

Hooklands Limited

Hooklands Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Hooklands Care Home provides accommodation with personal care for people over age of 65. The service is registered to accommodate up to 27 people, and was providing personal care to 23 people at the time of the inspection. Any nursing needs were provided by community nursing services.

People's experience of using this service:

- The service had made improvements since our last inspection. Whilst the provider had progressed quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of the quality assurance system which had missed the areas of improvement we found.
- Risk assessment's varied in completeness and there was a lack of guidance for staff to manage assessed risks. Staff were knowledgeable about people's needs and people's safety had not been impacted.
- People and relatives told us they 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.
- Records to demonstrate how assessments and decisions had been taken varied in completeness.
- People told us and we observed that they were safe and well cared for and their independence was encouraged and maintained. Comments included, "It's a very nice place", "Staff are very kind" and "It's lovely here."
- People received care and support that was safe. The provider followed safe recruitment processes which ensured people were suitable for the job they were applying for and staff were of good character. All staff had received training in safeguarding vulnerable people.
- There were sufficient staff to support people with their daily living and activities.
- People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role.
- People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.
- People received care from staff who were kind and caring. Staff respected people's privacy and dignity always. People were supported to express an opinion about the care provided and the day to day running of the service.
- People received responsive care and support which was personalised to their individual needs and promoted independence. There was guidance for staff on how to support people in line with their personal wishes, likes and dislikes. People were supported to access health care services and professionals when necessary.
- Records showed the service responded to concerns and complaints and learnt from the issues raised.
- The management team demonstrated an open and positive approach to learning and development. People told us that they felt the management team were open to suggestions, approachable and that the service was well led.
- The management team worked professionally with agencies outside of the service and ensured a transparent, honest approach to their work which was valued by others.

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

Rating at last inspection:

Since Hooklands Care Home was registered in March 2016, we have carried out three comprehensive inspections and one focused inspection at this service. On all four occasions, the service has been rated as 'Requires Improvement', with repeated issues highlighted as concerns and any improvements not always being sustained. We have taken this into account when considering the overall rating. An overall rating of 'Good', cannot be awarded when there is a breach of Regulation.

At the last inspection in October 2018 the service was rated Requires Improvement (report published on 16 November 2018). At that inspection we found the provider to be fully compliant with the Regulations, but were rated as Requires Improvement for the key questions, is the service safe and well led? The provider needed to demonstrate they could sustain the improvements from the previous inspection in January 2018 (report published 4 April 2018.)

Why we inspected:

All services rated as 'Requires improvement' are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and the improvements made.

Enforcement:

We found one breach of The Health and Social Care Act Regulations (2014). Further information is at the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Hooklands Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by one inspector, one bank inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE's area of expertise was in older people.

Service and service type:

Hooklands is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a new manager who was due to commence employment in April 2019. The provider gave assurances the newly appointed manager would be supported to apply for registration with the Commission in due course. Until the appointed manager commenced, the provider told us, the deputy manager was acting as the manager.

Notice of inspection:

This inspection was carried out on 26 March 2019 and was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used information the provider sent us in the Provider Information Return [PIR]. 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.

During the inspection, we spoke with eight people who used the service, three relatives and a visitor to ask about their experience of the care provided. We looked at 11 people's care records and at their medicine records. We spent time in communal areas observing staff interactions with people and the care and support delivered to them.

We spoke with the provider, acting manager, deputy manager, head of care, chef, a carer and with the activities coordinator who also acted as a carer when required. We spoke with one visiting professional. We viewed four staff files around staff recruitment, supervision, appraisal and staff training. We looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports, as well as records of accidents, incidents and complaints.

Following the inspection, we asked two local authorities for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

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

- At our last inspection in October 2018 we found that the provider had not ensured that new staff had an understanding and awareness of safeguarding procedures. We recommended that the recruitment and induction process for new care staff was improved to ensure that all staff had robust safeguarding awareness and understanding.
- At this inspection we found the provider had reviewed the induction process. Management and permanent care staff had received relevant training and understood how to identify and raise safeguarding concerns appropriately. There were posters which displayed how to act upon or escalate concerns about potential abuse. There was signage for family members and visitors about recognising abuse or neglect.
- The acting manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately. One person said, "I do feel safe here. I've not seen any abuse from other residents."

Using medicines safely:

- At our last inspection in October 2018 we found medicines were managed safely. However, we found that records for 'As required' ('PRN') medicines were limited in detail. There was not sufficient guidance or instruction for care staff for when these medicines were to be offered to people for behaviours. We could not see when staff had tried least restrictive measures to deescalate challenging behaviour before giving prescribed 'As required' medication.
- At this inspection we found when people had their medicines administered on an 'As required' basis there was a protocol for this which described the circumstances and symptoms when the person needed this medicine. Clear actions that staff had taken during episodes of behavioural challenges were clearly recorded.
- One person said, "There are no problems with my medication and the staff are always right. I do know what medication I am getting and why." There were reliable arrangements for ordering, administering and disposing of medicines.
- There was a sufficient supply of medicines and senior care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be assessed to ensure their competence to undertake this annually. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'
- We observed that unused medicines were discarded safely and in accordance with the administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. The temperature of the medicines storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.

- Medication audits were completed on a weekly and monthly basis. The acting manager reviewed and analysed the findings of the audits to ensure that they took action that may be required to safeguard people.

Assessing risk, safety monitoring and management:

- Risk assessment's varied in completeness regarding guidance for staff on how to manage risks. For instance, for a person using a catheter, the care plan identified it could become blocked. However, there was a lack of written guidance on how staff could identify if it was blocked, what type of catheter was in use and what signs would be present if there was an infection. A person with osteoporosis didn't have a risk assessment to inform staff what the risks were of supporting them around their mobility. People with osteoporosis are more at risk of bone fractures and additional pain/aches.
- When we spoke with staff they could tell us how to mitigate risks and what measures they took to reduce risks to people. In response to our feedback to the provider, these risk assessments were implemented before the inspection ended.
- Risk assessments that were fully assessed and planned for, included malnutrition, moving and handling, diabetes and chronic airways disease. These were based on individual needs. They were updated monthly or more often, when needed. One relative said, "Staff take the utmost care when moving [person]. Staff are very aware of her wanting to be touched carefully."
- Where a person was at high risk of falls, staff sought the advice of the community falls team and acted on that advice, which successfully reduced risks for the person. Sensor pads had been introduced for people at high risk of falling. These set off the call bell system, when the person moved around their room. This prompted staff to go to those rooms immediately to check on the person's wellbeing and offer them assistance.
- To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.
- Fire safety at the service was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people; fire safety training for staff and regular fire drills.

Staffing and recruitment:

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff to respond to their needs in a timely manner. During the inspection call bells were answered promptly. Staff told us they felt there was sufficient staff as they could take time to talk with people and not be task orientated.
- People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks, and obtaining references from previous employers. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.

Preventing and controlling infection:

- The service was clean and free of malodour. Housekeeping staff completed a daily cleaning schedule and confirmed they had all the cleaning materials they needed. Staff were observed wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Learning lessons when things go wrong:

- Lessons were learned when things went wrong. A Food Standards Agency inspection in March 2019 awarded the service the second from highest rating of four. This was an improvement from their previous

visit, where the service had been awarded a low rating of two. This was achieved by replacing the refrigerator with a commercial one. Having a domestic refrigerator, with the door being constantly opened was causing temperature issues. The provider had ensured deep cleans of the service were carried out monthly.

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people lacked capacity, mental capacity assessments were undertaken.
- A staff member described how a best interest decision had been made on behalf of a person who lacked capacity. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, regarding a person's finances.
- Staff had received training in the subject of MCA, staff and the management team were able to demonstrate an understanding of the legislation. During our visit we saw no one was denied their freedom.
- Where there were concerns that a person may not be able to make decisions for themselves, a mental capacity assessment was completed. However, records showed this did not always happen. For example, where two people who lacked capacity had been given a flu vaccination. At the time of our visit, relatives confirmed these processes had been followed for these instances. GP records also confirmed their involvement in this decision making, however there was no best interest documentation to support this. We feedback our findings to the provider who confirmed best interest decisions needed to be better recorded. We have commented on this in the key question, is the service well-led.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The acting manager followed the correct procedure for applying to the local authority for authorisation of DoLS. They informed the commission when this was granted. Conditions were being met by the provider.
- We were told the acting manager held copies of documentation relating to legal powers held by third parties to act on behalf of a person. This was either for support with finances or support with health and welfare decisions.

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

- People confirmed they were offered choices, and their consent sought before they received personal care.
- People's needs were assessed before they started to receive support from the service. The information

gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well. GP notes and local authority notes were obtained before care commenced.

Staff support: induction, training, skills and experience:

- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One person said, "I do believe the staff are well trained, and are always responsive to my needs."
- The service had made improvements to the support staff received. This included increasing the frequency of training and one-to-one meetings. Staff had completed a dementia awareness course, infection prevention, basic life support, moving and handling, safeguarding, equality and diversity.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff told us they were supported by the acting manager through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

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

- People reported positively about the quality of food and choices. People were provided with a choice based on their individual needs. A relative said, "[Person] loves the food. There are always fluids available in their room, like juices and their favourite, [branded drink]." One person said, "I love the food. You get choice as well. I have told them (staff) what (food) I like. There are always drinks to hand."
- People were provided with the support they required to reduce the risk of malnutrition. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for people living with diabetes.
- We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

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

- One person said, "If you don't feel well, they get the doctor to you. The chiropodist comes in to do my nails. The hairdresser comes every two weeks."
- The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The acting manager met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them. A visiting professional told us that they felt the service "did a good job and I have no concerns about the care in here."
- A GP from the local surgery held a clinic at the service each week, which meant people could plan their appointments. Staff could discuss any health concerns or questions about people and about their prescribed medicines. Where people need to be seen more urgently, staff contacted their local surgery to request a visit.

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

- People's rooms were individually decorated to their preferences. One person's bedroom was decorated using their cultural preferences.
- There were additional signage/adaptations to help people with dementia recognise where their room or the toilet was.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which could be seen when they were talking and laughing with people.
- People received care from staff who developed positive, caring and compassionate relationships with them. One person said, "Staff are lovely, kind and considerate. The management do get in touch with the family when they need to." Another person said, "Staff are good, very kind." A third person said, "Staff are caring, interested and efficient." A visitor said, "Very nice staff here. [Person] is well looked after."
- People were part of their local community. One person said, "If anyone comes from a church (vicar, priest and pastor), they are made welcome." People enjoyed visiting local shops, attending local church services and going out with family members.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Where people needed support with decision making, family members, or other representatives were involved in their reviews. One person said, "Staff do listen to what you say. I do feel involved about decisions about me." One relative said, "I can't fault the staff, they are always ready to listen. Staff do ring me when they have something to tell me."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- Key workers assigned people formulated and reviewed the care plans. Key workers are care workers appointed to take responsibility for a small group of people who use a service. People were encouraged to express all their views and care plans were updated by the keyworkers as needed.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
- Our observations confirmed that people were treated with dignity and respect. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. This reduced the risk of people being over supported and losing the

skills they still retained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were in varying stages of completion. We found people had not been impacted by this. Staff demonstrated thorough knowledge of how to meet people's individualised needs. Details lacked regarding how to meet some people's physical needs. Care plans relating to people's emotional needs were clear and provided staff with sufficient information about the support people required. They included information about what was important to the person and their likes and dislikes. We have covered this further in the key question, is the service well-led.
- One person said, "Staff do know what I need in the way I'm looked after." A person's care plan we viewed was very detailed and spelled out each aspect of their care, for example how much they could participate in the care, whether they wanted to see the hairdresser and that she wanted to choose their jewellery each day.
- People were provided with opportunities to engage in a range of meaningful activities which met the needs of people. People told us there was enough to keep them occupied and they did not get bored. One person said, "The entertainment is quite good, like visiting musicians. We play bingo, floor games and quiz's. We do get out with staff. We do get out to the pub, to the cafe and to the duck pond, staff take us."
- People were observed taking part in the afternoon, in a singing session. Song sheets containing the lyrics and printed in big type were handed to people. Although some people did not participate five did join in singing some. People spoke to each other and enjoyed each other's company. There was calm atmosphere.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- The care notes documented that the service identified and recorded communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- Menus were being updated to include pictures of the meals and translation into other languages. This would enable people with cognitive and sensory loss, as well as people whose first language was not English to see the meal before selecting it.
- The use of pictures was widespread throughout the building. There were some important documents pinned to walls where versions were not provided in an easy-read format. For example, the complaints process was not presented in a pictorial format or with large font. The provider was informed so they could source accessible versions of the complaints process.

Improving care quality in response to complaints or concerns:

- There was a concerns, complaints and compliments procedure. This detailed how people could make a

complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew how they could raise a concern or complaint. None of the people we spoke with as part of this inspection said they had raised any formal complaints.

- There had been no complaints since the last inspection.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Some people had long-term conditions or life-limiting diagnoses which would shorten their life expectancy. People's preferences for end of life care were assessed and recorded in the "advanced care plan".
- Topics in the care plan included whether the person wanted hospital intervention, if they wanted their relatives to be contacted in the middle of the night, "music playing during the 'final' hours" (of life) and if they wanted fresh flowers or other "little touches" in the room.
- The service recorded religious and cultural beliefs, preferences for burial or cremation and any undertakers appointed. Three people's relatives did not wish to discuss death and dying at the time of admission, but the service's staff respected their choice.
- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people could die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the last inspection in October 2018, we rated this key question as requires improvement because whilst improvements were seen the improvements were not yet embedded in to practice.
- At this inspection, we found steps had been taken to drive improvement; however, these improvements were still not fully sustained or embedded.
- The provider had been proactive at addressing concerns following the last inspection by commissioning support from a local consultancy firm. With this support the provider had implemented some improved quality assurance processes. These included audits of care plans, staff files, incidents and accidents, and quality satisfaction surveys. The provider had improved their training programme for new staff and improved their working relationships with external health and social care professionals. These systems had not identified some of the shortfalls we found.
- For example, the care plan audits had not always identified that some people did not have care plans for specific needs. Staff did not always complete people's care records in a timely manner. Another person had not had their care records updated following treatment by a healthcare professional. Although the treatment plan put in place was followed by staff, the person's care records had not been updated to reflect this. The recording of fluid intake was widespread across the service, but there was no explanation as to why. On discussion with the acting manager three people were assessed as requiring the fluids to be monitored. Balances were not added up at the end of a 12/24-hour period and there was no review or analysis of the figures to inform how people were drinking, and whether their care plans needed to be amended.
- Key performance indicators were maintained and reviewed monthly. These covered people's physical health and wellbeing. Areas examined included the number of GP call outs, chest infections, urinary tract infections (UTI's), hospital admissions, district nurse visits, deaths, and safeguarding allegations or referrals. The analysis of the information did not look at what interventions could be taken to mitigate any risks and further improve the care. For example, UTI's were recorded for a person over the course of eight months with the individual having six UTI's but there was no change in care plan or risk assessment to try and develop an alternative course of action to mitigate the risk of sustaining an UTI. For example, reviewing fluid charts. We found the person had the involvement of multi agencies and was safe, but the provider wasn't doing all they could to help mitigate the known risk.
- The quality assurance processes had not identified that for some people, best interest decisions had not been fully completed.

These failures amount to a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good

Governance. The provider and acting manager acknowledged they still had some areas to improve on. We found the provider receptive to our comments and were proactive to make changes to the service to drive improvement.

- Other audits and checks included infection control, health and safety inspections (annual and periodic), staff feedback via questionnaires and from performance appraisals and supervisions, pressure care and falls audits, equipment checks (alarms, call bell systems, sensor mats), window restrictors and wheelchairs. This information had been analysed in detail to drive improvement.
- No registered manager was in post. The last registered manager left in November 2018. The provider had appointed a new manager who was due to commence employment in April 2019. The provider gave assurances the newly appointed manager would be supported to apply for registration with the Commission in due course. Until the appointed manager commenced, the provider told us, the deputy manager was acting manager.
- Staff were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. There was a contingency plan to make sure people continued to receive a service if adverse weather was experienced during the winter.
- The provider was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries. Regular notifications had been received since the last inspection, which included detailed information about ongoing steps being made to further reduce risks. This included making people and families aware of any issues of concern and the steps being taken to address them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider promoted the ethos of honesty, learned from mistakes and had been open about when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Important information about changes in people's care needs was communicated at staff handover meetings each day. Summary written information about people's care needs and any risks was available for new staff who hadn't yet got to know people well.
- Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the acting manager.
- People and relatives told us they knew the management team well. This confirmed our observations. One person said, "The management are professional. The staff seem happy working here." Another person said, "The manager is very good, kind and considerate." Another person said, "The management here is good at getting results." We observed that the management team was visible in the service, spent time engaging with people and helped staff with delivery of support to people where needed.

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

- There was a positive workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people. There were regular staff meetings. Minutes reflected staff could speak about people's care, operational issues, personnel matters or any other business.
- A "service user/family" survey was completed in December 2018 to gain people's and relatives' feedback about the quality of the service and care. The survey included topics such as 'general appearance of home and surroundings', 'friendliness and approachability [of staff]' and 'atmosphere and community.' There was a good response rate and positive feedback from respondents. Most people and the relatives thought the service was well run and that the acting manager was approachable, listened and sorted problems out.

- One person said, "They (management) do hold frequent meetings for residents. They do investigate issues and explain things." A relative said, "There are relatives' meetings and they do listen and act on some things."

Continuous learning and improving care:

- One relative said, "Things managerially have improved in recent times." A visitor said, "There have been improvements under this management. This place is very good for [person]."
- There was evidence of acting on issues when they arose or if the provider was informed. For example, after a fire risk assessment the provider took actions to deal with the recommendations in the report. Some recommendations were not feasible, and the acting manager contacted the local fire authority inspector to visit. The fire authority inspector found the service had taken reasonable steps to mitigate the assessed risks and was satisfied with the actions completed.
- The provider and acting manager kept up to date with developments in practice through working with local health and social care professionals. They used the national skills for care and social care institute for excellence websites. This was to enable the sharing of experiences, tools and good practice ideas.

Working in partnership with others:

- The acting manager worked to foster positive relationships with other healthcare professionals. We reviewed minutes of meetings the service had with professionals such as community nurses to discuss how to best support people with nursing needs.
- The provider worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG). The provider had taken on board findings following their quality visits and acted on their recommendations. This demonstrated that the management of the service conducted themselves in an open and transparent way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes to assess, monitor and improve the quality and safety of the services were not operated consistently.</p> <p>Records were not always completed or updated.</p> <p>(1) (2) (b) (c)</p>