training was provided to all new staff and this was confirmed by staff we spoke with.

Good

# Is the service effective?

## Our findings

During this inspection, we found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. Staff worked within the guidelines of the Mental Capacity Act 2005. People's care needs were met, and they were supported to live healthy lives and access healthcare services. This meant that the rating for this key area remains 'Good'.

People and relatives told us that people's care needs were met and they were happy with how staff supported them. One person told us, "Everyone is really good and helpful." One relative said, "We are very happy with everything." Another relative who told us that they had been concerned about the quality of care at the service a year ago said, "It has definitely improved and my [relative] is getting good care."

We saw that people's needs had been assessed prior to them moving to the service. This information had been used to develop care plans that took into account of people's needs, choices, views and preferences. These identified what support people needed in relation to various areas including mobility; medicines; nutrition and dietary intake; personal care; and specific health conditions. We found care plans provided clear information for staff to know how to support each person in a way that ensured effective care outcomes.

As part of this inspection, we followed up on concerns about the care of a person who had developed a pressure ulcer. We reviewed circumstances around this incident, as well as how staff managed the care of other people at risk of developing pressure ulcers because of their health conditions. To help us understand what staff did to reduce this risk, we looked at the care records for four people at risk and spoke with one person and two relatives.

Records showed that staff regularly supported people to change positions in bed in order to reduce the risk of pressure damage to the skin. Everyone was very complimentary of how staff supported them or their relative, and that this had ensured that most people had not developed pressure ulcers. One relative who visited the service regularly described how staff supported their relative who was mainly cared for in bed, and had not developed pressure ulcers. They told us they witnessed staff regularly supporting their relative to reposition in bed so that they did not lie on the same side for too long. They added, "They are conscientious about pressure care." In relation to the incident, a specialist professional who assessed the person after the pressure ulcer had developed told us that the pressure ulcer was likely to have been caused by the person's health condition, but had not been noted earlier because the person sometimes refused to have the necessary care. Positively, four members of staff had recently completed additional training provided by the professional we spoke with, and this was to enhance their skills to ensure that people remained free from pressure ulcers and enjoyed healthier lives.

Staff were complimentary about the quality of the training and support they received through regular supervision and performance reviews. A member of staff who had returned to the service after a few months away told us that they had recently redone all the mandatory training to update their skills and knowledge. We saw that the provider had a training programme and all staff were up to date with their mandatory

training. There had been further improvements in the induction training. New staff now completed all mandatory training within this period to ensure that they were skilled and competent to support people safely and effectively. Competence assessments were carried out more regularly, and this was confirmed by a member of staff. They told us that managers observed their practice to ensure that they were doing things properly. Staff records also showed that supervision was carried out regularly and staff we spoke with confirmed this.

People and relatives were happy about the quality of the food provided to people. One person said, "I absolutely enjoy the food, the cook is good." Another person told us, "It's lovely." One relative told us, "The food is really good here."

We saw that a varied menu ensured that people had a choice of nutritious food to maintain their health and wellbeing. We found that the cook was aware of people's food preferences and specialist dietary needs. They ensured that where required, people were provided with low sugar or high calorie meals and drinks to meet their health needs. People who required a soft diet were also catered for. The cook liked baking and people enjoyed various cakes with their meals or as snacks in between meals. We observed the lunchtime routine on the first day of the inspection and we found staff supported people to have a pleasant experience while having their food. We also observed that people were appropriately supported to eat their meals and staff did this in a caring and respectful way.

People and relatives we spoke with were complimentary about the changes to the dining area. This area was previously under-used as a quiet lounge, but was now lively with chatter during mealtimes. People found this area provided a more relaxed atmosphere as no-one was walking around during mealtimes. The décor of the room, with pictures of cakes on the walls, cakes decorated tablecloths and artificial flowers also made it a comfortable and appealing place for people to enjoy their meals. One relative told us, "The change around for the dining room is quite positive." The relative also told us of work planned to fit a hairdresser sink to a downstairs bathroom so that it made it easier for them to wash their relative's hair. They told us that they had asked for this and were pleased when they were told that this had been ordered. They gave this as another example of how responsive the provider was to people and relatives' suggestions and they said that it was also a reflection of how the new manager wanted to work in a more collaborative way to bring about further improvements.

Staff worked closely with people, their relatives and professionals to ensure that the care provided to people was appropriate and continued to meet their needs. We saw that where required, various professionals had been consulted and visited the service to assess people and provider advice on the most effect care and treatment. For example, we saw that people received regular foot care from chiropodists. There were also seen by dietitians if there were concerns about their dietary intake, and were seen by their GPs regularly for acute health concerns. A number of people were also receiving specialist hospital care and the registered manager ensured that they were supported to attend their appointments. We found the service continued to work collaboratively with professionals to ensure that people consistently received effective care, support and treatment.

The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The requirements of the Mental Capacity Act 2005 (MCA) were met because care records showed that where necessary, people's capacity to make decisions about their care had been assessed. The registered manager had also sent referrals to relevant local authorities to ensure that any restrictive care was lawful. Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that some people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. They also said they observed body language and other non-verbal cues to ensure that people who were not able to communicate verbally were happy with the proposed support. Staff were aware that they could not provide care without people's consent.

Good

# Is the service caring?

## Our findings

During this inspection, we found staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence were respected and promoted. This meant that the rating for this key area remains 'Good'.

People told us that they were supported by kind, caring and friendly staff. One person told us, "They are all really lovely here." Another person said, "They are nice and very kind." This was supported by relatives who told us that they were happy with the way staff interacted with and cared for their relatives. One relative said, "We are always happy when we leave [relative] here. We are confident [relative] gets good care." Another relative said, "The staff really care and like my [relative]." Staff told us that they all aimed to promote a caring and happy environment within the service. One member of staff told us, "All staff have the same mentality and want to care well for people." Another member of staff said, "It's homely."

The new manager told us that they promoted a caring and inclusive environment within the service and this was reflected in how staff interacted with people. We observed that staff interacted with people in a friendly, patient and respectful manner. Staff spoke with people every time they came into communal areas and we observed a member of staff singing along with two people who could hear the music, but had chosen not to take part in the Karaoke session. The atmosphere within the service was summed up by a person who said, "I like it here. I am happy, really happy."

The professional we spoke with told us that they found the new manager compassionate towards people using the service. They said the new manager was normally present when they assessed people in order to provide emotional support to them. The new manager also ensured that they understood the advice given by the professional so that this could be clearly reflected and communicated to staff in updated care plans.

Staff told us that they always supported people to make decisions and choices about their care. They further told us that they respected people's individual characteristics and preferences, as this made them unique. One member of staff said, "We offer choices for everything. We ask if they are happy with the care and if they want anything else." Staff recognised that although people with capacity to understand the implications of refusing care could do so, they still had a duty of care to ensure that people did not suffer harm because of their choices. One member of staff explained how they would deal with this when they said, "I always ask first if they would want me to support them. If they refuse, I would get advice or another staff member might have more luck." People confirmed that staff always involved them in making decisions about their care and they respected their choices. One person said, "They wouldn't do anything I'm not happy about." Relatives told us that they felt involved in making decisions about their relatives' care and one relative was particularly complimentary about the increased level of communication since the new manager came. They said, "Since [new manager] has taken over, I've had phone call updates about my [relative]'s care.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. They also said that staff encouraged them to maintain

their independence as much as possible, and would let people do as much as they could for themselves. One member of staff described that they protected people's privacy and dignity by knocking before entering people's bedrooms, covering people during personal care and ensuring that curtains and the door was shut so that others could not see in. They also said that it was important to ensure that people were comfortable being supported with personal care by a member of staff of the opposite gender. They added, "A lot of female residents prefer female carers and we respect this. We also ensure that male residents are comfortable with female carers and check if they are happy with that."

The service supported people to maintain close relationships with their relatives or friends. People's relatives told us that they could visit whenever they wanted and felt enabled by the service to play an important role in their relatives' care. We spoke with two relatives who visited daily and they found this gave comfort and reassurance to their relatives, one of whom was living with dementia.

Good

# Is the service responsive?

## Our findings

When we inspected the service in May 2017, the provider continued to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not always contain useful information about people's backgrounds, hobbies and interests. This meant staff were not always able to ensure that those interests were reflected in the care that they provided.

During this inspection, we found improvements had been made so that staff had relevant information to enable them to provide person centred care that met people's individual needs and expectations. For each of the people whose care records we reviewed, we saw that there was a 'This is me' document which detailed their family and life history prior to them moving to the service. This also included their lifestyle, occupation, hobbies and interests, and their aspirations. The provider used a recognised tool produced by the Alzheimer's society. This provided information about people living with dementia's needs, interests, preferences, likes and dislikes in order to enable person centred care. A relative of a person living with dementia told us that they had been involved in completing this document so that staff had information necessary for them to support their relative in a person centred way.

Care plans had clear instructions on how staff should support people with their various care needs, and we saw evidence that care plans were reviewed monthly or when people's needs changed. For example, we saw that a person's mobility and skin integrity care plans had been updated quickly after they had been seen by a tissue viability nurse and a physiotherapist to reflect the care advice given. Monitoring charts and daily records detailed what daily care had been provided by staff. It was evident that staff followed the professionals' advice in order to achieve positive care and treatment outcomes for the person, and their condition had slightly improved. Staff told us that they got opportunities to read the care plans and that there was enough information in them to enable them to provide the care people required. One member of staff also said, "The handover is usually good, but I'm able to read daily notes if I need more detailed information.

To further improve the quality of the care plans and reviews, the provider had invested in an electronic care planning system that they planned for staff to start using from week commencing on 20 November 2017. Both managers were not available when we arrived at the service on the first day of the inspection because they were providing training on the new system. However, they both came to assist us with the inspection, before the registered manager left to continue with the training. Most of people's care records had been transferred to the electronic system, but the managers told us that initially, they would use both formats until they were satisfied that everything was always recorded and up to date on the electronic records. The provider assured us that the care records would be saved on an external data management system so that there was a low risk of any of the information being permanently lost.

People told us that their individual needs were met by the service and they were happy with how their care was managed. We observed that staff were responsive to people's needs and supported them quickly when they called out or activated their call bells. Staff were observant and prompted people at risk of falling not to walk without their mobility aids or support.

People were supported to positively occupy their time during the day because an activity coordinator planned and facilitated a variety of activities within the service. Staff told us that planned activities could be adapted and changed particularly for people living with dementia, depending on what they wanted to do. There was a lively atmosphere in the main area where activities took place, particularly during a Karaoke session on the first afternoon of the inspection. The activities coordinator spent most of their time either chatting freely with individual people or supported a small group of people with activities of their choice.

The provider had a complaints policy and procedure which gave people information on how to raise any concerns they might have about the service. People told us that they generally did not have any complaints, but they knew that they could raise these with the registered manager. Two of the relatives who told us that they had complained before, said that the provider did not always make the required improvements quickly. However, both said that they had seen recent improvements in that the provider was now more responsive in using people's comments and concerns to improve the service. We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively.

We saw that where possible, people remained at the service at the end of their lives as long as they did not require specialist care that could only be provided at the hospital. Three people had been recently deceased, with two passing away in hospital and one at the service. We reviewed their care records to check how they had been supported to remain comfortable, dignified and pain-free, and we found appropriate action had been taken. The managers also provided emotional and practical support to the relative of the person who passed away at the service, and the relative was able to remain with their family member for as long as they wanted. On the second day of the inspection, the registered manager and the activities coordinator attended the funeral of one the people, and they told us this was common practice within the service.

Where people had forms stating that they should not have cardiopulmonary resuscitation if they suffered cardiac arrest, we saw that the doctor who signed the form had made the decision with either the person or their relative. We saw that the provider worked closely with relatives to ensure that people's wishes about how they wanted to be supported at the end of their lives were respected. We found it would further empower people if these decisions were made in advance with them in the form of advance care plans. The Resuscitation Council (UK) has examples of how professionals could do this.

Requires Improvement

# Is the service well-led?

## Our findings

Following our inspection in December 2016, the overall rating was inadequate and the service was placed in special measures. In January 2017, we proposed a restriction on admissions to the service using our enforcement powers. The provider, who was in breach of Regulations 9, 11, 12, 14, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 opposed this enforcement action. However after the provider discontinued their challenge to our decision, the condition was imposed to their registration in June 2017. The condition was in place at the time of this inspection and the provider was complying with this.

When we inspected the service in May 2017, the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was insufficient progress in developing effective systems to assess and monitor the quality of the service. The service again received a quality rating of inadequate and it remained in special measures. After the inspection, we met with both the nominated individual, who was also the sole company director and the registered manager to discuss our findings, and they gave assurances that action would be taken to address the shortfalls identified.

During this inspection, although we found improvements had been made to the quality of the audits, we judged that a longer period was required to ensure that systems and processes had been embedded to enable staff to provide consistently safe, effective and good quality care.

Professionals from the main local authority that commissioned the service told us that they had continued to support the service regularly, but they found improvements slow and sporadic. There had been concerns about the level of the provider's involvement in leading the required improvements, with a view that there was an over reliance on the registered manager to do this. They also raised concerns with us that the nominated individual did not attend the regular meetings with the local authority, but sent a representative instead.

During our second day of the inspection, we raised these concerns with the provider's nominated individual initially through a telephone conversation, but they later arrived to meet with the inspector. During the conversation, they told us that they visited the service monthly to complete their audits and also attended meetings arranged by the local authority. However, we expressed our concern that in light of the wider concerns about the quality of the service, they had not increased the level of support they provided to the registered manager. They told us that one of their senior colleagues supported the service more regularly in the capacity of the 'operations director' and that the local authority were aware of their involvement. In light of this conversation, we remained concerned that the provider had not been open and transparent with us, as they had not told us about these management arrangements until prompted by our conversation. In addition, we continued to be concerned about the commitment and oversight of the provider to the sustainability of improvements to the service given their decision to delegate their oversight to someone who was not the registered person.

To further increase the level of day-to-day management and leadership provision at the service, the provider had recruited a new manager who had applied to register with CQC. The current registered manager was going to deregister from this role and take on a wider role within the provider's organisation as the quality assurance manager. We had positive discussions with the new manager about further improvements they had made in the short time they had been there. These included the introduction of much improved auditing systems which resulted in action plans and evidence of when these had been completed. Some environmental changes, such as the re-organisation of the dining room had further enhanced people's meal time experiences. There had been a meeting with people's relatives to enable them to provide feedback and suggestions about what needed improving.

In the past, we found the provider tended to be more reactive to shortfalls identified by others rather than using their own systems to identify these and make the required improvements. However when speaking with the new manager, we saw a level of pro-activeness that we had not seen before and this was assuring about how they intended to manage the service. People told us that they liked the new manager, but were unable to comment on any improvements that they had made. Relatives were also very complimentary about the new manager's approach to ensuring that the service provided good quality care, was safe and provided a pleasant environment for everyone. One relative told us, "The new manager seems to be very much on the ball and has implemented some changes in the six weeks he's been here." Another relative said, "They are definitely making improvements. It's taken a change in the manager, [new manager] is good and has done a lot in a short time. Give him more time to make more improvements. He is a man of action and things are definitely improving. We are turning a corner." A third relative said, "The difference [new manager] has made is amazing."

We reviewed some of the weekly manager's reports they had been sending to the local authority and also forwarding copies to CQC. We found these were detailed in addressing the following: accidents and incidents; safeguarding concerns; any infections and health concerns for people using the service; staffing issues; training undertaken by staff; supervisions and appraisals held; audits carried out; meetings held; details of fire tests or drills; details of complaints received; tissue viability concerns; maintenance issues and head office support needed. For each of these items, specific details were included such as the date and nature of the issue, who was involved and who it was reported to, and action taken to prevent re-occurrence. This showed that there was now a systematic review of the service and action taken to ensure that concerns were dealt with promptly.

An annual audit planner dated in September 2017 showed what audits needed to be completed and by whom. This also included information about monthly and quarterly audits by the provider and an annual service review by an external consultant. We saw action plans from the provider's audits, one dated in July 2017 and another in November 2017. The provider told us that following their audits, they worked with the managers to develop action plans and would check each month if actions had been completed as planned. They said that on the whole, actions were completed promptly apart from when they were waiting for items that had been ordered. We saw that some of the environmental updates made included re-decoration and replacement of furniture in some areas of the service. There were also plans to replace the kitchen units. The manager told us they anticipated that this work would go ahead as soon as possible. However, we were concerned that this work was still pending as we had been informed at the time of the May 2017 inspection that it was imminent.

We saw the report of the external consultants who reviewed the service in August 2017. We noted that they assessed the service in relation to CQC's key lines of enquiry and an action plan made recommendations where improvements were required. We saw that all areas had been completed. For example, a dependency assessment tool to assess staff numbers had been introduced and the induction process for new staff had

been improved. This showed that the audits were now being used more effectively in assessing the risk to people and monitoring the quality of the service.

The provider sought the feedback of people using the service and their relatives in a survey completed in October 2017. The results of the survey showed that some people and relatives were particularly concerned about how laundry was managed and the level of cleanliness within the service. We saw that the provider had already made improvements in these areas. A recent meeting with people and their relatives had given them a further opportunity to provide feedback. A relative who attended the meeting told us that it was productive and people's suggestions had been considered. We saw that further regular meetings were planned to enable people and their relatives to regularly contribute to the development of the service.

Staff told us that they felt able to speak with the managers if they were concerned about anything and they felt well supported. One member of staff also told us that there motivated to do their jobs well because they worked well as a team and supported one another. Staff who were fairly new to the service told us that their colleagues were welcoming and supported them well to settle within the team. Of the managers, one member of staff said, "They're both lovely and approachable."