

Sound Homes Limited

Larkswood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Larkswood is a residential care home providing personal care for up to 18 older people, some of whom were living with dementia. At the time of the inspection, there were 14 people using the service. People living at Larkswood had conditions associated with older age, with the majority of people living an active independent lifestyle. Larkswood accommodates people in one adapted building.

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

The last manager had left the service in July 2019. Since the service registered in January 2011, there has been a continual change of management. Comments from staff, people and their relatives indicated that the management changes have led to a feeling of unsettlement and worry.

Despite this, feedback and our observations confirmed the management changes had not impacted staff morale or delivery of meeting and caring for people's assessed needs. Many staff had worked at the service for a long time. Staff told us they felt they were overall well supported by the deputy manager, provider and worked together effectively as a team.

Due to the lack of consistent management, records of how staff were being supported and how complaints were being recorded required improvement.

Between the deputy manager and provider, they had made significant improvements to governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines. Under their leadership, there had been a renovation of people's care records and supporting documentation. The improvements made, needed more time to be sustained, maintained and fully embedded into the culture of the service.

People received care and support that was safe. One person said, "I am safe here and staff are kind to me." One relative explained this was their first experience of residential care and said, "I feel Mum is safe because she is not at such a risk of falling and help is always at hand."

People were supported by staff who received training and were able to identify and respond appropriately to abuse. There were sufficient staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Information was reviewed following falls or changes in a person's health condition.

Training and observation of staff practice ensured staff were competent in their roles. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. One person said, "Food is very nice, all very good." Another person said, "The cook is wonderful, and we have

such a good choice."

People received care from staff who were kind and caring. One relative said, "Staff seem very kind and look after people well." A visitor said, "This is a very friendly, family home." People told us staff always respected their privacy and dignity. Staff supported people to be fully involved in their care planning and reviews.

People and relatives told us the service was well-organised and commented on the pleasant working atmosphere amongst staff. The provider and deputy manager provided a visible presence.

Staff felt well supported in their roles. One staff member said, "It's really very good, we chat and can have a joke, everyone is happy, I am happy. [Provider] is very supportive." A system of audits monitored and measured aspects of the service and were used to drive improvement. The manager worked proactively with the NHS and Social Services to proactively meet peoples care needs.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 28 August 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larkswood on our website at www.cqc.org.uk.

Follow up:

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

Larkswood

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with nine people who used the service, two relatives, a visitor and two healthcare professionals

about their views of the care provided. We spoke with the provider, the deputy manager, and the chef. We also spoke with three members of care staff.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to ensure medicines were managed, recorded, stored, disposed of and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines. Medicines were ordered in a timely way.
- Care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be annually assessed in their competency to administer medicines.
- Unused medicines were discarded safely and in accordance with the provider's administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. 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.
- Medication audits were completed on a daily and monthly basis. The deputy manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. One person said, "I know there are going to be times I fall, I am very independent. But knowing if I did fall, I am not going to be on the floor for ages. Like I would have (before coming into residential care). That makes me safe." We observed staff attending to a person who became unwell. They carried out routine observations and informed the GP. Staff continued to encourage the person with fluids. The person was reassured calmly.
- Risks to people were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were in people's care plans. The deputy manager audited these records monthly to review the risks and record action taken to mitigate future risks to people.
- Where assessed as needed, people had a record to show they were repositioned at regular intervals to relieve the pressure on their skin due to prolonged immobility. The care plan included instructions of how often this repositioning should take place. Moving and handling assessments gave staff clear guidance on how to support people when moving them.

- 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 for health and safety. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. People were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. People had individual Personal Emergency Evacuation Plan (PEEP) in place on how they should be supported to evacuate the building in the event of a fire.
- Incidents and accidents were reviewed monthly 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 were needed. For example, people reported as experiencing falls had their support needs reviewed. Extra support and equipment such as sensor mats to alert staff they were moving and required assistance to do this safely continued to be arranged.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to safeguard people from abuse. One person said, "I'm very happy. I feel safe and the staff are lovely. I can choose how I spend my time, and nobody makes me do anything I don't want to do." Concerns and allegations were acted on to make sure people were protected from harm.
- Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.
- Safeguarding concerns were logged identifying any learning and the learning was shared with staff at team meetings. The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staffing and recruitment

- People continued to receive care and support in an unrushed personalised way. Discussions with people, relatives and staff confirmed there were enough staff on duty. One person said, "If I ring my bell at night staff come and see what I want. I don't have to wait very long." Rota's confirmed staffing levels were sufficient.
- There was a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with people.

Preventing and controlling infection

- The service was clean and without odours. Everyone we spoke with were positive of the way in which the domestic support kept their rooms clean. Domestic staff completed a daily cleaning schedule.
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At our last inspection, formal assessments of people's mental capacity to be able to make decisions about different activities had not always been carried out. It was not always documented that people, or a relevant person acting in their best interests, had been involved and consented to their care. This increased the risk they might not be receiving the right support to make their own decisions, in line with the principles of the MCA. At this inspection improvements had been made.
- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
 - People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about who supported them when they went out and what activities they wished to do.
 - People's mental capacity was effectively assessed and managed. Capacity assessments and best interest decisions were made in line with best practice. One person who had been registered blind, was able to undergo a medical procedure through the MCA / best interest decision process that meant they were now able to see. This has proudly impacted the person's life, in them being able to become more independent, more mobile and more socially involved in life at Larkswood.
 - The deputy manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- At our last inspection, assessments lacked detail about how best practice guidance informed the support people needed, or what people wanted from their support. This increased the risk that people would not

achieve their preferred support outcomes. At this inspection improvements had been made.

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs. One person said, "I have only been here for two weeks but am happy with the care and don't have any concerns. Before I moved in, they really spent time with me, to get to know me. I was in another home, but nobody there had Dementia, this is better for me because there are people for me to talk to." Another person told us, they were encouraged to visit the service a number of times, before deciding. They said, "I am really pleased with everything here. I saw three or four places and chose this because the staff were welcoming, and it has a lovely garden to sit in. It feels like home and moving in was so right for me." The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).

Staff support: induction, training, skills and experience

- Not all staff had received supervision sessions in line with the provider's policy, which stated staff should receive supervision at three monthly intervals. The policy also stated, 'Larkwood Care Home understands supervision to be a formal arrangement, which enables staff to discuss their work regularly with management.' We reviewed all of the supervision records for 2018 and 2019 which indicated staff had each received one formal supervision in this timeframe.
- Despite this, staff told us they felt supported by the team, deputy manager and provider. We spoke with the provider about their plans for supervisions. The provider showed us their audit tool, which demonstrated that supervisions were not being carried out as regularly as they should. There was an action plan in place to ensure staff supervision was arranged. We have expanded on this, in the key question. 'is the service well-led.'
- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. Staff completed a range of training. Some of this was deemed mandatory by the provider. This included health and safety, infection control, fire safety, safeguarding, moving and handling, MCA, basic life support, equality and diversity. This training was refreshed on an annual basis and the completion rates were good.
- Other training was available and included subjects such as end of life care, and how to support people with living with dementia. People felt staff were competent to give them the care they needed, and staff were flexible with the support they provided.
- New staff had completed an induction and worked alongside 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.

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

- Everyone we spoke with were complimentary about the meals provided. Comments included, "Excellent, the cook is amazing." "The food is lovely, and I like everything we have, we get such good choice." The service menu changed regularly, and meal choices were based on feedback from people about what they liked to eat. People could request alternative dishes if they did not like what was on the menu that day. People told us they had enough to eat and drink.
- People were provided with the support they required to reduce the risk of malnutrition and dehydration. The provider was appropriately monitoring and recording the food and fluid intake of people who had been assessed as at risk of weight loss or required their drinks thickened to manage the risks of choking.

- The chef had good knowledge of specialist diets, this included fortified diets, nutrition for people living with diabetes and diets designed to maximise independence for people living with dementia. A relative said, "Mum is very particular about food and is used to good food and she enjoys the food here. Sometimes it is not quite hot enough and she asks for it to be hotter but that is her preference and not because the food is served cold."
- 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. Relatives said hospitality is always provided to them. One relative said, "We never come without being offered a drink and Mum will be offered one as well."

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

- Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. People had 'Hospital Passports ' that contained essential information, should this be needed quickly. Information included, about family contacts medicines, details of medical history and do not attempt cardiopulmonary resuscitation (DNACPR) if this was in place.
- People were supported to access healthcare from professionals such as GPs, chiropodists, dentists and opticians. One person said, "I bumped my leg and they arranged for a nurse to comes and see to it, it's getting better." People told us staff were quick to spot changes in their health and arranged for GPs to attend in a timely way.
- Records confirmed advice obtained from health and social care professionals was transferred into care planning. The registered persons met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them.

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

- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The environment was homely with an accessible layout that met people's needs.
- The first floor was fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- People's rooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to take their own possessions when they moved into the home and this was reflected in rooms which had a personal feel. Room's also reflected people's personal interests.
- The garden areas were well kept, safe and suitable for people who used talking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
- Throughout the building there was clear signage that helped people find their way around the building. Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

Is the service caring?

Our findings

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

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

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

- Feedback consistently described staff as kind, caring and compassionate. One person said, "They are wonderful. It says they are caring on the board outside and they are."
- The service had received numerous compliments praising staff for their caring and person-centred approach. Comments included, 'You are all very kind and appreciate your compassion. For those in your care making their time with you promotes optimum in their wellbeing. Thank you.' 'It was lovely to return from a visit out. Mum said it felt like home. Her family and friends are felt so welcome by the lovely staff.' 'Thank you for the lovely activities being arranged. Its good the residents are joining in. Your hard work is appreciated.'
- The kindness of the staff team was commented on by a visiting health care professional who told us, "It is always nice here, always felt welcomed and greeted. The staff are helpful. Never had concerns on the occasions I've visited. The person I saw today told me they are very happy, settled and well cared for." Another visiting health care professional said, "The staff are very caring, never had a problem, all very approachable. They know how to meet the (health) needs of people I am involved with. I have no concerns."
- We observed people were treated with kindness and care 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 was evident when they were talking and laughing with people. Birthdays and special events were celebrated, the chef said, "I always make a 3D birthday cake related to the resident's interest and we always have a birthday tea." Photos of the celebrations were displayed in the communal areas.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner and the deputy manager had used material produced by a national organisation to stimulate discussion and reflection around this area.

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. One person said, "I am never asked to get up earlier than I want to and nor am I asked to go to bed early. They respect I like to have my breakfast in my room and then sometimes I go back to bed." Another person said, "I have a television in my room and like to go up there in the evening. I tell the staff when I want to go to bed." People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.

- 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 they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. People said visitors were always made welcome and offered a drink, and some privacy to talk. One person said, "My friends are made welcome. I don't go out on my own any longer but that's my choice. Friends with cars take me to the pub which I enjoy." Staff kept people in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. We saw people wearing jewellery and make up. People told us they were supported to maintain their personal hygiene through baths and showers when they wanted them.
- Staff told us they always promoted people's independence when they were supporting them. One person said, "I am encouraged to be independent and ring the surgery to make my own Doctors' appointments. I let the staff know so that one of them can go with me." Another person had expressed the desire to move back to their own house. The care staff supported the person to make their own drinks and meals, to assess what support might be required if the person did move into their own house. The person said, "The staff are very nice people and are very kind. It's a good home. But I want to go home, [Provider] and Social Services are helping me to see if that's possible."
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- 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.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. The deputy manager said, "It is important to make people's experiences here, individual. That's what makes them who they are foremost. We include this information in the care plan so staff know how to support people. No two people are the same, recognising that, is paramount in everything we do for that person."
- Care plans were personalised and included up to date information for staff on how best to support them with their assessed needs. These were reviewed monthly and amended when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. Some care plans included useful descriptions of medical terms such as multiple sclerosis and depression to support staff in recognising the signs for those people who had been identified as at risk.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with people and relatives, it was clear staff knew people well. One person said, "My only problem is I get out of breath. I have been to hospital about it and staff come with me. The staff here are very good and there is always somebody to talk to if I am worried."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had an 'Accessible information' care plan. This detailed the person's communication needs and whether the person required a hearing aid, wore glasses and what support the person required around this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time.
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. The service held events to welcome relatives and friends including weekly events, and plans were in place for a summer BBQ. One person said, "It's very good here, I like the staff, we

have great activities."

- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. One person said, "I don't join the activities because I am more comfortable in a lying position and have a computer and television in my room which allows me to have better pain management." Another person said, "I love the garden here and enjoy watching the butterflies. I bring my newspaper out here in the afternoon and really enjoy it." People told us staff had time to chat with them.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.
- We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. We found they were not always handled in line with the complaints policy. We have expanded on this, in the key question, 'is the service well-led.'

End of life care and support

- Staff attended palliative and end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- People were confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last two inspections the provider had failed to ensure good governance systems were consistently in place to identify and rectify any issues that may occur with the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

- The provider had made improvements to the quality assurance system to protect people's safety. This included reviewing and updating audits in relation to how medicines were being managed. The audits measured all aspects of the service and were effective in driving improvement. Audits were carried out by the management team in relation to care plans, medicines, activities, kitchen, mealtime experiences, call bells and infection control. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up. For example, people's care plans had been completely renovated along with supporting documentation to ensure they were current and more personalised. The improvements made, needed more time to be sustained, maintained and fully embedded into the culture of the service. We will be able to review how effective these improvements are the next time we visit the service.
- It is part of the registration condition for a service to have a registered manager. A registered manager had not been in post since January 2019. Since January 2019 (at different times) the provider had appointed three managers, all of whom, had left employment. The provider told us, a permanent manager had been recently appointed but was not due to commence until September 2019. In the interim, the deputy manager was managing the service day to day. The provider was visiting the service at least twice a week to provide a visible presence in the service and face to face support for the staff and deputy manager.
- Staff, people and relatives, we spoke with expressed concerns and worry about the frequent change in managers. A relative said, "The last Manager was good, but she was only here for a short time. The change of managers is a concern, but the staff are wonderful." Another relative said, "Our biggest concern is

management and we hope they get a manager soon. [Deputy manager] is excellent but she needs back up."

- People and their relatives told us they felt the quality of care had not been impacted by the frequent change in manager, our observations supported this. One person said, "We haven't got a manager but it's not a problem because the staff are so good." The deputy manager said, "It's been up and down, we have held it together. I don't know what I would have done without them (the team). I am very lucky. There has been a lot of changes and we have adapted well as a team."
- Improvements were needed to how information was being communicated around the management status. There were missed opportunities between the provider, people and relatives regarding what was happening and why there had been so many changes. The provider gave assurances this would be followed up through a 'resident and relatives' meeting, and for those who were unable to attend, through a letter. We will not be able to confirm if sufficient action has been taken until we next inspect the service.
- Staff told us they were supported by the deputy manager through informal supervision, as and when needed. They explained there were regular opportunities to discuss working practices, what went well and what did not and to explore ways of improving the service. The deputy manager confirmed these conversations took place and acknowledged there were no records to support this. Team meetings were also infrequent, which would normally be an opportunity to discuss areas such as best practice, policy and procedures, recruitment and training. The deputy manager said, "They haven't been taking place due to the lack of management."
- Although complaints were investigated and an outcome with lessons learned were recorded. They were not always handled in line with the complaints policy. The information was not in one record, but noted on pieces of paper, undated. The example we found, we were able to speak with the person who made the complaint, staff and the chef who were able to verify how the complaint had been dealt with and resolved.
- We shared our concerns with the provider, that not having an appointed manager, had impacted the way certain records were being completed, such as complaints and the lack of opportunity for staff being facilitated to have formal supervisions and team meetings. There was a heavy reliance that staff will go to the provider / deputy manager, which is not always appropriate. These were areas requiring improvement.
- We asked the provider what their knowledge was of 'The Duty of Candour', Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. The provider said, "I don't know. I have looked at them but from the top of head, I don't know." We reviewed the providers policy and procedures and found they did have a system in place for meeting this Regulation. We showed the policy to the provider, they gave assurances they would familiarise themselves to ensure its compliance.
- 'Residents and relatives' meetings were held quarterly. This was an opportunity to discuss activities, menu planning and make suggestions in how the home could improve. The feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. For those unable to share their views, families and friends were consulted.
- Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff morale and a team spirit throughout the workforce was good and staff were committed to their work with their colleagues. All staff were provided with a handbook which set their expected standard of conduct and key policies such as safeguarding and whistleblowing.
- The provider and deputy manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

- People and staff felt confident to talk with the provider or the deputy manager if they needed to. One

person said, "[Provider] comes quite often to see how we are. She has told me I can contact her directly if I have any worries."

- People and relatives told us they found all staff to be approachable, from care staff to management.
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. The deputy manager said, "I love to care and help people, make them feel good about themselves, to make a difference. We work hard. I love the environment here, it's a homely home."
- Interactions between people, relatives and staff, including the management team, were all warm and positive and they clearly knew each other well.
- The deputy manager and provider collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks.
- Staff, people and relatives told us they were given opportunities to share ideas and make suggestions to improve the service as when they wanted to. There was a suggestions box at the entrance of the service, one suggestion recently had been to purchase a birds table for the garden, this had been acted on.
- The provider issued satisfaction surveys annually to gain people's feedback. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. The provider had acted in response to any negative comments, including changing menus and providing additional activities. Relatives' feedback indicated that staff were always friendly, helpful and supportive. They were happy with how their loved ones were looked after and cared for.

Working in partnership with others

- Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The deputy manager and provider worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery.