

DCSL Limited

Soham Lodge

Inspection report

Soham Bypass
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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

Soham Lodge is a care home, providing nursing and personal care and accommodation for up to 34 people some of whom live with dementia. At the time of the inspection, 23 people were living at the service. The service is in one adapted building. There is a large communal area. All bedrooms had en-suite bathrooms.

People's experience of using this service

The provider did not carry out all the required pre-employment checks prior to staff starting work at the service. The provider could therefore not be assured that all the staff they had recruited were suitable for their roles.

The provider's quality assurance systems were not robust enough and did not demonstrate they had systems to assess, monitor and improve the quality of the service effectively. Their audits had not identified the shortfall in staff recruitment checks.

The provider had identified their electronic records system was difficult for staff to use. To mitigate this staff had good communication systems in place to ensure they met people's needs. Staff were being trained to use a new system for records management and showed us how easy it was for them to access information. Following our inspection, the business manager told us this had been implemented.

People told us they felt safe receiving the service. Effective systems were in place to protect people from harm. Staff had identified most risks and put plans in place to reduce the risk of avoidable harm. Staff were aware of these plans and knew how to meet people's needs effectively. Staff knew how to raise concerns and were confident the management team would take these seriously and act on them. People's medicines were stored and managed in a safe way. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

There were enough staff to meet people's needs safely. People received care from staff who were trained and very well supported to meet people's assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support.

Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

Staff supported people in a kind, thoughtful, and caring way. Many people and relatives commented on staff members' caring nature. Staff were very respectful when they spoke with, and about, people. Staff were skilled at communicating with people and supporting people when they were distressed. They supported

people to maintain their independence. Support was person-centred and met each person's specific needs.

The provider had employed a proactive activities co-ordinator who had developed a comprehensive activity programme that included one-to-one and group events, entertainers and outings. Staff encouraged people to socialise and be more active. People had opportunities to go out, such as visiting the local town, and trips further afield. Staff supported people to develop new, and maintain existing, relationships, including supporting a person to care for their pet at the service.

People were very well supported and cared for at the end of their lives. The service had achieved the Gold Standards Framework (GSF) in palliative care. This is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. We saw many compliments that relatives had sent to the service about the care their family members had received.

People and their relatives felt able to raise any concerns with the staff and management team. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.

Staff encouraged people and relatives to regularly feedback about their care and support both formally and informally. Staff had listened and acted on people's comments. For example, we received positive comments about how they had improved the choice of food available at tea -time.

Throughout our inspection the nominated individual, business manager, and staff all expressed a strong desire to continue to improve the service. They had developed and forged links with community groups and external care professionals. They had raised the profile of social care externally and encouraged the community into the service.

Rating at last inspection

The last rating for this service was requires improvement (published 22 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made some improvements. However, the provider was still in breach of regulation 17, good governance, and we identified a new breach of regulation 19, fit and proper persons.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to recruitment checks and good governance at this inspection. 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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

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 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 ●

Soham Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience on 3 December 2019, and one inspector on 4 December 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Soham Lodge 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, both were looked at during this inspection.

The registered manager had left the service in July 2019 and cancelled their registration with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of the providers registration that a registered manager runs the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority. We also used information the provider sent to us, including that in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We took into account that we received the PIR in February 2019 and changes may have occurred since then. We used

all this information to plan our inspection.

During the inspection

We spoke with 12 people, five relatives, and 10 staff members. These included one care worker, two senior care workers, a unit manager, a qualified nurse, the activities and events co-ordinator, a kitchen assistant, a house keeper, the business manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Throughout the two day we also observed staff interacting with people whilst providing care and support.

We reviewed a range of records. These included sampling seven people's care records and four staff files in relation to recruitment checks. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, complaints investigations, and minutes of staff meetings.

After the inspection

We received survey reports from the business manager on 4 December 2019. On 5 and 10 December 2019 we spoke on the telephone with two health care professionals who regularly visited the service.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

At our last inspection we found that not all required pre-employment checks were carried out before new staff started work at the service.

- At this inspection we again found that not all required pre-employment checks had been carried out before new staff started working at the service. The provider did not have recent photographs of two staff members, their full employment history, or explanation for the gaps in employment. One staff file contained no proof of the staff member's identity, or evidence of conduct in previous jobs with children or vulnerable adults. The provider could therefore not be assured that all the staff they had recruited were suitable for their roles.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider had not carried out robust recruitment checks on all new staff to ensure that they were of good character and suitable to work with vulnerable people. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff files showed the provider had received satisfactory enhanced criminal records checks for staff and, where relevant, evidence of their qualifications. Staff had also been asked to declare any health conditions that may affect their work.
- There were enough staff to meet people's needs safely. Staff had appropriate induction, training and supervision to carry out their roles effectively.
- People and relatives told us there were enough staff. They told us staff responded quickly when they called but recognised they may sometimes have to wait for a short time before staff could give them the help they wanted. One person said, "[Staff] are usually fairly quick when I ring the bell. Sometimes I may have to wait five to 10 minutes." A relative told us they had triggered a sensor by accident a few times and that staff had "come straight away."
- Staff used a recognised tool to assess people's needs and work out how many care staff were required to meet people's needs safely. The provider had also reviewed the catering staff. One staff member told us, "We've got extra staff in the kitchen now. That means we can get a bit more creative. We've got the time to make something different if people want it."

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to promptly and effectively assess, monitor, and manage risks to people's health and wellbeing. Risk assessments did not provide sufficient guidance for staff. Staff did not consistently follow guidance from external healthcare professionals. Medicines were not well managed. 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.

- Staff had identified and had clear guidance to follow to reduce the risk of avoidable harm and to help keep people safe. For example, to help people to move people safely, to maintain people's skin condition, and help prevent people choking. When people's needs changed this was clearly communicated to staff through handover to ensure they worked with the most up to date information. We noted one person was at high risk of their skin breaking down, but they did not have an up to date risk assessment in place. However, staff supported the person to use appropriate equipment and reposition regularly, both of which reduced the risk of harm occurring.
- Where required staff had referred people to external care professionals and followed their guidance. For example, where people experienced swallowing difficulties staff had referred them to a speech and language therapist and followed their advice regarding the consistency of people's food and drink. However, staff had not always accurately recorded people's food and drink intake. For example, staff told an external healthcare professional that they followed their advice and the person had a fortified diet to help them put on weight. However, although the person had gained weight, their food and fluid chart did not show what the person had eaten or drunk. The business manager told us they had planned additional training for staff in this area.
- People had plans for staff to follow in an emergency that helped ensure appropriate support was provided in, for example, the event of a fire.
- People had appropriate equipment to help minimise the risk of harm occurring. A relative told us their family member was, "Very safe here and being cared for very well." They explained the person had "a beam alarm" fitted that alerted staff when the person moved around their room, so they could provide support and help prevent the person falling. Other equipment in use included hoists to help people move; sensors to alert staff when people, who were at risk of falling, moved; and cushions and mattresses to relieve pressure and help maintain people's skin integrity.
- Staff completed regular health and safety checks to ensure the premises had no hazards that could put people, staff and visitors at risk of harm.
- People told us staff supported them well with their medicines. A person said, "[Staff] bring my right medicines and they make sure I take them." We saw staff supporting people to take their medicines. They spoke very calmly and waited patiently while people took their medicines.
- Staff received, stored, and administered medicines safely. Staff had clear instructions to follow when giving medicines. This included medicines prescribed to be given 'when required.' Staff involved in handling medicines received training, and had their competence checked regularly.
- Where people received their medicines covertly, staff had carried out a best interest decision involving appropriate people. For example, the prescriber, a pharmacist, and the person's relatives. 'Covert' is the term used when medicines are given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving the service. One person said, "I'm safe here because there's always someone around and they're looking after you here." A relative told us, "It's a great comfort to us to know

that we can leave here and know [our family member is] safe and being well looked after."

- Staff understood and followed effective procedures to protect people from harm. Staff were aware of, and appropriately reported, safeguarding concerns to senior staff who acted on their concerns. Where appropriate the senior staff had referred safeguarding concerns to the appropriate external agencies, such as the local authority. This ensured action could be taken to safeguard people if needed.

Preventing and controlling infection

- People told us the service was clean. One person said, "The place is clean and tidy."
- The service was visibly clean.
- Staff had received training in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands and using personal protective equipment (PPE), such as disposable gloves and aprons. Where required, staff used these when supporting people to ensure they protected everyone against acquired infections.
- Infection control audits were carried out and actions taken to bring about improvement where needed.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Learning was cascaded through staff meetings.
- Staff reported all incidents and accidents as soon as they happened so senior staff could deal with them quickly. The business manager assessed these for trends to check if any improvements could be made.

Is the service effective?

Our findings

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

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.

Staff support: induction, training, skills and experience

At our last inspection management had not provided staff with regular support, supervision and training to enable them to deliver effective care and support in line with best practice guidance. This was a breach of Regulation 18 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 received appropriate induction, training and supervision to carry out their roles effectively. People told us staff had the right skills and knowledge to support them. A person said of staff, "They know what they're doing." A relative told us the service had, "A lot of new staff, and they've got to learn, but they're all willing and they do train them well."
- An external healthcare professional told us, "As far as I can tell, [staff] are well trained and there is always training going on." Another professional told us the business manager had responded positively when they offered to provide staff training on a specific topic.
- Staff told us they received the training they needed to carry out their roles and spoke enthusiastically about the training they had received. One staff member said, "We get new training each month and are expected to do lots of refresher [training]."
- The provider had identified the key training they required all staff to complete and the frequency of 'refresher' training. Staff had completed 84% of the key training, this included new staff who had timescales to complete their training. Senior staff took action to ensure staff completed training within set timescales.
- The provider expected unqualified staff to complete the Care Certificate, a nationally recognised qualification, within three months of starting work at the service. The business manager was exploring options for staff who wanted to work towards other qualifications in care.
- Some senior staff had received additional training to enable them to train staff in topics such as moving and handling, and oral healthcare. Staff also received training in topics to help them meet people's specific needs. For example, wound care, and supporting people with distressed behaviour. This meant staff had access to training that was tailored to meet people's needs.
- Staff received regular supervision and told us they received a high level of support from the senior team. One staff member said, "I feel really supported ... There's nothing I couldn't say to [the business manager] and [the nominated individual]. The business manager does wellbeing sessions each month. I've been to her about personal issues. It's made me feel supported and more confident and reassured. I felt [the business manager] had my back. That really helped me."

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

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

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

At our last inspection staff did not always respect the rights of people with mental capacity to make decisions or support them with decision making.

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. We found these were met.

- Staff had received training and had a reasonable knowledge of their responsibilities under the MCA. People told us that staff asked for their consent before providing care and were not subject to restrictions.
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- Senior staff were aware they needed to see legal authorisations, for example lasting power of attorney (LPA) documents, before allowing relatives to make decisions on behalf of people. However, we found one relative, who did not hold the relevant LPA, had signed a form that showed agreement or refusal to various decisions. These included taking pictures of the person for identity purposes and use on social media. Staff could not show us they had completed a mental capacity assessment about these specific decisions or records of the best interest decisions. Staff addressed this during our inspection. The business manager told us they would arrange for the review of other people's records.
- Where appropriate, senior staff had applied for DoLS authorisations to restrict some people's liberty and care staff were of these and how to support people appropriately. None of the authorisations we looked at had conditions attached.

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

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met.
- Senior staff assessed people's needs prior to them moving to the home. This helped ensure staff would be able to meet their needs effectively.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance. For example, staff had access to the NICE guidance for oral healthcare and a senior staff member was training all care staff in this.

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

- People made positive comments about them, including that the tea-time meal had recently improved. One person told us, "[Staff] come around and ask you what meal you [would] like and they bring it to you. It's good." A relative told us, "I think the meal today was really well balanced... [My family member] likes the

food and we can have our say on it because after each relatives meeting ... we can discuss and sample the food."

- The lunchtime experience was pleasant with people and staff talking with each other. Staff offered people choices, prompted, encouraged and helped people in a supportive way to eat and drink where needed.
- Staff identified where people were at risk of not eating or drinking enough and referrals them to appropriate health services. An external healthcare professional told us this had improved in recent months. Staff followed professional's guidance. For example, by providing food and or fluids of a specific consistency.
- Catering staff had access to information on people's dietary needs and preferences and provided for a variety of diets, including fortified foods, vegetarian and diabetic diets.

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

- Staff supported people to access health services such as GPs, chiropodist, dietitians and speech and language therapists. An external care professional told us that staff referred people directly to them which meant people were seen more quickly. Another professional told us staff communicated well with them and knew people really well. A local GP visited the service weekly, and at other times if people requested.

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

- Soham Lodge is a well-designed building with plenty of space to manoeuvre equipment.
- There was limited signage to help people find their way around the home. The nominated individual told us they had identified this, and a local college was planning to create some art work within the service which would help people to orientate themselves.
- People had access to the equipment they needed to receive safe and effective care, or to help them be more independent. For example, hoists to make it easier for staff to support people to move and sensor alarms to alert staff when people needed support.

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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People described staff as being exceptionally caring and friendly whilst also being respectful and professional when providing care. A person told us, "The staff are very kind and have a laugh with me. My carer [name] is lovely, really lovely. I think that [they are] what Soham Lodge is all about; friendly, caring and respectful. I don't want to be here, but if I had to be anywhere it would be here. This is the place for me to be because they are so caring."
- Relatives also praised the caring nature of staff. A relative had written to the provider, "I never doubted from day one that my mum was in the best place. I cannot fault your staff. The nurses and particularly the carers who looked after mum whilst she was with you. They are a great bunch of people and you should be very proud of them. They were always very kind to me and on my daily visits and we had lots of laughs. All the carers were particularly kind and compassionate when [we] came to clear out mum's room, it was a hard time for us, but they were brilliant."
- Staff were thoughtful and considered people's comfort. For example, we saw staff gently waving food on a fork to help it cool before helping a person to eat and helping another person to change position, so they were comfortable. People and relatives said staff were always respectful and treated people in a dignified way. For example, by knocking on doors before entering.
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. For example, giving people space to help themselves at mealtimes, but offering help when people were finding it difficult to manage and using assistive equipment, such as motion sensors, to enable people to move freely, but alert staff that they may need help.
- Relatives told us they could visit their family members as often as they wanted, and they felt welcomed. One visitor said, "It's very friendly and welcoming."
- Staff told us they would be happy for a family member to receive care from the service. One staff member said, "They get the best care here. I've not seen any [staff] who doesn't care here. It's like a little close family."

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

- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them. People were encouraged to attend meetings and feedback individually to staff.
- Staff knew people well and told us that when people displayed distressed behaviour it was, "just [their] way of communicating." They understood how to support people when they were distressed. Staff were skilled at communicating with people. They adjusted their approach to suit each person. For example, we

saw staff joking and entering into banter with some people, but with others they spoke softly, or used touch help get and keep the person's attention. A relative said their family member was living with dementia. They said their family member, "Can be really difficult, but [the staff] are so good with [them]. They know what to look out for and when [my family member] wants to be left alone."

- People benefitted from staff interacting with them. Throughout our inspection staff chatted and engaged with people in numerous friendly and respectful interactions. This included ancillary as well as care and nursing staff. A relative told us, "The staff are really caring. They talk to [my family member] which makes a difference to [them]."

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

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

- At our last inspection there was not a consistent and planned approach to care planning and people's care plans were not always up to date. We recommended the service sought advice, guidance and training from a reputable source, about effective person-centred care planning.
- During this inspection we found that staff knew people very well and met their needs. People and relatives made positive comments about the staff and the care they provided. One person told us, "The [staff] are brilliant." A relative said, "[The staff] really understand and look after [my family member]." Another relative told us their family member was, "Being cared for very well here."
- The management team had identified the electronic system for care records was difficult to use. To mitigate this staff received detailed verbal information from senior staff and each other, as well as a written handover sheet with key information about people's needs. The provider had bought a new software package for records and staff were receiving training in using the new system during our inspection and it was due to be implemented before Christmas. Following our inspection, the business manager confirmed the new system was in use.
- Staff were very clear on how they supported a person when they became distressed. The new care plans identified risk and provided clear guidance on possible triggers for distressed behaviours and how staff should respond and support the person.
- Staff described person-centred care and came across as passionate about providing it. They understood what was important to people and worked to meet their needs and preferences. The activities co-ordinator was creating "This is me" books that helped people express themselves, and helped staff understand people's preferences. For example, one person's book said that specific films soothed them before they went to sleep. Staff confirmed they often supported the person to watch a film around bedtime.

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 provider had employed a proactive activities co-ordinator who had developed a comprehensive activity programme that included one-to-one and group events, entertainers and outings. They were expanding the use of volunteers and were enabling people to connect with the community. They had worked hard to find out about people's interests and were creative in looking for ways to stimulate, engage, and interest people. One person told us "There are a lot of things going on now and I go and watch some of them; I like the music and the exercise games." A relative told us the activity co-ordinator was, "Doing so many programmes and there's something going on most of the time."
- In addition to the usual games, quizzes and music, staff were innovative and creative in developing the

programme. For example, running a "tech club" for people to learn about using technology such as Skype. Staff were creative in supporting people to mark a diverse range of festivals in the way they wanted. These included celebrating birthdays with balloons and a buffet, the Pride Festival with a performer, and Remembrance Sunday with the British Legion and vintage military vehicles.

- Staff encouraged people to take up new and old interests. One person had a musical instrument in their room. They told us, "I used to be in a big band and I can read music. I've just started to play again. I really enjoyed the band last night and playing with them."
- People had regular opportunities to go out with staff and volunteers. For example, to a local pub, and 14 people had a trip planned to the pantomime. The activities co-ordinator told us they wanted to reduce social isolation. They said, "My main aim is to get more involved in the community. If we can't get to them they can come to us." Staff had promoted developing intergenerational links and invited numerous community groups into the service, such as pre-school children, teenagers, and a men's group, as well as various entertainment groups such as musicians. They also used a webcam to interact with people in the local library and had introduced 'postcards of kindness' where people sent postcards from around the world to people living at the service.
- Staff supported people to maintain existing relationships and enabled people to stay in touch with people who were important to them. For example, one person moved to the home and missed their dog. Staff arranged for the dog to move into the home and supported the person to care for it. Staff were developing an "enchanted garden" as a quiet place of reflection and focal point for a person who had been bereaved and was unable to visit their relative's grave.

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 business manager told us they would provide information in alternative formats if this was required to support people to understand it. This included using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and complaints about the service and were confident the staff, including senior staff and management, would address any concerns they had. One person told us, "If I had a problem I would talk to [a senior staff member]. I did have a complaint a while ago: a problem with one of the staff. I raised it and they sorted it out quickly."
- Staff followed the provider's complaints procedure. The business manager told us they had received two complaints since our last inspection. Records showed these had been investigated and the findings and outcome had been shared with the complainant.

End of life care and support

- The service had achieved the Gold Standards Framework (GSF) in palliative care in September 2018. This is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives.
- The staff had received several compliments from relatives on the care staff provided to people at the end of their lives. One relative had written their family member, "Was treated with dignity, kept clean, well shaven, well-fed and made comfortable throughout. I cannot fault any of the staff involved. They also supported me throughout the difficult last weeks of [my family member's] life. I could not have asked for

more." Another relative said their family member spent the last month of their life at the service. They referred to the "very competent and caring staff... a homely environment alongside excellent nursing care."

- Staff had received training in end of life care and spoke passionately about its importance.
- Staff asked people about their end of life wishes when they moved to the service, but these had not always been revisited during people's reviews. However, staff had created up to date care plans reflecting their people's current needs, where people were receiving end of life care.

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 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; 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;

At our last inspection we found shortfalls in the management and oversight of the service. Quality monitoring systems had failed to continuously assess the quality of the service, drive improvement or find where lapses had occurred. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not made sufficient improvements and is still in breach of regulation.

- Not all audits were effective. For example, not all information the provider is required to obtain was included in their audit of staff files. During this inspection we found shortfalls in the information the provider had obtained during staff member's recruitment process.
- Various audits were in place to monitor the service provided. For example, check lists for health and safety, infection control, staff files and people's care plans. These showed where staff had identified shortfalls. However, they did not always show that the issues had been addressed. The business manager told us this was because they expected the staff member carrying out the audit to rectify the shortfall immediately. This meant that where the same issues were arising in consecutive audits, it was not clear if action had been taken or if the shortfall had recurred.
- Not all audits had been fully completed. For example, the last monthly audit covering many areas including the environment, people's files and staff supervision had not been totalled to show a percentage or rated to show whether they had reached the 'pass' mark or not.

We found no evidence that people had been harmed however, systems were not robust enough and did not demonstrate the provider had effective systems to assess, monitor and improve the quality of the service effectively. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The business manager and nominated individual had identified shortfalls in the software system used to record people's care. This meant information was difficult for staff to find. The provider had invested in a new system on which staff were receiving training during our inspection. A staff member demonstrated how easy it was to find the information and guidance they needed to provide effective care. Following our

inspection, the business manager told us the new system had been implemented.

- The nominated individual and business manager told us their audits quality assurance would be further strengthened with the introduction of new records management software.
- The business manager monitored accidents and incidents, such as falls, for trends and themes.

At our last inspection the provider had failed to tell the CQC of all the incidents they were legally obliged to notify us about. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The nominated individual and the business manager understood the provider's legal responsibilities and had told CQC and other external organisations, such as the local authority, of any relevant events that had occurred.
- The last registered manager had left the service in July 2019. A new manager was in post, but they had not submitted an application to the CQC for registration. They were not present during our inspection. Following our inspection, the provider told us they had appointed another manager who planned to register with CQC.
- Since our last inspection the provider had also appointed a business manager. They provided clear leadership along with the nominated individual. People and relatives made very positive comments about the management team and described the service as having been, "Friendly," and having a "Welcoming atmosphere." They told us the senior management team were accessible and approachable.
- Staff described receiving excellent support from, and having high confidence in, both the business manager and the nominated individual, and were proud to work at the service and felt valued.
- Relatives had sent many compliments to the staff about the service their family members had received. A reviews website showed eight comments were made in the last six months. All were very positive. One relative commented that their family member, "Could not have had better care." Another said, their family member had received, "Outstanding care from very competent and caring staff. The home manages a homely environment alongside excellent nursing care." They went on to compare the service favourably with others they had experienced in the previous 20 years.
- The senior staff and the nominated individual understood their responsibility to be open and honest when things go wrong. Systems had been put in place to reduce the risk of things going wrong again. For example, additional staff training and supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff encouraged people and relatives to regularly feedback about their care and support. They did this both formally, through surveys and meetings, and more informally on a day to day basis. The last survey showed very positive responses from people with 40% of people rating the service "excellent", and the remainder rating it "good". Senior staff had listened and acted on people's comments. For example, we received positive comments about how they had improved the choice of food available at tea -time.
- Staff said the management team encouraged them to contribute to the development of the service and promoted staff accountability at all levels. They had introduced a meeting each morning with staff from all areas of the service. This promoted good communication across the staff team, ensured any concerns were addressed quickly, and staff were aware of their responsibilities for that day.
- Throughout our inspection the nominated individual, business manager, and staff all expressed a strong

desire to continue to improve the service. The provider had looked at ways of developing a career structure within the service and encouraging people to work in social care. People benefitted from staff raising the profile of social care externally and the strong links staff were forging with local community groups and organisations. For example, colleges, schools, pre-schools, and volunteer groups. The business manager spoken at a local college about careers in care work, and provided opportunities for volunteering, work experience, and apprenticeships. The activities co-ordinator organised for people to trial using smart tables and was sourcing funding for one which will be linked via webcam to the local library.

Working in partnership with others

- The service worked well with external health and social care professionals who were involved in people's care. Two external care professionals described how their working relationship had improved with the new management team. An external professional told us staff had trained them to use the new records management system, so they could input their information directly.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate the provider had effective systems to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out robust recruitment checks on all new staff to ensure that they were of good character and suitable to work with vulnerable people. Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.