

One Housing Group Limited

Baycroft Grays Farm Road

Inspection report

Baycroft
Grays Farm Road
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14 August 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Baycroft Grays Farm Road is a care home providing personal and nursing care to up to 75 people. There were 35 people receiving support at the time of our inspection. The home accommodates people across three floors. One of the floors specialises in providing care for people living with dementia.

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

Risks to people were not always safely managed. People received their medicines as prescribed, but improvement was required to ensure medicine administration records (MARs) were always completed accurately. The provider had systems in place to help monitor the quality and safety of the service, but improvement was required to ensure these consistently helped identify issues and drive service improvements. The home had been designed and adapted in ways which helped meet people's needs and work was ongoing to ensure the needs of people living with dementia were fully met.

We have made a recommendation about adapting the service to better meet the needs of people living with dementia.

People told us they felt safe living at the home. Staff were aware of the provider's safeguarding and whistle blowing procedures. The manager had made appropriate safeguarding referrals to the local authority where concerns had been raised. Staff received training in infection control and knew the action to take to reduce the risk of the spread of infection. There were enough staff deployed to meet people's needs. The provider followed safe recruitment practices. The manager reviewed the details of any accident or incidents that occurred for learning, to improve safety.

People's needs were assessed before they moved into the home. Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to a range of healthcare services when required. The provider worked with other agencies to ensure people received effective care and support.

People were supported to maintain a balanced diet and they told us they enjoyed the meals on offer at the service. Staff were supported in their roles through an induction, training and regular supervision. Staff treated people with dignity and respected their privacy. People told us staff were kind and considerate. Staff involved people in making decisions about the care they received.

People had been involved in the planning of their care and received support which reflected their individual needs and preferences. They had access to a range of activities at the home and were supported to maintain the relationships that were important to them. The provider had a complaints procedure which was shared with people when they moved into the home and people expressed confidence that any issues they raised would be dealt with appropriately.

The manager demonstrated a good understanding of the responsibilities of the role. Staff told us they felt well supported by the management team and each other. They told us they worked well as a team and we noted that the service had a positive working culture. The provider sought people's views through regular meetings and the use of surveys. The manager acted to make service improvements based on any feedback.

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 23 August 2018) and there were breaches of three regulations in respect of the safe management of medicines, staffing and good governance. 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 to address the three regulatory breaches we had previously identified. However further improvement was required in respect of good governance and the safe management of medicines. We also identified a breach of regulations because risks to people were not always managed safely.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection because risks to people were not always managed safely.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Baycroft Grays Farm Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of three inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the second day to complete the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Prior to our inspection the registered manager had taken a leave of absence and had subsequently handed in their notice. At the time of our inspection the home was being managed by the provider's peripatetic manager as an interim measure.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 August 2019 and ended on 14 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority and local clinical commissioning group (CCG). We also reviewed 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 this information to plan our inspection.

During the inspection

We spoke with eight people and three relatives about their experiences of the support they received from the service. We also spoke with the manager, a member of the provider's senior governance team, and ten staff, including two nursing staff, the chef, a member of the maintenance staff and an activities co-ordinator. Our discussions helped us understand how the service was being run and what it was like to work there.

We reviewed a range of records. These included six people's care records and staff records relating to their recruitment, training and supervision. We also looked at records relating to the management of the service, including the provider's policies and procedures, people's medicine administration records (MARs) and quality assurance information.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always safely managed. One person's malnutrition risk assessment showed a recent increased level of risk because they had lost weight, but their care plan had not been reviewed or updated to reflect this change. The person's care plan included a prompt for staff to monitor and records their food and fluid intake, but there were gaps in the recording which prevented accurate monitoring. These issues placed the person at increased risk of malnutrition.
- Another person had been assessed as being at high risk of developing pressure sores and had previously developed a pressure sore during the months prior to our inspection. Their care plan included guidance for staff on the need to support them to reposition whilst in bed, to help manage this risk. However repositioning records had not been completed consistently by staff and failed to demonstrate that the person had been supported to reposition on a regular basis. Whilst we confirmed that the person's pressure sore had healed, they remained at increased risk of developing further pressure sores because staff were not following the risk management guidelines.
- A third person's care plan contained out of date guidance from a speech and language therapist on how their meals should be prepared, to reduce the risk of them choking whilst eating. Whilst we noted that kitchen staff did have the updated guidance to refer to in the kitchen, there remained a risk that person could be supported in a way which was not safe if a staff member did not know them well and attempted to work from the guidance in their care plan.

These risks were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of risk were managed safely. Falls management guidance was in place for staff where people were at risk of falls. Where appropriate, equipment was in place including pressure sensors and crash mats to help reduce the risk of falls or injuries. People had risk management guidance in place for staff to follow where they needed support to mobilise. Staff were aware of the details in people's risk assessments, and how to safely support them in these areas.
- The living environment was safely maintained. Areas of potential risk in the home, including the room housing the boiler and electrical system, were secure and could only be accessed by permitted staff. The provider arranged for regular health and safety checks to be carried out. These covered key areas including gas safety, the electrical installation, checks on water temperatures and window restrictors and checks reduce the risk of legionella.
- The provider had procedures in place to deal with emergencies. Staff received fire safety and first aid training. They were aware of the action to take in the event of an emergency. People had personal

emergency evacuations plans (PEEPs) in place which gave guidance to staff or the emergency services on any support they might require to evacuate from the service. Regular checks were made on emergency equipment, including the fire alarm. The service carried out periodic fire drills to help ensure staff were familiar with the provider's emergency procedures.

Using medicines safely

At our last inspection of the service on 29 June and 3 July 2018 we found the people's medicines had not always been managed 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 the provider had made improvements to address the issues identified at the last inspection. The provider was no longer in breach of regulation 12 regarding the safe management of medicines. However further improvement was required to ensure staff always maintained accurate records relating to the support people received with their medicines.

- People had medicine administration records (MARs) in place which included a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration. We found two recording gaps and a record of one medicine dose having not been administered on one person's MAR. However, the remaining medicines stocks suggested all three doses had been administered and the MAR had not been completed correctly by staff.
- Another person's MAR had been completed to show that they had regularly declined the offer of a medicine that had been prescribed to them to be taken when required. However, there was a shortfall in the remaining medicine stock when compared against the MAR. This suggested the medicine had been administered by staff at times when they had recorded the person as having refused it. These issues required improvement. The MARs for the four other people that we reviewed had been completed accurately by staff and showed the people had received their medicines as prescribed.
- People told us they received their medicines as prescribed. One person said, "They [staff] come around in the morning and give me what I need." Another person said, "I get my medicines at the right times, more or less." Staff provided appropriate support to people when administering their medicines, communicating clearly and giving them time and encouragement when needed.
- People were supported to take their medicines by nursing staff who had received training which included an assessment of their competency to administer medicines safely. Medicines were stored securely. Staff regularly monitored the temperatures of storage areas to help ensure medicines were maintained within a range that was safe for effective use. The provider had arrangements for the receiving of new medicines stocks and the disposal of any unneeded medicines. Controlled Drugs were stored, administered, checked and recorded appropriately.

Staffing and recruitment

At our last inspection of the service on 29 June and 3 July 2018 we found improvement was required because staff were not always deployed effectively to meet people's needs in a timely manner. At this inspection we found the provider had made improvements.

- People told us there were enough staff at the service to meet their needs. One person said, "There are as many as needed." Another person told us, "The staff came immediately when I used my call bell." The manager used a dependency tool to determine staffing levels and told us staff numbers could vary flexibly according to people's needs. For example, if one person required support to attend an appointment, then additional staff would be arranged to cover this.
- One relative commented that they felt there was less staff availability to support their loved one promptly

when needed over the weekends. They told us the weekend staffing levels were the same as during the week and suggested the issue may be the higher number of agency workers covering weekend shifts. We noted that agency staff were regularly used to cover shortfalls on shifts. This had been identified as issue by the manager and records showed they were in the process of completing checks on new staff to fill the service's current vacancies.

- Throughout our inspection we observed staff to be on hand and available to support people when needed. Staff responded to people's call bells promptly and additional staff were available to ensure people were supported in a timely way during mealtimes.
- The provider followed safe recruitment practices. Staff files contained evidence of checks having been carried out including proof of identification, details of their employment histories, criminal records checks and references from previous employers. We found one staff file which only contained one reference, but this had already been identified by the manager during a recent audit. Records showed they were in the process of following this up with a previous employer. Checks had also been carried out on the professional registration of nursing staff, to ensure their suitability for their roles.

Learning lessons when things go wrong

At our last inspection of the service on 29 June and 3 July 2018 we found improvement was required because there was no system in place to manage and monitor accidents, incidents or safeguarding referrals to ensure they were acted on appropriately. At this inspection we found the provider had made improvements.

- Staff were aware of the need to report any accidents or incidents that occurred at the service. One staff member told us, "I would report any accidents or incidents to the manager and would then complete an incident form."
- The manager kept records of any safeguarding allegations, accidents or incidents which occurred at the service. The records included details of each incident and any action taken to support people and maintain their safety.
- The manager reviewed accident and incident records regularly to look for any trends and to ensure action had been taken to reduce the risk of repeat incidents. For example, where one person had been identified as having suffered multiple falls over a short period of time, equipment had been put in place to alert staff when they attempted to mobilise, so that they could be on hand to provide support.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to protect people from the risk of abuse and people told us they felt safe living at the home. One person told us, "I'm comfortable here; I don't worry." Another person said, "I feel safe here; the staff look after me."
- Staff were aware of the types of abuse that could occur, the signs to look for, and the action to take to report any allegations of abuse. One staff member told us, "I'd report any allegations to the manager." Another staff member said, "I'd inform my line manager immediately, but I know I can call social services or CQC if needed."
- The manager was aware of the procedure to follow to report any safeguarding allegations to the local authority safeguarding team. They had made appropriate safeguarding referrals when required and had notified CQC, in line with regulatory requirements.

Preventing and controlling infection

- Staff received training in infection control and food hygiene. They were aware of the action to take to reduce the risk of infection. One staff member said, "I always make sure I wear gloves and an apron when supporting people with personal care. I wash my hands before and after helping anyone. We have

procedures for bagging up laundry to reduce risk of infection."

- Hand washing and drying facilities were available to people, staff and any visitors on each floor of the service. The home was clean and tidy. We observed cleaning staff carrying out their duties throughout our inspection and cleaning schedules confirmed that each room was cleaned on a regular basis.

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.

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

At our last inspection we found that the top floor which was assigned specifically for people living with dementia was not suitably decorated, adapted or dementia friendly. At this inspection we found that the provider had started to make improvements in this area and other adaptations were planned. These included implementing textured wall tiles and rummage boxes to enhance people's experience.

- Planned improvements included implementing textured wall tiles and rummage boxes to enhance people's experience. The manager was in the process of implementing memory boxes by bedroom doors, which displayed photos of the person living in the room and their loved ones. Some signs were in place on the top floor to help people find their way around, but the colours used were not easy for people living with dementia to see. We also noted that people's bedroom doors were not always easily identifiable. Six people were living on the floor but only one person's bedroom door was decorated with a sign displaying their name.

We recommend the provider applies the Department of Health's design principles relating to orientation and way finding in dementia-friendly health and social care environments.

- The home had been designed and adapted in other ways to meet people's needs. Each floor had accessible bathrooms and toilets. Handrails were in place for people to use when mobilising and a lift had been installed to enable easy access to each floor. Equipment was available for people where required including wheelchairs, walking frames and hoists.
- The home included a wide range of facilities available for people or their families to use. These included a bistro, hairdressing salon, gym, cinema room, family activity room and a sensory room for people living with dementia.

Staff support: induction, training, skills and experience

At our last inspection we found that staff had not always received training in areas relevant to their roles and had not been supported in their roles through regular supervision. This was a breach of regulation 18 (Staffing) 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 18.

- Staff had the skills and knowledge to support people effectively. They received an induction when they started working for the service which included an initial training programme and time spent shadowing more experienced colleagues. Staff who were new to the care industry were also completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- People told us staff were competent in their roles. One person commented, "They [staff] do a good job." Another person said, "I can't fault them." We observed staff supporting people competently, for example when using hoist to transfer one person from a wheelchair to an armchair, or when supporting people with their medicines.
- Staff received training relevant to their roles. One staff member told us, "The training here has been very good. It's face to face so we can ask questions which is helpful to make sure we understand everything."
- Nursing staff demonstrated a good understanding of how to support people living with epilepsy. However, staff had not received epilepsy training, despite one person living with this condition. We raised this with the manager who scheduled epilepsy training courses for staff to attend during the month following our inspection. We will follow up on this at our next inspection.
- Staff received regular supervision and a yearly appraisal of their performance. One staff member said, "I feel well supported here. If I have any issues I can discuss them with the manager."

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

- People's individual needs were assessed before they moved into the home, to help ensure the service's suitability. Assessments formed the basis upon which people's care plans and risk assessments were developed. These considered both people's physical and mental health, as well as their social needs.
- People and their relatives, where appropriate, were involved in the assessment process to help ensure their preferences in the way they received support were identified and included in their care plans.
- Staff used nationally recognised guidance and tools when assessing people's needs. For example, they used the Malnutrition Universal Screening Tool (MUST) to determine whether people were at risk of malnutrition and Waterlow scoring to assess risk of them developing pressure sores.

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

- People were supported to maintain a balanced diet. They told us they enjoyed the food on offer at the service. One person said, "I'm fussy about my food but the food here is good." Another person said, "The food is nice; if I want something different from what's on the menu, I can just ask."
- People's care plans included information about their dietary needs and mealtime preferences. Kitchen staff had access to up to date information about people's dietary requirements and any known risks, for example which people required fortified or pureed meals, or known food allergies. The chef spoke with people regularly about what they would like to eat and demonstrated a good knowledge of people's preferences.
- People were able to eat their meals where they wished. Some people ate in their rooms whilst others ate in the dining rooms situated on each floor. We observed a lunchtime meal and noted that staff were on hand to support people promptly when needed. People had access to adaptive cutlery where needed to help them eat independently. They were shown different meal options to help them choose what they wanted to eat. The atmosphere was relaxed and friendly with staff engaging with people in a caring and friendly manner.

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

- People had access to a range of health care services when required. One person told us, "I saw one of the GP's yesterday; generally, I can see one when I need to and they're very good." The manager told us that

some people preferred to have relatives accompany them to their healthcare appointments, although staff were available to support people if needed.

- Staff were aware to monitor people's health conditions and to report any changes that gave them concern. Referrals had been made to healthcare specialists in response to any identified declines in their health. For example, one person had been referred to a dietician following a period of weight loss and the dietician's advice had been included in their care plan.
- People's care plans included a record of their support needs which they could take to any appointments or when they were admitted to hospital. This helped ensure they received consistent and effective care when moving between different services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of seeking consent when offering support to people. One staff member told us, "I always ask people what they need help with. I wouldn't do anything anyone didn't want me to; if someone refused care, I'd try and encourage them, but it's their choice." People told us staff sought their consent. One person said, "They always ask me if I'd like things to be done." Another person commented, "They [staff] wouldn't do anything without checking that I'm happy."
- Staff demonstrated a good understanding of how the MCA applied to their roles. They were aware of the process for making a decision in a person's best interests if they lacked capacity to do so for themselves. Appropriate records of mental capacity assessments and best interests decisions had been maintained where people lacked capacity to make key decisions in areas including the covert administration of medicines and the use of bed rails.
- The manager demonstrated a good understanding of the MCA and DoLS. They had submitted authorisation requests to deprive people of their liberty under DoLS where required.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff treated them well. One person said, "I can't fault them. They live up to the name 'carers'." Another person told us, ""They're good carers here; you feel they have an interest in you." A relative commented, "The staff are gentle and encouraging."
- We observed positive and caring interactions between staff and the people using the service throughout our inspection. For example, where one person showed signs of confusion, a staff member moved promptly to offer them reassurance by discussing an upcoming visit from one their relatives. Staff spoke with people in a friendly manner. They shared jokes and created a relaxed atmosphere, talking to them about their plans for the day or the things that were important to them.
- It was clear from their conversations that staff knew the people they supported well and had developed strong relationships with them. For example, we observed one staff member letting a person know that they'd saved a portion of their favourite meal for them to have later that day, because they'd gone out for lunch. The person responded happily to this and later told us the staff member had acted on their own without their prompting.
- Staff were committed to providing a service that promoted equality and respected diversity. One staff member told us, "I would always respect someone's religious beliefs or provide care in line with their cultural needs." A church service was conducted at the home once a month and staff also supported people to attend a local place of worship where they wished to.
- The manager told us the provider was in the process of rolling out a programme to promote Lesbian, Gay, Bisexual and Transgender (LGBT) awareness to ensure people and staff felt comfortable expressing their sexuality. We will check on the progress made with this at our next inspection.

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

- People were involved in making decisions about the support they received from staff. One person told us, "I can do what I want here; it's my choice." Another person said, "I'm quite independent but if I need help with something, the staff are happy for me to direct them."
- Staff told us they encouraged people to make their own decisions when providing them with support. One staff member told us, "I always try and give people choices when helping them. For example, if I'm helping someone to dress, I'll offer them different options of what to wear so they can pick what they want."
- We observed staff involving people in decisions about their care. They offered people choices in how and where they spent their time, or where they wished to eat their meals. When one person removed their emergency alarm pendant, we heard a staff member explaining that the decision to wear it was theirs. However, they also respectfully expressed concern for the person's well-being and highlighted the risks if

they chose not to wear it. Through this discussion they allowed the person time to come to their own conclusion that choosing to wear the pendant was a good idea.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and worked in ways which maintained their dignity. One person told us, "They respect my privacy; if I'm in my room they always knock on the door before entering." Another person said, "They're always courteous and treat me respectfully."
- We observed staff speaking with people in a polite and friendly way. They knocked on people's bedroom doors before entering and doors were closed whilst they provided support to people.
- Staff told us they encouraged people to maintain their independence wherever possible. One staff member said, "I work with people on any tasks they need support with. For example, if I'm helping someone to wash or dress, I'll encourage them to do whatever they can for themselves, and I'll help them with the rest." People confirmed staff supported them to maintain their independence. One person said, "I like to do as much as I can for myself and the staff respect that."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection of the service on 29 June and 3 July 2018 we found improvement was required because there was no complaints log in place to monitor and manage complaints appropriately. At this inspection we found the provider had made improvements.

- People received a copy of the provider's complaints procedure when they moved into the home. This contained details of the action they could expect if they made a complaint, including details of the timescale in which they could expect to receive a response and how they could escalate their concerns if they were unhappy with the outcome.
- People told us they knew how to make a complaint and expressed confidence that any issues they raised would be addressed. One person said, "If I wanted to complain I could speak with one of the staff." A relative told us, "My brother once made a complaint and we felt this was dealt with properly at the time."
- The manager maintained a log of any complaints received by the service and the response given. Complaints were responded to appropriately.

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

- People were involved in the planning of their care and received support from staff which reflected their individual needs and preferences. One person told us, "We've talked about the areas I need help with and I know I have a care plan." Another person said, "The staff know me. They know my routine and the things I need them to help me with."
- People had care plans which contained details of the support they needed to maintain good health and well-being. Care plans included guidelines for staff on how best to support people in areas including personal hygiene, mobility and medicines. They also included information about people's preferred daily routines, their likes and dislikes and information about their life histories.
- We observed staff providing support to people which met their individual needs, in line with their care plans. For example, one person was supported to mobilise by staff who used equipment and followed the techniques identified in their mobility care plan. Staff supported another person to eat, following the guidance described in their eating and drinking care plan.

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.

- People's communication needs had been assessed and any support requirements were identified in their care plans. The manager confirmed that the service provided information to people in ways that best met their needs. They told us the provider was able to provide information in a wide range of formats, should they require it, including large font, braille, audio and pictorial information.

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

- The home offered access to a range of facilities and activities to support people's need for social interaction and stimulation. The facilities included an onsite gym, bistro, cinema room, spa, sensory room and chauffeur service for people who wished to go out.
- The provider employed two activities co-ordinators who arranged a plan of activities throughout each week. These included games and quizzes, arts and crafts, pampering sessions and one-to-one activities in people's rooms. The service also organised regular entertainment for people which included visits from singers and musicians, talks and coffee mornings. One person told us, "I enjoy the quizzes and some of the games." Another person said, "Today we went down to the flower shop and chose flowers that we then used to make the decorations you can see on the dining tables."
- People were supported to maintain the relationships that were important to them. Friends and relatives were able to visit people when they wished. The home was able to offer support to enable people to have private family functions within the home and we noted that kitchen staff were planning the catering for a family to celebrate one person's upcoming birthday. The service also had a children's activities room available for use by visiting relatives.

End of life care and support

- Staff worked to ensure that people received high quality and responsive support at the end of their lives. People's care plans included information about their end of life support preferences, where they had been happy to discuss this with staff. Some people also had Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in place to ensure staff and healthcare providers were aware of their wish not to be resuscitated.
- Nursing staff confirmed they worked with relevant healthcare services, including people's GPs and staff from the local hospice when needed. Whilst one person was receiving end of life support at the time of our inspection, we were unable to speak to them due to their declining condition. However, shortly following our inspection we were contacted by a relative of the person who told us, "The team could not have done more to make [their loved one's] final days as comfortable as possible."

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.

Continuous learning and improving care

At our last inspection of the service on 29 June and 3 July 2018 we found the provider's systems for monitoring and mitigating risks to people were not always operated effectively to help drive improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements to their systems for monitoring and mitigating risks to people. There was no longer a breach of regulation 17. However further improvement was required to ensure the provider's quality monitoring systems were consistently effective in identifying issues and driving service improvements.

- The provider and manager conducted regular medicines audits but where issues had been identified, the action taken had not always been effective in driving improvements. For example, a recent medicines audit had identified issues around the accurate completion of people's MARs. Whilst the manager had acted to try and address this issue following the audit, we found ongoing issues with the accurate completion of MARs. This issue required improvement.
- We also found improvement was required to ensure the systems for monitoring risks to people were used effectively by staff. For example, where people were at risk of malnutrition or dehydration, staff had not always consistently monitored the amount people had eaten or drunk to help manage the risk. We also found examples where staff had recorded falls information in different sections within people's electronic care records which meant details did not always pull through to the provider's falls assessment tool to aid monitoring and analysis.
- In other areas the provider's systems for monitoring the quality and safety of the service were operated effectively. For example, one person had been referred to a dietician in response to the findings of an audit which had identified them as having lost a significant amount of weight. Another person's care plan and skin integrity risk assessment had been reviewed and updated after the manager had identified an issue during a recent care plan audit.
- The home had an ongoing service improvement plan which was overseen by provider and management team. This showed that staff were making positive progress in making identified improvements across a range of areas, including safeguarding, health and safety, staffing and person-centred support.

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

regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated a good understanding of the responsibilities of care home management and the requirements of the Health and Social Care Act 2008. They were aware of the different types of events they were required to notify CQC about and records showed they had submitted notifications accordingly. They were also aware of the need to display their current CQC rating and we saw this was displayed within the service.
- Staff understood the responsibilities of their roles. They attended regular staff meetings and supervision sessions which included discussions about any current service issues or developments, as well as providing feedback around any areas of their practice that may require improvement.
- The manager understood the duty of candour. Records confirmed that relatives had been informed when any accidents or incidents had occurred.

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

- People spoke positively about the impact the service had on their lives. One person said, "It is just a nice and relaxed. There's always someone around to help you." Another person said, "The main thing for me is that it's a caring environment."
- Staff spoke positively about their work and the working culture of the service. One staff member told us, "I get the support I need to do my job. The manager listens; I know I can go to them if needed and they'll listen." Another staff member commented, "The staffing group here are lovely and very supportive; we get on well and work well together."
- We observed staff working well as a team throughout our inspection. They demonstrated a strong commitment to providing a compassionate service which sought to ensure people received high quality, person-centred care.

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

- The provider sought people's views of the service through resident's meetings and the use of surveys. The manager had developed an action plan to help address any issues identified in the most recent survey. For example, where this had identified that people were not always aware of the provider's complaints procedure, they had ensured a copy of the procedure was provided to everyone and that a reminder about how to raise concerns was added as a standing item to the residents meeting agenda.
- The manager held regular residents and relatives meetings. One person told us, "We have meetings every month; they're good at making sure we have the agenda beforehand." Meeting minutes showed the manager also provided feedback on any action they had taken in response to feedback. For example, menu options had been changed following a discussion with people at the previous meeting.
- The service had developed positive links with the local community. They held coffee mornings in the bistro at the home and involved local schools in activities, including arts and crafts and a visit from a school choir. They also promoted a local walking group which people could access if they wished.

Working in partnership with others

- The manager told us the service was committed to working in partnership with other agencies, including the local authority and clinical commissioning group (CCG), to ensure people received high quality care.
- Records showed the provider had worked openly with other agencies when needed. For example, they had provided information promptly when requested to do so by a social worker working for the local authority during a recent safeguarding investigation. They were also working with a pharmacist from the CCG in making improvements to the management of medicines at the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had been assessed but action had not always been taken to manage identified risks safely.