

Ms Catherine Blyth

Feng Shui House (Blackburn)

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 9 January 2019. The purpose of the inspection was to check whether the provider had made the necessary improvements since the last inspection in August 2018 when the service was rated as inadequate. This was because we found failings in numerous areas; these were in relation to care planning, risk assessments and a series of other safety issues including poor moving and handling practices and poor medicine's control. We also found the service to be in breach of five other regulations. These breaches were in respect of a lack of person centred care, failure to obtain consent, inappropriate supervision and support of staff, the employment of fit and proper persons and failures to demonstrate oversight and compliance with the regulations by the registered provider. We took enforcement action against the provider which meant they were unable to admit people to the home without prior written agreement from the Care Quality Commission (CQC).

Feng Shui House (Blackburn) 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. Feng Shui House (Blackburn) is registered to provide accommodation for up to 16 people who require support with personal care. On the day of our inspection there were nine people living in the home.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, we therefore reviewed what actions the provider had taken to improve the service.

Since the last inspection, a registered manager had been appointed. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager demonstrated a commitment to continuous improvement in the service.

Since the last inspection, the provider had received considerable support under the local authority's Quality Improvement strategy. They had been required to complete an action plan which had been closely monitored through this quality improvement process. As a result of this input, we found significant work had taken place since our last inspection to improve the safety, effectiveness and quality of the service; this meant the provider was no longer in breach of any of the regulations we reviewed. However, the provider needed to continue to embed the learning from the advice they have received from professionals and demonstrate the improvements made could be sustained over time.

Improvements were still required in respect of how the learning from accidents and incidents was shared across the staff team. The provider also needed to further develop their system for monitoring and recording the service's compliance against all required regulations. Since the service is no longer rated as inadequate

overall, or in any of the key questions, it is therefore out of Special Measures. The service has an overall rating of requires improvement.

The provider had improved their systems to monitor the quality and safety of the service through regular audits and spot checks. However, we were told there were no formal reports completed by the provider to assure themselves of the service's compliance against all the regulations.

Although accidents and incidents had been recorded. There was no evidence that any learning from these had been shared within the staff team. The registered manager assured us a system would be put in place to analyse themes and trends from accidents or incidents and ensure any lessons learned were always shared with staff.

Staff had received training to ensure they were able to support people to mobilise safely in the home. The provider had ensured the necessary equipment was in place to ensure people's needs could be safely met. Care plans and risk assessments provided guidance for staff on how to safely meet people's needs; these were regularly reviewed and updated when people's needs changed.

There were policies and procedures in place regarding safeguarding adults. Staff were able to tell us the correct action to take should they witness or suspect abuse. They told us they were confident the registered manager and provider would listen if they raised any concerns.

Staff had been safely recruited and there were enough staff on duty to meet people's needs in a timely manner. We saw that staff regularly sat with people during the inspection to engage them in activities and general conversation. People told us staff were always kind and caring towards them and they had no concerns about the care they received.

Medicines were safely stored and managed. Records we reviewed showed people had received their medicines as prescribed.

The home was clean and appropriate arrangements were in place to manage the risk of cross infection. Materials hazardous to health were stored securely.

The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were supported to have 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's consent to various aspects of their care was considered and was clearly documented in their care records. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

Staff had completed an induction when they started work and completed regular training to keep their knowledge and skills updated. Staff received regular supervision which was used by the registered manager to discuss training needs and provide feedback on staff performance.

People told us the quality of food provided in the home was good; this was confirmed by our observations during the inspection. Appropriate arrangements were in place to assess and meet people's nutritional needs. Staff had regular contact with health professionals to ensure people received the treatment they needed.

A range of activities were provided to help maintain people's sense of well-being. The registered manager

had developed links with a local nursery which had proved to be beneficial for people who lived in the home and the children who visited.

People had opportunities to comment on the care they received. The registered manager told us they planned to develop a satisfaction survey to gain feedback from people who lived in the home and their relatives. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

We received positive feedback about the new registered manager and their impact on the running of the home. Staff told us they enjoyed working in the home and felt fairly treated. Records showed regular staff meetings took place. The registered manager told us they intended to improve how these meetings were recorded to demonstrate the impact of any suggestions made by staff on the way the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe. The provider needed to demonstrate that the improvements made since the last inspection were sustained over a period of time.

There was no system in place to share the learning from any accidents or incidents which occurred in the home.

Staff supported people to mobilise safely in the home. Appropriate equipment was in place to ensure people's care needs were met in a safe manner.

Staff had been safely recruited. There were enough staff on duty to be able to spend meaningful time with people throughout the day,

Medicines were safely stored and managed.

The home was clean and appropriate measures were in place to help prevent cross infection.

Is the service effective?

Good 

The service was effective.

Staff were provided with the induction, training and supervision to help ensure they were able to provide effective care.

Staff had received training in the Mental Capacity Act. Care records documented people's capacity to make particular decisions.

People enjoyed the food provided in the home. Systems were in place to assess and meet people's health and nutritional needs. Health professionals provided positive feedback on the care people received in Feng Shui House (Blackburn).

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and respected people's dignity and

privacy. They had a good understanding of people's diverse needs

Staff encouraged people to be as independent as possible.

People's care records were stored securely in order to protect the confidentiality of their information.

Is the service responsive?

Good 

The service was responsive.

People had plans of care which included essential details about their needs and how they wanted their support to be provided.

People had opportunities to comment on the care they received.

People were provided with appropriate, meaningful activities and stimulation to keep them occupied.

There was a complaints policy in place. People had no complaints about the care they received but told us they would feel confident to raise any concerns with staff and the registered manager.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

A registered manager had been appointed since the last inspection. Staff told us they felt the leadership in the home had significantly improved since their appointment.

Systems to monitor the quality and safety of the service had improved. However, we need to be assured that these improvements will be sustained and further developed.

The service worked in partnership with other services and organisations to help ensure people received the care they required.

Feng Shui House (Blackburn)

Detailed findings

Background to this inspection

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

The inspection took place on 9 January 2019 and was unannounced. The inspection team consisted of two adult social care inspectors.

In planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We also obtained the views of safeguarding and contract monitoring team and local commissioning teams.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We had a tour of the premises and carried out observations in the communal areas of the service. We spoke with two people who used the service, one relative and four external professionals who visited the home on the day of the inspection. We also spoke with the registered manager, the deputy manager, two members of care staff and the cook.

We looked at a sample of records including nine people's care plans and other associated documentation, four staff recruitment records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records for three people, maintenance certificates, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our last inspection in August 2018, this key question was rated as inadequate. This was because we identified concerns in relation to safety issues which affected the care people received. These were poor moving and handling practices and medicines control, a lack of risk assessments to direct staff about how people should be supported, risks in relation to the environment and infection control as well as the unsafe recruitment of staff. As a result of our findings, CQC took enforcement action against the provider to help ensure people's safety in the home.

During this inspection, we found significant improvements had been made although the provider needed to demonstrate these could be sustained over time. In addition, systems to share learning from incidents and accidents needed to be developed. The rating for this key question has therefore changed to requires improvement.

Since the last inspection, the provider had received significant assistance under the local authority's Quality Improvement strategy to move the service forward; this had included moving and handling assessments, advice and training, infection control and mental capacity advice and support. At the time of this inspection, the moving and handling training had only recently concluded and the service now needs to embed this practice in the staff team and become more proactive in the management of safety issues. Staff we spoke with told us they had found the moving and handling training to be informative and considered it had improved their confidence and competence when assisting people to mobilise in the home. During the inspection, all moving and handling practices we observed were safe and respectful of people's dignity.

Risk assessments were in place for people supported, including those relating to the home environment, nutrition and hydration. Care records also included guidance for staff about what equipment should be used for each individual to ensure they mobilised or transferred safely in the home. Our observations showed staff completed moving and handling tasks in accordance with this information. All care records had been regularly reviewed and updated whenever people's needs or risks had changed.

Since the last inspection, the provider had made improvements to the premises, particularly in relation to some shower areas; this meant all showers were now accessible to people who required a hoist to be used to have a shower and shower chairs were also available for people to use as necessary. The provider had also ensured that all equipment in the home was appropriate to meet people's needs; this included the purchase of new beds which were compatible with the use of hoists.

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were stored in a designated medicines room and a purpose made trolley that could only be accessed by staff responsible for administering medicines. The medicine room's temperature and area where the trolley was stored and medicines fridge temperatures were monitored and recorded and we noted that they fell within safe ranges.

Records showed that relevant staff had completed medicines training and staff members' competence to

administer medicines safely was assessed regularly.

We observed medicines being administered to people at the inspection and saw that staff sought their permission before medicine was administered. People were gently encouraged to take their medicines. We checked the balances of medicines stored in the medicine trolley against three people's Medicines Administration Records (MAR) charts and found these records were up to date and accurate. The MAR charts also included a photograph of the person, as well as details of their known allergies and details of staff members authorised to administer medicines. This helped reduce the risks associated with medicines administration.

The MAR charts showed that people were receiving their medicines when they needed them and any reasons for not administering medicines was recorded. We saw up to date protocols were in place to advise staff when and under what circumstances people should receive any medicines that had been prescribed 'as required'. Staff told us what they would do when people required an 'as required' medicine. They also told us what they would do if a person missed their medicines and how they would report any safety incidents. There was a protocol that had been authorised by local health care professionals dealing with 'covert' medicine's administration to ensure that this medicine was appropriately and safely administered. When agreed it is in the person's best interests, medicines can be administered in food or drink without the person's knowledge to ensure they receive the medicines they need.

The provider had instigated a medicine's review conducted by an external pharmacy specialist in November 2018. The specialist had recommended some changes in practices around the administration records and storage of medicines and we noted that these changes were in place at the time of the inspection.

Improvements had been made to the recruitment processes and these were now sufficiently robust to protect people from the risk of unsuitable staff. Recruitment checks were carried out before staff started working at the home. We looked at the personnel files of four members of staff that worked at the home, one of whom had been recruited since the last inspection in August 2018. The files contained completed application forms that included reference to their previous health and social care experience, their qualifications and employment history. Each file included two references, health declarations, proof of identification and evidence that criminal record checks had been obtained for all staff.

There were effective infection control procedures in place. Following the last inspection, the local authority infection prevention team had visited the home and provided advice and support regarding infection control measures. During this inspection, we conducted a tour of the premises and found all areas were clean and free from odour. People we spoke with told us their bedrooms were always cleaned to a high standard.

We saw that, since the last inspection, hazardous materials had been removed from the hairdresser's salon to ensure people's safety when accessing this room. The provider had also ensured that all clinical waste had been safely removed from the premises on a more regular basis to avoid the build-up of waste which we had observed on our last inspection. In addition, our checks showed all windows were fitted with restrictors to prevent accidents from occurring and water temperatures were all within safe limits. Since the last inspection, the provider had also installed a keypad lock on the kitchen door; this was to ensure that it was not accessible to people who lived in the home without supervision. The provider had introduced regular monitoring arrangements to ensure the safety and cleanliness of the premises.

People who lived in the home were provided with personal alarms which they were encouraged to wear at all times in order to call for staff assistance when necessary. We noted that one member of staff was always

deployed to remain in the lounge to help ensure the safety of people who lived in the home and engage them in conversation throughout the day. We saw that staffing levels were sufficient for staff to be able to spend quality time with people during the day. The registered manager told us staffing levels had not been reduced following CQC's decision following the last inspection to place a condition on the provider's registration; this remained in place at the time of this inspection and meant the provider was unable to admit anyone to the home without the commission's prior written agreement.

Staff we spoke with knew what to do in the event of a fire. They told us there were regular fire drills so they were reminded about their roles in such an event. Records confirmed that staff received training on fire safety. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out. There were monthly checks on the provision of emergency lighting and fire prevention and fighting equipment. People had personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. These had been reviewed since the inspection in August 2018 and were up to date and accurately reflected people's needs and support. A business continuity plan was also in place to inform staff of the action to take in the event of a loss of utilities, fire or other emergency at the home.

Records showed that the provider completed checks on other equipment to ensure that they were safe and had been serviced. These included checks on the suitability of mechanical hoists and slings to assist in moving and handling people who required assistance. We noted that this equipment had been serviced consistent with the Lifting Operations and Lifting Equipment Regulations 1998 and the associated Code of Practice. Environmental risk assessments and health and safety checks were also being completed. These included electrical installation, gas safety and legionella testing and water temperature monitoring.

Accidents and incidents were appropriately recorded but these had not been reviewed by the provider or registered manager since the last inspection. The registered manager said, "I've been involved in many changes at the home since being appointed as registered manager. Most of the issues have been addressed and going forward I will ensure that all accidents and incidents are reviewed at management level so that we can all learn lessons to ensure people are kept safe." Following the inspection, the registered manager sent us information about their plans to ensure such systems were implemented.

People who lived in the home told us they felt safe. One person commented, "I feel very safe here. It's a lovely place." Staff had access to safeguarding policies and procedures and had received training to help them recognise when people might be at risk of abuse. Staff spoken with told us they would raise any concerns they had with the registered manager or provider and were confident they would be taken seriously. Staff were also aware of the whistleblowing (reporting poor practice) procedure which they could use to raise concerns to organisations external to the home. One staff member told us, "If I raised something in the home and was not happy with the outcome, I would take things higher. The welfare of people has to come first."

Is the service effective?

Our findings

At our last inspection in August 2018, this key question was rated as requires improvement. This was because the provider had not ensured staff received regular training and supervision, the requirements of the Mental Capacity Act (MCA) 2005 had not always been followed and people were not protected against the risks of inadequate nutrition. During this inspection, we found the required improvements had been made and the key question is therefore rated good.

Since the last inspection, the provider had ensured staff had received necessary training and regular supervision. Records we reviewed showed staff had completed training in a range of areas including moving and handling, MCA, safeguarding, equality and diversity, first aid, infection control and fire safety. Staff told us this training was of good quality and helped them to carry out their role effectively.

Staff told us they received regular supervision from the registered manager and our review of records confirmed this. Supervision provides staff with an opportunity to discuss issues of concern and any areas for development. We saw that staff signed a supervision contract which explained their responsibilities and those of the registered manager in the supervision process. Supervision records showed staff were able to discuss their training and development needs, any areas of concern and their knowledge and understanding of particular areas of practice. We saw that supervision was also used as a forum for the registered manager to provide feedback on staff performance. Where necessary, appropriate disciplinary action had been taken.

We spoke with two members of staff who had been employed to work in the home in the previous six months. They told us they had received an induction to the home including people's care records, the working practices and had shadowed more experienced staff before being asked to work without close supervision. They told us the induction period had prepared them well for their role.

People received appropriate and safe support with their dietary and nutritional needs. Since the last inspection, the provider had made arrangements to ensure, where necessary, appropriate specialist equipment was in place so that staff could support people to eat safely. During the inspection, we observed how staff supported people to eat at mealtimes and noted this was done in a safe, reassuring and patient manner and in line with advice given by external professionals. We saw that people were offered choices of meals if they did not like what was on the menu. We also saw that people were provided with drinks and snacks throughout the day.

We saw examples of how the MUST risk assessment tool was completed in order to identify people's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five-step screening tool used to identify adults who are malnourished or at risk of being undernourished. A health care professional said, "They are supporting two of my clients and I have no complaints about how they are managing their issues."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People's care records had been improved and now contained information about their capacity to make particular decisions. The records also advised staff how they should enable people to communicate their wishes to protect their rights. At the time of the inspection, six people's care arrangements had been authorised through DoLS applications. The registered manager told us they intended to scrutinise the DoLS authorisations to ensure any conditions in place were being met.

Staff demonstrated a good understanding of the MCA. They told us they would always seek consent from people before they provided any care and had a good understanding of the different ways individuals expressed their wishes and feelings. Our observations during the inspection showed staff prompted people to make decisions and choices about their daily lives. In addition, one person told us, "Staff are very good here. They do as I tell them."

We saw that the electronic care planning system used in the home highlighted when individuals had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) form in place. This information was also included in the daily handover sheet completed at the end of each shift; this helped to ensure care staff and professionals visiting the home were informed of individual's wishes regarding resuscitation. A DNACPR form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However, the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. The DNACPR forms we reviewed had been fully completed, involving people who used the service and their relatives, where appropriate, and signed by their GP.

We saw that people had an assessment of their needs before they entered Feng Shui House (Blackburn); this helped to ensure staff were able to deliver the expected outcomes. Individualised care plans were put in place and regularly reviewed and updated when people's needs changed. We saw that these care plans were detailed and included information about people's wishes and preferences in relation to how their care needs should be met.

We looked at the premises and people's bedrooms and found they were clean, warm, well presented. People had personalised their bedrooms with their own possessions. The provider had adapted the premises and environment to ensure it was suitable for people who lived in the home.

People were supported to maintain good health and had access to health care support. When there were concerns, people were referred to appropriate health professionals. Two visiting health professionals told us, "I have noticed recent improvements at the home and staff act on my instruction and advice" and "The documents have a good structure and appropriate detail. They make proper referrals when there are issues and are doing precisely what we ask." A family member also commented, "The home is really looking after

my relative at the moment who is very poorly. They give me regular updates and are working closely with the GP."

Is the service caring?

Our findings

At the last inspection in August 2018, this key question was rated as requires improvement. This was because people's dignity and privacy was not always maintained. People's care records were not always securely stored. During this inspection, we found the required improvements had been made and the key question is therefore rated good.

People told us staff were kind and caring. Comments people made to us included, "I'm very happy. Staff are very good to us" and "The staff are lovely and helpful. I'm happy." During the inspection, we observed kind, caring and patient interactions between staff and people who lived in the home. Staff were also reassuring if individuals became upset.

Staff spoken with understood their role in providing people with compassionate care and support. Staff knew people well and understood their needs. They were able to tell us about each person's routine, preferences and the support they required.

We had a tour of the premises and saw that appropriate arrangements were now in place to protect the dignity and privacy of people in shared rooms. Curtains had been put in place to screen en-suite bathrooms. Privacy screens were also in place for staff to use when providing personal care.

The registered manager showed us that, since the last inspection, a lockable cabinet had been purchased for the secure storage of people's care files. This meant people's right to confidentiality was now maintained. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

People who telephoned the home were informed by a recorded message that all calls were recorded for training purposes. However, prior to the inspection, we received concerns that outgoing calls from the home were also being recorded without people being informed of this. We discussed this with the registered manager who told us they would ask their IT provider for a solution to this to ensure people consented to the recording of calls from the home. In the interim period, all staff were told that when making calls they should inform people contacted that the call would be recorded. The registered manager also sent us evidence to show the service user guide, provided to people on admission to the home, had been updated with information about the recording of telephone calls.

Staff had access to a policy relating to equality and diversity. This policy advised staff of their responsibility to ensure people were protected from discrimination or unfair treatment on the basis of 'protected characteristics'. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

We saw that people's care records encouraged staff to promote people's independence. We observed evidence of this during the inspection. For example, we heard one member of staff say to a person, "Do you

want to try and do it yourself" when supporting them to eat their lunchtime meal.

We saw evidence that the registered manager had been proactive in contacting the local advocacy service when people required support to express their wishes in relation to their care arrangements. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Is the service responsive?

Our findings

At the last inspection in August 2018, this key question was rated requires improvement. This was because care plans did not include details of people's up to date health conditions and on occasions, there was a lack of a person-centred approach to care and support. During this inspection, we found the required improvements had been made and the key question is therefore rated good.

Care records were personalised and contained information about individual's physical and mental health needs and how they wanted to be supported. We saw that all records had been regularly reviewed and updated following any changes to a person's condition. During the inspection emergency services were called to deal with a situation where a person felt acutely unwell. We considered the records around this and noted that a member of staff had been making regular checks on the person when providing assistance. They had asked the person regularly about how they felt and used this information to make a judgement to ring the emergency services. An attending paramedic said, "The staff have done a good job here and they were right to call us out"; this demonstrated the service was responsive to people's changing needs.

At the time of this inspection, two people were sharing a bedroom. Due to their inability to consent to this arrangement, we saw records which showed consultation had taken place with their relatives to ensure the decision to share a room was in their best interests. The registered manager told us that people's personality, interests and daily living patterns would be taken into account before any admissions to shared rooms in the future.

We checked if the provider was meeting the requirements of the Accessible Information Standard (AIS); this standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Although the provider did not have a policy in place regarding this standard, we noted care records included information about people's communication needs and the support they required from staff. In line with this standard, the provider had also ensured that most policies relevant to people who used the service such as the complaints policy, had been provided in accessible way; this was often through a person's relative. During the inspection, we observed staff encouraged people to use hearing aids to help ensure they were able to communicate effectively with staff and other individuals living in the home.

The service was using a range of technology to improve the care and support people received; this included equipment such as the personal alarms worn by people who lived in the home to attract the attention of staff when necessary. The registered manager told us they also had access to sensory equipment to help improve the well-being of people in the home.

An electronic care planning system was in place to help ensure that people received the care they needed and staff always documented the support they had given. This system was also used to document a weekly summary of people's needs which staff told us they found very useful, particularly if they had been absent from the home for several days. During the inspection, we noted staff communicated using walkie-talkies;

this helped to ensure staff were able to respond quickly to meet people's needs in all areas of the home.

The home did not have a designated activity coordinator and during the inspection we saw staff interacting with people on a one-to-one basis. They were talking together and noted that staff were enquiring of people's interests, former employment and backgrounds. People were speaking freely and there was a lightness and good-natured way about the conversation. At other times, people were watching TV in the lounge whilst some others read. In the afternoon we saw that six residents took part in a card game that had been organised by staff with large 'over-sized' cards. People participated enthusiastically and were supported by staff to engage with others during the activity. The registered manager told us they planned to improve the secure garden to ensure people were able to fully access and enjoy this area of the home.

During the Christmas break, we noted that people had been involved in activities in the home including visits from children from a local nursery who put on a nativity play. Photographs from the event showed that the children and people at the home appeared to benefit from the visit. People and children were seen laughing together and having a good time. The registered manager told us the relationship with the nursery was continuing with children visiting the home on a monthly basis. This meant that the home was taking steps to avoid social isolation for its residents and fostered community relationships. The registered manager said, "At the moment, with the small number of residents we have, staff can cope with running activities and I realise the importance of this. If we expand and have a larger number of people in the home, I will assess whether we need to employ a designated member of staff."

People were supported to have a comfortable, dignified and pain free death. There was no one in receipt of end of life care at the time of the inspection. However, we noted care records contained information about the care people wanted to receive at the end of their life when they had been willing to discuss this. Most staff had also received training in end of life care to help ensure they were able to provide compassionate care at this important time.

The service had policies and procedures in place for the management of complaints. The registered manager had introduced a new compliments/complaints book for people to complete. We noted there had not been any complaints received since the last inspection. People spoken with during the inspection told us they had no concerns about the care they received but would be happy to discuss any concerns with any member of staff or the registered manager.

Is the service well-led?

Our findings

At our last inspection in August 2018, this key question was rated inadequate. This was because the provider's systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not always effective. In addition, whilst the registered provider was knowledgeable about the people who used the service and their needs, we found they lacked understanding around the regulations and their responsibilities to ensure these were met. They had also failed to meet their legal obligation to send all required notifications to CQC.

Since the last inspection, the service had received considerable support under the local authority's Quality Improvement strategy; this was in relation to safe moving and handling practices, mental capacity assessments and infection control. The provider had been required to complete an action plan to demonstrate the improvements they intended to make; this had been closely monitored by the local authority. As a result of the support received, we found the quality and safety of the service had significantly improved. For example, staff were more confident in safe moving and handling practices, appropriate equipment was in place and action had been taken to ensure people's care records accurately reflected their needs. In addition, the registered manager had ensured people's capacity to make decisions was regularly reviewed and, as a result of identified inaccuracies in DOLS applications, representations had been made to the local authority.

Records showed that senior staff and the registered manager had taken action to make improvements where any concerns had been found. For example, two staff members had been retrained and competency checked in medicines administration following a review of training needs. We also noted that the provider had sought external support in making improvements to the service, which included advice and support from a pharmacist. This meant all the breaches we found in our previous inspection had been met and no new breaches identified. However, the provider and registered manager need to ensure the learning from the advice they have received is fully embedded in the service. This means this key question is rated requires improvement.

At the time of the last inspection, the registered provider was responsible for managing the home on a day to day basis. Since that inspection, they had taken the decision to appoint a manager who had successfully registered with the commission. They were supported in the running of the home by a deputy manager. Although the registered provider continued to visit the home on a regular basis, we found they were not completing any formal provider monitoring reports as required to assure themselves that the service was compliant with all required regulations.

We discussed with the registered manager their plans for continuing improvements in the service. They told us they intended to continue to focus on care plans to ensure they remained as person-centred as possible. They told us they also intended to introduce satisfaction surveys for people to complete as they currently relied on an external website to gather comments people made about the home.

Staff told us the appointment of the registered manager had made a significant improvement to the way the

service was led. They told us the home was more organised, morale had improved and staff felt more confident in their role as a result of the additional training they had received. Comments made by staff included, "The new manager has improved the drugs administration processes and we all feel confident about the system" and "Since the appointment of the new manager, the situation in the home has improved. The home is a better place with a happier and more inclusive staff team."

At this inspection we found that improvements had been made to the provider's systems to monitor the quality and safety of the service; such systems need to operate effectively to ensure compliance with all regulations. Regular audits took place in relation to care records, medicines, infection control as well as health and safety. We saw that any issues identified during this process had been rectified. In addition, the registered manager and provider had made unannounced checks during evening shifts and at weekends and conducted checks on staff as well as the home's cleanliness. Where issues had been identified, we noted that appropriate changes had been made. For example, a recent check had identified poor performance on the part of a staff member that had led to a disciplinary process.

Staff spoken with told us they enjoyed working in the home and considered people received high quality care. They told us they were treated fairly and felt valued and respected. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member told us, "The manager and their deputy are always available and the provider also helps out with on-call."

Some systems were in place to gather feedback from people who lived in the home, their relatives and staff although the registered manager told us they had plans to develop these further. One person told us that they attended formal resident meetings to discuss aspects of the service and how improvements could be made to the running of the home. We looked at the minutes of the meeting held in December 2018 by the new registered manager with people who lived in the home and their relatives. These minutes showed that people were asked for their opinion about how the service could be improved and action had been taken in response to the comments made. For example, the registered manager had put in place a memory board which was used to display arts and craft items completed by people in the home. There were also plans to display photographs which could be used for reminiscence activities. A 'You said/We did' poster was on display in the entrance area of the home to show action the provider had taken in response to feedback received.

Records we reviewed showed there had been one staff meeting held since the last inspection at which the registered provider had reminded staff of their responsibilities and expected standards. Although staff told us they felt able to make suggestions in staff meetings, we found the minutes of this meeting did not reflect any discussions or input from staff. The registered manager told us they intended to change the way staff meetings were recorded to reflect any actions taken between meetings and ensure they documented any comments made by staff.

We saw evidence that the service worked in partnership with a variety of other agencies. These included, GPs, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

We noted the provider was meeting the legal requirement to display the rating from the most recent inspection in the home and on their website; this is so that people, visitors and those seeking information about the service can be informed of our judgements. Records showed the provider had also met their legal responsibility to inform CQC of important events which affected the health or safety of people who lived in the home.

