

Caring Homes (TFP) Group Ltd

Cotman House

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cotman House is a residential care home providing personal care to up to 62 older people. At the time of our inspection there were 49 people using the service, some were living with dementia.

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

Improvements were needed in how the service ensured people's care plans were reviewed and reflected people's current needs and how they were met. Records reviewed did not include people's end of life decisions, the registered manager was working on improving this. The risk assessments and associated care plans and documents were contradictory and did not demonstrate the risks to people in their daily living were robustly assessed and mitigated to reduce the risks of avoidable harm. We have made requirements to improve in these areas.

There had been several changes in the management team since our last inspection. A new registered manager was in place and staff and people told us they could see improvements were being made. The registered manager was aware of the improvements needed and was working to implement them. However, these were not yet implemented and improvements identified by the provider in May 2019 had not been addressed in a timely way.

Improvements had been made to reduce the risks of people falling from balconies in some bedrooms. The environment was safe and regular checks on equipment were undertaken. Improvements had been made in how the staff recorded when people had received support with their prescribed creams and lotions. Medicines management systems were safe. We had received concerns prior to our inspection relating to staffing levels, however at the time of our inspection the registered manager was taking action to improve in this area, including the recruitment of new staff. Recruitment processes were safe. Systems were in place which were designed to reduce the risks of abuse. Infection control processes were in place which reduced the risks of cross infection.

Staff were trained and supported to meet people's needs. 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 support this practice. People's needs relating to their diet and hydration were being met. People had access to health care professionals where required and the service worked with other professionals involved in their care. The environment was well maintained, and the registered manager was in the process of making improvements to assist people to navigate independently around the service.

People told us the staff were caring and respectful, which was confirmed in our observations. People's views were valued and acted on relating to how they wanted to be cared for. People's rights to privacy, dignity and independence were promoted and respected.

People had the opportunity to participate in activities which interested them. There was a complaints procedure in place and complaints were investigated and addressed.

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

Rating at last inspection

The last rating for this service was good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the assessment and mitigation of risks and how people's care was planned for and met at this inspection. For requirement actions of enforcement which we are able to publish at the time of the report being published:

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cotman House

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 was undertaken by one inspector.

Service and service type

Cotman House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two relatives about their experience of the care provided. We observed staff interacting with people. We spoke with 13 members of staff including the regional manager, registered manager, assistant manager, customer relationship advisor, senior care staff, housekeeping, maintenance, activities and catering. We also spoke with a visiting health care professional.

We reviewed a range of records. This included four 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 audits and complaints were reviewed.

After the inspection

We looked at training data and quality assurance records, which was provided to us by the registered manager at our inspection visit.

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 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

- Improvements were needed in how the service reviewed how risks in people's daily lives were assessed and mitigated. Risk assessments and care plans were not appropriately reviewed to identify any changes in risks. The four care records we reviewed were contradictory and difficult to identify what the current risks were and how they were reduced.
- One person had experienced falls however the service had failed to assess the risk associated with this placing the person at harm of future occurrences. Another person's care records included contradictory information relating to the risk of the person falling. This demonstrates the assessment of risk and how these were mitigates was not robust to ensure people were safe.
- Two people's records were contradictory relating to skin integrity and pressure ulcers, with care plans and assessments stating the people's skin was intact. In other areas of the records including support provided by health care professionals and body maps showed this was not the case. This was placing these people at risk because care staff were not guided appropriately in the records how they were to be supported to reduce the risks.
- We told the registered manager and regional manager what we had found. The registered manager was in the process of auditing care records and assured us this would be addressed. A senior staff member was tasked with reviewing the documents to ensure they reflected the person's current needs. The registered manager and the senior staff member were knowledgeable about the risks and how they were mitigated, but these had not been fed into the care records for staff to refer to. This was a risk to people, because there were new staff starting in the service and agency staff were used who may not be aware of how people's needs were met.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, improvements had been made in the balconies outside some bedrooms. These had now been enclosed to reduce the risks of people falling from them.
- The service was using best practice 'I stumble' guidance relating to falls, this included information of indicators of potential injury and when the service should contact emergency services.
- Equipment and systems were regularly checked and serviced to ensure they were fit for purpose and safe to use. This included fire safety, mobility equipment, bed rails, call bells and window restrictors. The maintenance staff member was knowledgeable about their role and kept clear records to evidence what they had told us about keeping the environment safe.

Staffing and recruitment.

- Prior to our inspection we had received concerns relating to staffing levels. The registered manager provided us with information which demonstrated they were working to improve this, including changing the rota system and allocations. Vacant posts were being recruited to, with seven staff undertaking their induction at the time of our inspection. The registered manager told us they were able to use agency staff in the meantime and once the new staff were working, they would be overstaffed, which would cover for short notice absence and leave.
- The registered manager told us how the service was staffed, and this was confirmed in records. The service used a dependency tool to calculate the numbers of staff required to meet the needs of the people using the service. The registered manager told us they were keeping this under review, including consideration of the layout of the building.
- Staff comments about staffing levels were mixed, with some saying there were enough and others saying there were not. People who used the service told us they felt the staff were available when they needed them. One person said, "There is always someone around, nothing is too much trouble."
- The registered manager provided us with feedback from relatives from a website where people could put their comments about care services. One of these commented on the recent improvements in the staffing levels in the service.
- Recruitment records showed appropriate checks were undertaken on prospective staff members to ensure they were of good character and suitable for working in this type of service. A newly recruited staff member confirmed all checks had been received before they started work.

Using medicines safely

- Since our last inspection, improvements had been made in the administration of creams. We asked one person if the staff assisted them with their creams and they said, "Yes, every day."
- There were systems in place for the safe storage, ordering, disposal and administration of medicines. There were two staff members who were medicines champions, who took responsibility for ensuring medicines management was safe. Regular checks ensured any discrepancies could be addressed immediately. Records showed there were systems to check medicines were safe when people managed their own.
- Staff had received training in the safe handling of medicines and had their competency assessed.
- We observed part of the medicine's administration round, this was done safely and politely by staff. One person told us, "They come round with my tablets without fail."
- Records demonstrated people received their medicines as prescribed. Some people were prescribed medicines to be administered when required (PRN). There were protocols in place to direct staff when they should be considered. We noted there were two missing protocols, these were completed on the second day of our inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received training in safeguarding and understood their role and responsibilities in reporting concerns. One staff member told us about the call line they could use if they needed to report any poor practice, known as whistleblowing.
- The service had raised safeguarding concerns with the local authority safeguarding team, who were responsible for investigating abuse. The service had acted to reduce future risks, this included disciplinary action.

Preventing and controlling infection

- The service was visibly clean and hygienic. A member of the housekeeping team told us how they ensured the service was clean and hygienic and showed us records to evidence regular cleaning in the service was

undertaken including deep cleaning where required. People told us they felt their home was cleaned to a good standard. One person said about their bedroom, "They [staff] give it a good clean every day."

- Staff had received training in infection control and food hygiene. We saw staff using personal protective equipment, such as disposable gloves and aprons, where required
- Notices were in the service advising staff of infection control processes when placing soiled laundry in trolleys. The sluice room was secured, to reduce the risks of accessing them.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the service they had a needs assessment undertaken by a member of the management team. These included input from the person and their representatives, where appropriate.
- We spoke with a person who had recently moved into the service. They told us a needs assessment had taken place and they felt listened to about how they wanted to be supported.

Staff support: induction, training, skills and experience

- There were systems to provide staff with training to meet people's needs effectively. Records of training showed staff received training and identified when updated training was due.
- New staff received an induction which included training, shadowing more experienced colleagues and completing the Care Certificate, which is a set of standards those new to care should be trained and working to. We spoke with a staff member who was undertaking their induction training, they told us they had done moving and handling training and end of life. They were working on oral health training when we were speaking with them. They told us once their training was completed, they had shadow shifts booked in.
- Staff received the opportunity to discuss their work practice, receive feedback and discuss any training needs in one to one supervision and appraisal meetings. The registered manager had also recently introduced group supervisions to enhance the support processes in place.

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

- People told us they had a good choice of nutritious meals and if they did not want what was on the menu they could have something else. Two people told us how tasty the omelettes were when they requested these, one said, "They do a lovely omelette." We saw one person had changed their mind about their choice of meal when it arrived, this was changed immediately.
- People's dining experience was a positive social occasion. People chose where they wanted to eat. Dining room tables were attractively laid. People were served their main choice, then potatoes, vegetables and sauces such as gravy were served at the table which allowed people to choose how much they had.
- Staff were knowledgeable about people's dietary needs and how they were met.
- There was a hostess staff member who supported staff to serve meals, but also to ensure all people received fresh drinks in their bedrooms and had access to regular hot drinks. People told us they received drinks when they wanted them, this was confirmed in our observations.
- We noted improvements were needed in how staff monitored people's daily fluid intake to reduce the risks of dehydration. Targets of the recommended amounts of fluid and totals of how much people had to drink were not always in place. We fed this back to the registered manager and regional manager on our first inspection visit. Immediate action was taken and on the second day, senior staff had received a supervision

relating to hydration and a new process was put in place.

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

- People told us they were supported to access health care professionals when needed. One person said, "If I need to see my doctor, they [staff] will call them in."
- A staff member told us the service had weekly visits from the GP surgeries and also visits when requested. We spoke with a visiting health care professional who told us the staff knew people well, were helpful and any referrals were made appropriately.
- The service was working with a liaison nurse at the local hospital. Their newly developed role was to support care homes and avoid unnecessary hospital admissions.
- The service had received good practice guidance from the Clinical Commissioning Group (CCG) relating to providing information to hospitals should people need to be admitted.
- The registered manager told us they had signed up to a medicines care home optimisation programme relating to the appropriate prescription of medicines.

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

- Prior to our inspection we had received a concern regarding the lift not working. The registered manager told us how they had addressed this. They had started using a new company to service and repair the lift, which had now improved. In addition, the provider had rented equipment to support people to use the stairs safely when the lift had not been working.
- People were complimentary about the environment they lived in. One person told us about their bedroom and how they liked the views of the sea. The registered manager provided us with feedback from relatives from a website where people could put their comments about care services, which was complimentary about the environment.
- The service was suitable for the people living in the service. This included being accessible for people who used equipment to mobilise. The service was well maintained throughout. The maintenance staff member told us bedrooms were always decorated before a new person moved in. They were painting a bedroom during our inspection visits.
- The registered manager told us of their plans to make the corridors on different floors different, as they were currently the same colour. They were also in the process of providing people with the opportunity to have memory items on their bedroom doors. This would support people, particularly those living with dementia to navigate independently around the service.

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.

- The registered manager told us they had made appropriate DoLS referrals for people and were improving care records in this area. This was confirmed in records.
- The registered manager told us how they had obtained information relating to people's court appointed individuals, to ensure they had the required information about if these individuals had rights to make decisions on behalf of people relating to their finances and/or their care and welfare needs.
- People had signed documents in their care records to show they consented to the care provided.
- Staff had received training in MCA and DoLS and understood why people's consent should be sought. During our inspection visits we saw staff asking for people's consent before providing any care and support and acting in accordance with their wishes.

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

- People told us the staff were caring. One person said, "All of them are kind." A staff member came into the room and asked if the person wanted breakfast, when they left the person said that the staff member was, "Lovely." The registered manager provided us with feedback from relatives from a website where people could put their comments about care services. These commented on the caring nature of the staff.
- We saw caring interactions, which included staff getting to people's eye level to communicate effectively. When a staff member walked away from a person they had been talking with, the person said, "See what they are like? They are all kind."
- We saw a person walking with a staff member in the corridor talking about what they were having for breakfast and they both started singing a song about having a nice cup of tea in the morning. As the person passed, they smiled at us and continued with their song.
- One person sat in the lounge, a member of the activities staff noted they did not have a foot stool, which they needed. They fetched one for the person to use. This person told us how they had fallen and felt the staff who supported them were very caring and acted immediately to call an ambulance.
- The registered manager told us how they had invited some relatives of people who used to live in the service for a Christmas meal.

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

- People told us they felt the staff asked for their views about how they wanted to be cared for and this was respected. Care records included people's preferences, such as their preferred form of address.
- We observed the chef speaking with a person who was resident of the day, they talked about the food, if the person was happy and if they wanted anything else.
- We saw a person who was on the floor in their bedroom, we pointed this out to staff because we thought they had fallen. The staff member checked the person was happy and safe and then explained to us the person sometimes chose to mobilise in this way. This demonstrated their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People's care records included information about how staff were to encourage people's independence and the areas of their care they could attend to independently and when they needed support. The records also included guidance for staff how people's privacy and dignity were to be met.
- One person's bedroom door had a hotel style sign on the handle saying, "Please do not enter." A staff member told us this was because they were being supported with their personal care needs.
- People told us they felt their privacy was respected and the staff knocked on their bedroom doors and

waited to be invited in before entering. This was confirmed in our observations.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The care records we reviewed were not appropriately reviewed and updated to reflect people's current needs. The registered manager fully understood improvements were needed in this area and had started to audit people's records and planned care planning training for staff. Of all the care plans we reviewed, each held contradictory and confusing information about people's needs and how they were met.
- The care plan for one person had failed to be updated following the development of a health condition. This meant the person was at risk of receiving inappropriate care and support.
- People's records lacked person centred guidance for staff on people's conditions, how they affected the person's daily lives and how staff should support them to meet their needs. This included conditions such as anxiety and diabetes. This meant people were at risk of receiving care and support which did not meet their assessed needs.
- Daily records only identified tasks provided to meet people's physical needs, there was no reference to how people's day had been and how they had presented. There were records which identified the interactions people had but these just said things such as, "Chat" there was no indication what about, how long for and if the person had enjoyed it or not.
- One person was laughing in their bedroom and clearly enjoying their time. When a staff member completed the person's daily records when they had been supporting them, they only wrote the tasks completed not that the person was having an enjoyable time. We discussed this with the registered manager who told us they had systems to record when the person was displaying behaviours others may find challenging. This did not include positive behaviours. We looked at their records kept in their bedroom which identified that the person could be, "Verbally aggressive."
- People's call bells were not responded to in a timely way to ensure their needs were attended to promptly. On the first morning of our inspection visits we timed the responses to call bells at four locations. These took two, 13, 16 and 22 minutes to be responded to. The minutes of a resident and relative meetings and staff meetings demonstrated long waiting times for call bell responses were discussed and staff were advised they needed to improve in this area.
- The registered manager told us they undertook call bell audits. The two audits seen showed response times were approximately three minutes. We asked if they could access a print out of call bell response times, the registered manager said this could not be done with the system used. The registered manager assured us they would continue with their checks to ensure people received timely care.

All of the above demonstrates people's care needs were not robustly planned for and met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager showed us one page profiles which were being introduced. These were in easy read format and gave a summary of people's needs for easy access. On the second day of our inspection visit, a member of the senior team was planning to update the care plans we had reviewed.
- Despite the shortfalls in people's care records, people were complimentary about the care they received. Despite the lengthy call bell response times identified in our observations and records of meetings, people told us they felt they received care when requested.

End of life care and support

- The registered manager told us people's end of life decisions had not been discussed and documented, which was confirmed in the four care records we reviewed, the documents for end of life decisions were present but not completed. They were planning to ensure this was done and had started by planning one person's end of life decisions with them.
- The registered manager told us they were passionate about providing good end of life care. In their previous roles they had received training in palliative care. They had been in contact with a local hospice and were hoping to undertake end of life accreditation courses for the service. Staff had received training in end of life care.
- The registered manager shared examples with us of the support people had received at the end of their lives since they had been working in the service. This included working with other health care professionals to ensure anticipatory medicines were in place and making hospice referrals.

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 told us they had the opportunity to participate in activities which interested them, in groups and individually, and they never got bored. One person said, "I wanted to go to the sea, [the staff member] went off to get a wheelchair and took me. I will never forget that." Another person told us how they enjoyed golf and the service had got a 'putter' to allow them to play. This person also said they had worked with the maintenance staff member decorating, which they enjoyed.
- We observed people taking part in an armchair exercise activity, there was lots of laughter from people as they waved cheer leader type pom poms to music. We also saw people playing golf on a games console. The activities staff member was very patient whilst showing people how to play and generated lots of laughter from people. After their game we saw people chatting about how much they had enjoyed it.
- An engagement board was in the service which held photographs of people enjoying activities and outings. These included going out in the community for meals and drinks, visits from a toddler group, participating in writing their memories down and burying them in a capsule, and visiting entertainers. The service shared a mini bus with another of the provider's services. The registered manager told us they ensured all people had equal opportunity to go on the outings.
- The registered manager had introduced a wish tree where people wrote their wishes, which could be granted if possible. It was still early days with only three wishes. One person had said they wanted a pool table, the registered manager told us they had an area it could be put and were looking to purchase one.
- People were supported to maintain relationships with important people in their lives and visitors were made welcome. There was a café on the ground floor which people could access. There was a notice on a board telling people and their relatives they could use the café and make their own drinks. Some people chose to have their lunch in the café with the friends they had made in the service.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which explained what people could expect to happen if they raised a complaint.
- Records demonstrated people's concerns and complaints were investigated and addressed.

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 care records included how they communicated and guided staff on how they should communicate effectively to meet their individual needs.
- The registered manager told us important documents, including the statement of purpose and complaints procedure could be provided in accessible formats where required, such as larger print and easy read.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Since our last inspection there had been four changes in the management of the service. The current manager started in July 2019 and was registered with the CQC in November 2019. There had also been changes in the assistant managers through this time. Staff told us this had caused some instability and low morale, but this was now improving.
- The provider undertook their own inspections of the service. One undertaken in May 2019 had identified shortfalls we had picked up during our inspection, including the need to improve care plans and response times for call bells. Despite this being identified in May 2019 improvements had not been implemented by the time of our inspection to improve the quality of care people received.
- The registered manager had implemented a lot of changes, including the staff rota and allocation of staff, and medicines management. However, in the short time they had worked in the service they had not yet implemented all of the improvements, including how people's care was planned for and met in care records and how risks were assessed and mitigated. They assured us they were committed to ensuring these improvements were made.
- The registered manager knew what was happening in the service and was a visible presence. The registered manager was committed to ensuring people received good quality care. This value was shared by the staff we spoke with during our inspection visits.
- A programme of audits supported the provider and the registered manager to identify where improvements were needed. This included audits in infection control, housekeeping, analysis of falls, meal time monitoring, and night checks.
- During our inspection visits, a member of the provider's team was auditing the service's record keeping systems and making changes where required.

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

- One person's relative told us how they had seen improvements in the service and was impressed by the accessibility of the registered manager, for example also at weekends and evenings. They said, "[Registered manager] is approachable listens and does what we ask, has made lots of changes it's much better here."
- Staff told us they were seeing improvements. One said the registered manager was making good changes in the service and also asked staff what they thought, and they felt empowered to come up with ideas to improve. All staff said they loved their job. To show staff they were valued, there were systems to recognise

them when they had gone over and above when supporting people and their colleagues.

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 registered manager fully understood their responsibilities relating to the duty of candour and apologies were provided to people when required.

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

- People who used the service and their relatives had the opportunity to share their views about the service in satisfaction surveys, reviews and meetings.
- The service had a tablet computer which was used to undertake surveys with people who used the service and staff, outside of the routine paper-based surveys. This supported the provider and the registered manager to identify people's satisfaction or any concerns.
- Minutes of resident and relative meetings showed they had discussed areas such as catering, activities and general care. We saw actions had been taken as a result of people's comments, including discussing issues raised in staff meetings and advising staff of their responsibilities, including call bell response times. However, this was still not addressed fully.
- We reviewed the survey results from the quality assurance pulse survey undertaken with staff in October 2019. As a result of staff comments there was a 'you said... we did...' document drawn up, which was displayed in the staff room. This included improvements in the rota, absence management, induction for staff and changes to lift engineers.
- Records of staff meetings showed they were kept updated with any changes in the service and advised and reminded of their roles and responsibilities. This included reminding staff to record when people had received assistance with their creams and improvements in the atmosphere in the service.

Continuous learning and improving care

- Systems were in place to assess and monitor the training staff had undertaken and when their updated training was required.
- The registered manager had undertaken the 'my home life' course with a local authority and continued to attend meetings, where registered managers shared examples of good practice.
- The registered manager told us how the staff had liaised with the GP surgery and pharmacy to improve when medicines were prescribed mid cycle. This reduced the risks of wasted medicines.

Working in partnership with others

- The registered manager told us they had good relationships with other professionals, including those who commissioned services.
- The registered manager and customer relationship advisor had developed community contacts and continued to improve in this area.
- Links made in the community, included taking part in Felixstowe past group with local school children and brownies, sharing activities with another local care home, and raising money for charities. Monthly coffee mornings were held for anyone who wanted to attend. The registered manager had joined the local business network and was taking part in the development of a calendar.
- The registered manager had introduced a social media page, which included the Cotman gnomes which were photographed in local areas monthly and people could guess where it was to win a prize.
- The registered manager told us how they had used local honey and added this to the service's social media page. The registered manager had been invited to talk about this on a local radio show. They had now been offered a regular slot and was planning to take staff and people who used 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 9 HSCA RA Regulations 2014 Person-centred care People's care records did not demonstrate people's current care needs were robustly planned for and met. Regulation 9 (1) (a) (b) (3) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and care plans were not kept under review to provide clear up to date information about the current risks to people and how these were mitigated. Regulation 12 (1) (2) (a) (b).