

Health and Home (Essex) Limited

Health and Home Ltd - North Road

Inspection report

148-150 North Road
Westcliff On Sea
Essex
SS0 7AG

Date of inspection visit:
28 August 2019
29 August 2019
04 September 2019

Date of publication:
16 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Health and Home Ltd - North Road is registered to provide accommodation and personal care for up to a maximum of 9 people. The service is set over two floors, with a small paved garden area to the rear of the property. On the day of our inspection, there were 5 people living at the service who required support with their physical and mental health needs.

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

Feedback from people's relatives about the service was very positive. This was summed up by one person's relative who told us, "I think the advantage is the service is so small so staff get to know everyone really well; its friendly and informal and feels like a family home; even when we arrive unannounced everything is clean and immaculate and well presented."

Improvements had been made in the level of detail captured in people's risk assessments and care plans to provide sufficient guidance for staff. New ways of working and quality assurance systems were being implemented but were not yet fully embedded in practice. Further improvements were still required in some areas including risk assessment and recording practices, auditing and embedding and sustaining the new systems and processes. Improvements were also required to the environment and in the oversight and management of Deprivation of Liberty Safeguard (DoLS) to ensure people were not being deprived of their liberty unlawfully.

People's relatives told us they felt their family members were safe living at the service. People were supported by a regular staff team who had been safely recruited. People's medicines were managed safely by staff who had been trained and assessed as competent. Staff received training in infection control and wore protective clothing to protect people from the risk of infection.

Staff received an induction, training and regular supervision and told us they felt well supported in their role. There was a schedule of refurbishment planned to improve the environment. People had access to food and drink which met their health needs and preferences. People were supported to access a range of health care services to maintain their health and wellbeing.

Staff were kind and caring and treated people with dignity and respect. People's independence was supported and encouraged. Visitors were made welcome at the service and people were helped to maintain relationships that were important to them.

People's care plans had been re-written to make them more person centred. Work was ongoing in exploring and documenting people's personal life histories. People were supported by a long-standing and consistent staff team who knew people well.

There were systems in place to manage complaints. People and relatives knew how to make a complaint

but told us they had never had to. Staff received training in end of life care. People's end of life preferences were discussed and recorded.

The registered manager was aware of their role and responsibilities including duty of candour. Work was in progress to ensure this understanding extended to the whole of the staff team to ensure greater accountability at all levels. A plan for improvement across the service was in progress to ensure the required improvements could be made and sustained over time.

Rating at last inspection

In January 2019 we undertook a comprehensive inspection that looked at all key questions. We found multiple breaches of the regulations and the service was rated as Inadequate and placed in 'special measures'. The final report was published on 8 March 2019. We returned in June 2019 to complete a further comprehensive inspection to review the service and found improvements had been made and the rating improved to Requires Improvement with continued breaches of Regulation 12 [safe care and treatment] and Regulation 17 [good governance]. This report has not yet been published.

After the previous two inspections the provider completed an action plan 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 however the overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

Requires Improvement ●

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 consistently well-led

Details are in our well-led findings below.

Requires Improvement ●

Health and Home Ltd - North 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 two inspectors.

Service and service type

Health and Home Ltd - North Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the previous two inspections. This included details about the improvements made, accidents and incidents the provider must notify us about, such as safeguarding concerns and injuries. We had meetings with the provider to discuss their ongoing improvement plan and actions taken to improve the service. We used all of this information to plan our inspection.

During the inspection

We visited the service on 28th and 29th August 2019 and spoke with three people and one person's relative. We observed two people, who were not able or not willing to verbally communicate with us. We spoke with one of the directors of the company, the nominated individual, the registered manager and four staff members. We reviewed four people's care plans including risk assessments, medication records and daily notes. We looked at two staff members files including recruitment and supervision documents and quality assurance information regarding the management of the service. On 4th September 2019, we contacted another person's relative and a health professional by phone to obtain further feedback on the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received further information including risk assessments, staff medication competences and lessons learned.

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 in March 2019 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

At the last inspection in June 2019, we found a lack of guidance for staff on how to manage risks associated with challenging behaviour. We also found insufficient detail on behaviour charts to support analysis and prevent re- occurrence. This was a breach of Regulation 12 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 12.

- Improvements had been made in the level of detail recorded in risk assessments and management plans to support staff to manage people's behaviours. Information was provided to staff on behaviour triggers and techniques for staff to try to calm people's anxieties and de-escalate incidents.
- We also found improvements in the level of detail recorded on people's behaviour charts which recorded incidents of challenging behaviour. However, incidents were still not being formally audited to ensure robust oversight and prevent a re-occurrence.

We discussed our findings with the registered manager who told us there were plans to add the behaviour charts to the managements auditing process to ensure they were consistently and reliably monitored.

- Improvements were noted in how individual risks to people had been assessed and more detailed management plans were in place which provided sufficient guidance for staff to follow. However further improvements in risk management were still required. For example, we found one person who usually required assistance of two staff for personal care did not have a risk assessment or management plan in place for when they were supported by just one member of staff.

We discussed our concerns with the registered manager and provider who later provided us with a copy of a new risk assessment and plan detailing how the risk would be managed.

- Some people living at the service posed particular risks in terms of fire safety. There was a risk assessment in place for emergencies such as fire. However, this did not cover the risks associated with lone working as during the evening and overnight there was only one staff member on duty.

We discussed our concerns with the registered manager and provider. After the inspection we were provided

with a copy of a further risk assessment and plan for lone working to cover emergency situations. However, we could not be assured of the robustness of this plan in the event of a fire and a referral was made to the fire service to complete an independent fire safety audit at the service.

We recommend the provider seek independent advice and guidance to ensure the safety and wellbeing of people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe living at the service. A relative said, "I absolutely have peace of mind I am sure [named person] is safe living here with the staff."
- Staff had received up to date training on how to safeguard people from the risk of abuse. Staff knew the signs to look for and how to report concerns.
- There were systems in place to record, investigate and monitor the progress of safeguarding alerts, however these were not always being used as effectively as they could be. The safeguarding log was not always fully completed to indicate the status of the safeguarding, for example, if it was still open or had been closed.

We discussed our findings with the registered manager who provided assurances this would be completed in the future to ensure consistent and robust oversight of safeguarding concerns.

Staffing and recruitment

- We observed sufficient numbers of staff to meet people's needs during both days of our inspection. As discussed above concerns were raised with regard to staffing numbers of nights to complete a safe evacuation in event of an emergency and this has been referred to the fire service to provide advice and guidance.
- One person told us they would like more staff so they could go out whenever they wanted. We shared this feedback with the registered manager and provider who advised us the person did not receive one to one funding, but the service tried their best to accommodate the person's needs on a daily basis. On the day of inspection, we saw the person was supported to go out to the shops.
- Safe systems for recruitment were in place to ensure staff were suitable to work in the care sector. All the required checks had been completed including taking up references, exploring gaps in work history and completing disclosure and barring checks (DBS). DBS checks are a requirement to make sure staff are suitable to work with vulnerable people.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Only staff who were trained and assessed as competent administered people's medicines.
- People had individual medicine administration records [MAR] which staff signed to show when they had given medicines. There were no gaps on people's MAR sheets which indicated people had received their medicines as prescribed.
- Where people were prescribed PRN 'as needed' medication, a separate guidance sheet was provided to staff with information about the medicine, when and how it should be given. Staff demonstrated good practice by monitoring and recording the effectiveness of the PRN given and seeking advice from the person's GP if required.
- Regular audits of medicines were undertaken by senior staff to check people's medicines were managed safely. We saw examples of the audits and found they were effective at picking up errors and appropriate action had been taken to mitigate future risk.

Preventing and controlling infection

- We observed the service was clean and tidy and free from any bad odours. Some minor potential infection control issues were found and shared with the registered manager who immediately addressed these concerns.
- Staff had training in infection control and were provided with protective clothing to prevent the risk of infection. We observed staff following good infection control practices, for example, wearing gloves and aprons and washing their hands.

Learning lessons when things go wrong

- After this inspection the provider sent us a detailed document which outlined lessons learned since the previous inspections across all services owned by the provider. There was recognition that recording processes could be improved upon to evidence the care provided; more robust oversight of the service at provider level was required and greater accountability from staff at all levels. To address these failings an improvement plan had been developed which set out new ways of working which would improve accountability and quality and safety monitoring.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- New care planning documentation had been introduced to improve the assessment process. People's physical, mental, cultural and spiritual needs were assessed to identify the level of support required. People's strengths were also identified so that their independence could be maintained.
- During our inspection we observed an incident of poor manual handling practice where a person's mobility needs had not been adequately assessed. The person's care plan stated they were moved and positioned using a full body hoist as they were unable to weight bear, however we saw them being transferred into a chair using a stand aid which should only be used if a person can at least partially weight bear and can support themselves. We were advised that the person's abilities were variable and sometimes they could weight bear and sometimes not. This information had not been included in the person's care plan and there was no guidance for staff on how to assess the person's variability day to day.

We discussed our concerns with the registered manager who advised us a review of the person's moving and positioning needs would be undertaken including making a referral to an occupational therapist for a mobility/equipment assessment.

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

- Our previous inspections identified that the decoration within the service required improvement and a recommendation was made for a schedule of works to be developed to ensure continuous maintenance and improvement of the environment. At this inspection we found much of the service still in need of decoration. A person told us, "Can you do something about getting this place decorated, a little bit of decoration and colour would make all the difference; did you notice the walls are really dirty and stained."

We shared this feedback with the registered manager who told us the provider was aware of the issues and the necessary action was being taken. We were shown an action plan which outlined a schedule of refurbishment works for completion by December 2019 which included repainting people's bedrooms and the communal areas.

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 had received training in the MCA and knew how to help people make their own decisions. Staff asked for people's consent before providing any care.
- Some people had DoLS authorisations in place and others had been applied for. However, we saw one example where a person's DoLS had expired in 2016 which meant they were being deprived of their liberty unlawfully.

We shared our findings with the registered manager who acknowledged the oversight and confirmed to us on the second day of inspection that an application had now been made.

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

- People were supported to have enough to eat and drink. Staff supported people with their individual preferences. For example, where a person's care records stated they liked, 'to nibble biscuits, crisps and fruit in between meals', we observed this was happening in practice.
- Good hydration was encouraged with regular hot and cold drinks provided which had been increased during the hot weather. On the second day of inspection which was a warm day, people were eating ice creams when we arrived.
- Where people had specific health needs in relation to diet this was included in their care plan. People at risk of choking were provided with a soft diet and thickened fluids in accordance with guidance provided from healthcare professionals.
- People said the food was good and we saw staff encouraging people to eat and drink. One person who had just finished their lunch told us it was, "Lovely," and described staff as being, "Good cooks." We looked at the care plan of one person who had been identified at risk of malnutrition. The service used a weight chart to monitor their progress and we saw this person had gained weight. This showed the service was effective at supporting people to meet their nutritional needs.
- Fluid charts were kept to record the intake of people identified at risk of dehydration. The recording on these charts was incomplete because some of the person's fluid was recorded on their MAR chart instead. No running total was kept, and it was not clear that the information was being reliably monitored.

We discussed our findings with the registered manager who advised they would be introducing a new recording chart which simplified the process by keeping all the information in one place to allow for more robust oversight.

Staff support: induction, training, skills and experience

- Feedback from relatives about staff and the care and support they provided was positive. One relative told us, "I really trust the staff, they look after [named person] so well; [named person] looks so much better since they have been here; staff support us as a family, it's always the same staff so you know they know you and [named person] and what's happening for them."

- At our previous inspection we found some gaps in staff training. At this inspection we found improvements had been made. All mandatory staff training was up to date. In addition, staff had received specialist training that met the individual needs of people living at the service. For example, where a person had difficulty swallowing, we saw staff had received training in dysphagia [swallowing difficulties] so they could support the person more effectively.
- When staff joined the service, they received an induction. A new induction process was being implemented which was based on the Care Certificate which represents best practice when inducting new staff into the care sector. The registered manager told us they planned for all staff to complete the care certificate [not just new staff] as this would provide refresher training on expected standards of care and reinforce good practice. We saw that some staff had already started work on the Care Certificate.
- Staff received regular supervision and an annual appraisal. Supervision records were kept in one book which provided an easily accessible learning resource staff. Supervision was used constructively to identify learning needs, share ideas on best practice and provide one to one training sessions on set themes, for example, safeguarding and end of life care.
- Staff told us they felt well supported by the registered manager and provider. A staff member told us, ""It's a nice place to work; I feel very well supported by management."

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

- People's health conditions were known and care plans included guidance for staff on how to support people to maintain their health and wellbeing. People were supported to access healthcare treatment and advice when needed and records were kept of people's appointments and outcomes. Comments from relatives included; "If there is any problem with [named person's] health I get a phone call to let me know what's happening." And, "Staff will always phone me straight away to let me know if there is anything wrong, I can trust them."
- The service worked with a range of professionals such as district nurses, GP and the mental health team to support people to stay healthy. One health professional told us, "Staff know everyone's health issues they give us feedback on how people have been doing; we set up a care plan and staff follow our guidance."

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 rated Requires Improvement. At this inspection this key question has improved to Good. 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 relatives told us staff were kind and caring. A person told us, "They [staff] are good people, I have no complaints."
- During our inspection we observed the kindness of staff. For example, where a person was asleep and their foot had slipped off the foot stool, the staff member was aware not to startle the person, so rubbed their arm gently whilst smiling. When the person's eyes opened they asked if it would be alright to put their foot back on the stool.
- Relatives told us staff were thoughtful and considerate. A relative told us, "When [named person] had [health condition] and had to be isolated, staff moved their chair and table from the lounge into their room so they had the familiarity."
- We observed positive interactions, which enhanced the wellbeing of people living with dementia. For example, we saw a staff member kneeling on the floor, in front of the two people living with dementia who they were engaging with and we could hear joint laughter as they all chatted together. A person told us, "Staff here are one hundred percent, I can have a good laugh with them."
- The atmosphere within the service was warm and homely and staff contributed to this as were relaxed and friendly when interacting with people. We observed warm and affectionate interactions and friendly banter between people and staff who appeared comfortable and familiar with each other. A relative told us, "I'm just impressed with the whole set up here; the way the staff are with people; it's just a lovely atmosphere."
- Staff told us they enjoyed working at the service and liked their job role. One staff member told us, "I feel like I am helping, it feels like my family, I do my best give what I can give." This attitude supported the family atmosphere where staff took an interest in the people they were supporting.

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

- People we spoke with were not always able to recollect having seen their care plans or being involved in their care and support planning. However, entries in people's daily notes showed staff had conversations with people to include them in making decisions about their care. People's relatives told us they were included and were kept regularly updated. A relative told us, "I was involved in [named person's] care plan which has been reviewed and I was included in this at beginning of the year."
- People's communication needs and abilities had been assessed so that staff knew how to help people express their views. Care plans provided guidance to staff on how to talk to people and we saw staff applying this in practice. For example, one person's communication care plan stated; 'Staff to maintain good banter with [named person] depending on mood.' We observed staff laughing and joking with the

person throughout the day. This person told us, "I like chatting with the staff we can have a laugh and a joke together."

- Where people struggled with decision making because of their health conditions and did not have the support of family or friends, people had access to an independent advocate to help them represent their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they ensured people's privacy and dignity when supporting them with personal care, for example, closing doors and curtains and keeping people covered. People told us staff treated them with respect. A person said, "[Named staff member] is always the same, cheerful, happy and respectful."
- Care plans provided staff with information on what a person could do for themselves, such as personal care, making drinks, and where they required assistance from staff. This supported people to retain their independence and life skills, by not taking over tasks that the person was able to do for themselves.
- People were supported to maintain relationships that were important to them. Relatives told us they were made welcome at the service anytime. A relative told us, "Staff always make me feel welcome, I'm greeted by my first name and get an update on how [named person] has been and I'm always offered a cup of tea."

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 improved to good. This meant people's needs were met through good organisation and delivery.

- At our previous inspection we found care plans did not contain sufficient information to support staff to provide person-centred care. Person-centred care means care tailored to meet each person's individual needs, wishes and preferred routines. At this inspection we saw improvements had been made. The provider had recently introduced new care plans to improve the way people's needs and preferences were recorded. In addition, a 'This is me' document was in the process of being introduced to provide personalised information on people's personal history though these were not yet fully completed.
- Whilst the life story work had not yet been done for everyone, staff had worked at the service for a long time and were able to demonstrate they knew people very well. Feedback from relatives confirmed staff knew people well and knew their likes and preferences. A relative told us, "Staff know [named person] well, even though he can't communicate. [Named staff member] is brilliant, cuts [named person's] hair and shaves him and [another named staff member] always calls [named person] by his full name which always makes him smile."
- Staff were able to demonstrate how they provided a person-centred approach. For example, one staff member told us about people's preferences for bathing and showed us daily records which evidenced that people's preferences were known and had been consistently met.
- People's care plans reflected some protected characteristics such as age, gender, marital status and religion. However, aspects such as ethnicity and sexual orientation were not currently identified. This information helps ensure people's life styles are respected and they are not discriminated against.

We recommend the provider seek independent advice and guidance to ensure people's protected characteristics are known and respected.

- Throughout our inspection we saw staff periodically engaging with people in one to one activities such as reading magazines, playing dominoes and giving hand massages, which people seemed to enjoy.
- We noticed the television was on all day and two people spent the majority of their day seated in front of this. However, these people's relatives told us they were happy with the current provision of activities for their family members as this mirrored what they had enjoyed at home. One relative told us, "Staff have tried lots of things to give [named person] things to do but [named person] just doesn't buy into activities, they only really like to watch tv. The staff are really patient and give [named person] a safe place to be who they are."
- The registered manager told us they were working on developing the activity programme, particularly for people living with dementia. They had organised external entertainment to visit fortnightly to provide a singalong as singing has been found to have a positive therapeutic impact on people living with dementia.

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.

- The provider was complying with the Accessible Information Standard (IAS) and was able to provide information about the service if required in a range of formats to promote people's understanding.
- People's sensory needs were identified in their care plans, for example, if people wore glasses or hearing aids. Care plans included guidance for staff on how to support people with specific communication needs.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage people's complaints. At the time of inspection there were no open complaints.
- People were provided with a service user guide which provided information on how to make a complaint. People and their relatives told us they knew how to make a complaint but had not had to. A relative told us, "I have never had to complain in two years but if there was something I was worried about I would go to [named registered manager] and I'm confident she would action my concerns if I had any."

End of life care and support

- At our last inspection we found improvements were needed to ensure that information relating to people's end of life wishes was recorded. At this inspection we found people's end of life preferences had been documented, if this was people's choice. Relatives we spoke with confirmed that the service had discussed with them their family members preferences, such as funeral arrangements. A relative told us, "After [named person] was ill last summer we set up a 'peace document' so they could be cared for here and not go back to hospital; we have had end of life discussions with the service, they know about our wishes."
- Staff had received training in end of life care. We saw an excellent example of a supervision training session where end of life care had been discussed. Best practice principles were shared to ensure people would receive empathetic and compassionate support at the end of their life.

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.

At the previous inspection we found the quality monitoring systems in place were not robust and there was a lack of understanding of the regulatory requirements. The service was found to be in breach of Regulation 17 [good governance].

At this inspection we found enough improvement had been made and the service was no longer in breach of the regulations.

- There was a significant number of new systems in the process of being introduced which would allow the provider more robust oversight of the service and would ensure greater accountability from staff and management. Due to the significant changes, some of which were still ongoing, there had not been enough time for the new ways of working to become fully embedded to evidence that these new systems were robust and sustainable.
- Work was underway to improve staffs understanding of the regulatory requirements. The registered manager told us that various workshops were planned which would explore the regulations with staff in meaningful ways that could be applied to their everyday practice to support staff understanding and aid learning.
- Since our previous inspection an improvement plan had been put in place which was being worked through with target dates for completion by the end of 2019. Part of the improvement plan involved training sessions to ensure staff at all levels were clear about their roles and responsibilities.
- During our inspection we saw evidence that the new quality assurance audits which looked at aspects such as medicines, infection control and the environment had been effective at picking up and addressing areas requiring improvement. Further improvements in auditing processes were still required as the provider had not identified the concerns we found during our inspection.

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

- Previous inspections identified failings across all services owned by the provider. Since then the provider has worked in collaboration with the Care Quality Commission (CQC) to improve the safety and quality of all

services including North Road.

- The new care plans and ways of working aimed to promote a more person-centred approach which placed people at the heart of the service, but it was too soon to assess the impact this had on people using the service.
- During the inspection the registered manager and provider demonstrated an understanding of their duty of candour responsibility and were quick to respond to our requests for information.
- Relatives told us they found the provider and staff team to be open and transparent. Meetings had been organised by the provider with people and their relatives to share the results of the previous inspections and discuss proposed improvements.
- Staff felt supported by management and the provider and were positive about working at the service. Following the previous two inspections, staff meetings were held to share feedback and reassurance was given to staff on how they 'will all work hard together' and support each other.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

- Satisfaction surveys were used to engage with people and their relatives and obtain their feedback about the service. We saw evidence where this had been used constructively, for example, some people commented that the environment could be improved through decoration. As a result, a programme of refurbishment was planned.
- Residents and relatives meetings were also organised as a way of getting people's input into the service. Minutes of resident's meetings were taken but we found these were sometimes poorly documented. People were asked for their views, but these views had not been recorded. Further work was required to capture people's feedback to demonstrate that the service was listening and responding to people and ensure accountability.

Continuous learning and improving care;

- The 'lessons learned' information supplied by the provider together with their improvement plan which set out how the service would be completely overhauled to address past failings demonstrated a commitment to continuous learning and improving care.
- The service had adopted a 'back to basics' approach to re-examine all aspects of their care provision and introduced a new model of practice with clearly defined standards of care and expectations of staff and management.
- The provider had employed a new quality lead whose role included completing audits and mentoring staff to support learning and best practice. We saw this role was being used effectively, for example, the quality lead had recently completed a night time observation visit which was used not only as an opportunity to monitor staff performance but to provide guidance and support to night staff who can often feel isolated.
- In response to the January 2019 inspection the registered manager told us how what they had done to improve. They provided examples of how they monitored staff practice and acted on any shortfalls at the time they happened. For example, when they saw a staff member was about to carry out a manual handling procedure incorrectly; taking them aside, informing them what they were about to do was wrong, and demonstrating the correct way.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals such as social workers, mental health services, district nurses and dentists.