

Abbeyfield Society (The)

# The Firs Nursing Home

## Inspection report

700 Mansfield Road  
Sherwood  
Nottingham  
Nottinghamshire  
NG5 3FS

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Tel: 01159531123

Website: [www.abbeyfield.com](http://www.abbeyfield.com)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected the service on 24 October 2018. The inspection was unannounced.

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

The Firs Nursing Home can accommodate 31 older people and people living with dementia and nursing needs in one adapted building. Accommodation is provided on three floors; a passenger lift is available. At the time of our inspection 21 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

At the previous inspection in September 2017 we identified some improvements were required in three key areas we inspected; 'Safe', 'Caring and 'Well-led'. This resulted in the service having an overall rating of 'Requires Improvement'. We identified four breaches in Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how risks were assessed and managed, staffing levels and deployment of staff, how staff respected people's dignity and the governance of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions to at least good. The provider sent us an action plan and told us they would make the improvements by 31 January 2017.

At this inspection, we found the breaches in regulation had been met. However, further time was required for improvements and new systems and processes to be fully imbedded and sustained.

Improvements had been made to how risks associated with people's needs were assessed and managed. Staff had received additional training and guidance in how to mitigate risks. Following the last inspection, staffing levels had increased but had recently decreased, without appropriate assessments being completed. Senior management agreed on the day of the inspection, to increase staffing levels with immediate effect and to complete an assessment of people's dependency needs. Safe staff recruitment procedures were in place and followed.

Improvements had been made in how staff respected people's dignity and people's meal time experience was positive. However, there remained some inconsistencies in staff's approach.

National best practice guidance in the management of medicines were not consistently followed. This included the administration and record keeping of medicines. Accidents and incidents were reviewed and

action was taken to reduce further reoccurrence, but were not consistently sustained. Infection control practice was used and understood by staff, but two people were exposed to unnecessary risk of cross contamination due to seating that could not be cleaned effectively.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. The management team had worked with the local authority safeguarding team to investigate safeguarding incidents and concerns.

Staff received an induction and ongoing training and support. Staff were knowledgeable about people's health conditions.

People received a choice of meals and drinks and were assisted to eat and drink where required. People's health care needs were assessed and monitored, and staff worked with external healthcare professionals in meeting people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Independence was encouraged and supported. Information about independent advocacy services was available. It was not clear how people were involved in opportunities to discuss and review how their care and treatment was provided.

Staff had information to support them to understand people's needs, preferences and diverse needs. People received opportunities to participate in social activities. The provider's complaint policy and procedure had been made available to people who used the service, relatives and visitors. People's end of life wishes had been discussed and planned with them.

The systems, audits and checks on quality and safety had improved and the provider had an ongoing action plan to make further improvements. People received opportunities to feedback their experience of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Improvements had been made to how risks were assessed, monitored, reviewed and managed.

Safe staff recruitment processes were used. Some concerns were identified with staffing levels, but immediate action was taken to improve this.

National best practice guidance in the management of medicines was not consistently followed.

Some concerns were identified in the cleaning of furniture that could pose an infection control issue.

Accidents and incidents were acted upon, lessons were learnt but action not consistently sustained.

Staff were aware of how to protect people from abuse and avoidable harm.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received an induction, ongoing training and support.

The principles of the Mental Capacity Act 2005 were understood.

Where required, people received support with their nutritional and hydration needs.

Staff took effective action when changes to people's health conditions were identified.

**Good** ●

### Is the service caring?

The service was not constantly caring.

Improvements had been made in how staff provided people with respectful and dignified care. However, this was inconsistent at

**Requires Improvement** ●

times.

Advocacy information was available. It was not clear how people and their relatives were involved in how care and treatment was provided.

### **Is the service responsive?**

The service was responsive.

Staff had information and guidance about people's needs, preferences and routines. People received social activities and opportunities.

People had access to the provider's complaints procedure and end of life wishes had been discussed with people.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

Improvements had been made to the service but further time was required for these to be fully imbedded and sustained.

People received opportunities to share their experience about the service.

**Requires Improvement** ●

# The Firs Nursing Home

## 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.

This comprehensive inspection was completed on 24 October 2018. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To assist us in the planning of 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 some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority care commissioners who support people to find appropriate care services, which are paid for by the local authority or by a health authority clinical commissioning group. We also contacted Healthwatch Nottingham, who are an independent organisation that represent people using health and social care services.

On the day of the inspection, we spoke with five people who used the service and four visiting relatives for their views. We used observation of staff engagement with people in communal areas, to help us understand people's experience of the care and support they received.

During the inspection, we spoke with the provider's representative, registered manager, clinical lead, an agency nurse, the cook, a housekeeper, an activity coordinator, two team leaders and two care staff. We looked at all or parts of the care records of five people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff, four staff files, recruitment and deployment of staff, meeting minutes, policies, procedures, and arrangements for managing complaints. □

# Is the service safe?

## Our findings

During our previous inspection in September 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks associated with people's needs including the prevention and management of pressure ulcers and wounds, were not always assessed or monitored appropriately.

At this inspection, we found action had been taken to mitigate as far as possible, risks associated with people's skin. Staff had received additional training in the prevention and management of pressure ulcers and wound management. Documentation had improved with the implementation of a wound book that recorded action by staff in the management and care of skin conditions. Wound assessment charts were completed and showed wound dressings were changed as required and the healing of the wounds were monitored.

Risks to people's health and safety were assessed and reviewed monthly. This included nutritional and falls risk. Staff were provided with detailed guidance of the action required to manage known risks. Staff told us guidance was sufficiently detailed and confirmed they had received additional training, to support their knowledge and skills in the management of risks associated with people's healthcare needs. Where people required support with their mobility, we saw staff provided safe care and support when using a hoist to assist people with transfers. This included providing people with reassurance and explanation.

Personal emergency evacuation plans had been completed and provided staff with important information in how to safely evacuate people if the situation arose. The environment, premises and equipment was monitored for health and safety and maintenance checks and servicing completed. Staff told us how they ensured people were not exposed to unnecessary risks and hazards. This included checking equipment such as hoists, were in safe working order before using.

During our previous inspection in September 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the numbers and deployment of staff.

At this inspection staff told us staffing levels had increased following our last inspection, but recently this had been reduced again. Staff were concerned about this due to the dependency needs of people. The provider's representative told us they agreed staffing levels were not sufficient and agreed with immediate effect, to increase staffing levels. The provider's representative assured us no changes would be made to staffing levels, without people's dependency needs being fully assessed and in consultation with the management team. Staff recruitment was ongoing and care staff picked up any shortfalls and agency nursing staff were used. Staff skill mix was considered in the development of staff rota's. The management team told us they always tried to use agency staff that had worked at the service before, an agency nurse on shift confirmed they had worked at the service before. They were found to be competent and well informed about people's needs.

Medicines were not consistently managed effectively. For example, two people received their medicines by the application of a skin patch. Patch application records were not in place to record the site of application. This is important to prevent the application site being reused causing skin irritation.

We identified gaps in the medicine administration records (MARs) of four of the 21 people living at the service. With three of these people, the medicines were missing from the medicine blister packs, suggesting they had been administered and not signed for. We found a medicine for one person had not been administered on two occasions. We brought this to the attention of the clinical lead who agreed to investigate what had occurred. MARs did not have a code for non-administration of a medicine due to lack of availability and there was no place for recording reasons for non-administration. The clinical lead said they would raise this with the pharmacy who provided the MAR documents. This is important information and enables staff and external health professional to monitor the use of people's medicines.

Staff had information and guidance about people's medicines, including their preferences for administration. The storage of medicines was found to follow best practice guidance and staff responsible for the management and administration of medicines had received refresher training and had a medicines management policy and procedure to support their practice.

Whilst we found some shortfalls in the management of people's medicines, people and their relatives were confident in how medicines were managed. A person said, "The staff are good when I need oxygen and I tell them when I need antibiotics and they are good at getting those for me I know my body better than anyone." A relative said, "The staff tell us if [relation] has not taken their medicine we are very happy with the feedback we get."

The environment and equipment was visibly clean and we did not identify any concerns in relation to cleanliness. People and relatives were complimentary about the cleanliness of the service. A person said, "I think I can say it is clean they clean my room every other day Its never smelt here it never has." A relative said, "We think the home is really clean we are very happy with it there are no complaints from us."

Personal protective equipment such as aprons and gloves were available for staff, and we saw these were used in line with infection control practice. Staff were aware of the action to take when a person had an infection, to reduce the risk of it spreading to others. We identified the covering of two people's chairs had significantly worn, this impacted on the chairs being cleaned and was a potential infection control risk. We discussed this with the management team who agreed to get the chairs recovered.

Staff recorded any accidents and incidents and this information was reviewed by the management team, to consider if lessons could be learnt and action required to reduce further reoccurrence. Before our inspection we were aware of an incident that had occurred in relation to hot liquids. To prevent further risks to people, we had been informed the temperature of drinks were checked by staff before people received them. However, we saw people received their hot drinks without any checks being taken on the temperature. When we asked the staff member supporting people with their drinks, they told us they had not been informed they should check the temperature of drinks. A kitchen assistant present, checked the thermometers on the tea trolley and found these were not all working and told us the sign on the drinks trolley to remind staff about checking the temperature of drinks had been removed. The registered manager took immediate action to instruct staff of what was expected, this included a sign being put on the drinks trolley and the batteries in thermometers replaced.

People were protected as far as possible from abuse and avoidable harm. People told us they felt safe with the staff that supported them. A person said, "I feel safe and quite enclosed here. The staff pop in to see me

about every 15 or 30 minutes to check that I am ok." A relative said, "We are very happy with this home it is secure and safe. The staff check on [relation] every 15 /30 minutes at night and their mattress is alarmed if they try to get up (at risk of falls)."

The provider had safeguarding systems and processes in place to support and instruct staff of their responsibilities to protect people from abuse, avoidable harm and discrimination. Staff were aware of these procedures. A member of staff told us of a concern they had reported and said that action was taken by the registered manager as a result.

People were supported by staff who had been through the required recruitment checks to determine their suitability to provide safe care and support. These included references and criminal record checks. Checks were also completed on the registration status of nurses to ensure they were registered with the Nursing and Midwifery Council as fit to practice. Recruitment files showed the necessary recruitment checks had been carried out. Staff confirmed checks had been completed before they commenced their employment.

## Is the service effective?

### Our findings

The provider used best practice guidance and care was delivered in line with current legislation. Policies were in date and supported staff practice. Recognised assessment tools were used in assessing people's care and support needs such as nutritional and skin needs. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and marital status were identified. This helped to ensure people did not experience any discrimination. Assistive technology was used to support staff to effectively meet people's needs. For example, people were provided with personal alarms and sensor mats where used where people were at risk of falls to ensure their safety and promote independence.

People were supported by staff who had an induction, ongoing training and opportunities to discuss and review their work and development needs. People told us they found staff to be knowledgeable about their care needs.

Staff told us about the training they had received and the training plan confirmed what staff told us. The training plan showed what training was arranged for November 2018, we noted this included dementia awareness and was a well recognised training provider in dementia care. Staff were positive about the support they received from the registered manager. A staff member said, "I have no concerns about the training and support I receive. New staff complete an induction and shadow experienced staff, it's organised and structured."

The staff training and supervision plan confirmed staff had received an induction, opportunities to discuss their work and refresher training. This was in a variety of subjects relevant to the needs of people using the service. Staff were also required to complete the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. This meant people could be assured staff received training and support to effectively meet their care and support needs.

People received sufficient to eat and drink, and choices were offered. A person said, "The food is fine for me. The staff ask me what I want there is a choice they offer you options if you don't like it, you cannot complain."

Staff were aware of people's nutritional needs and preferences, any dietary needs associated with their religious and cultural needs were considered. When fluid balance charts were used to monitor people's fluid intake to prevent dehydration, they were filled in consistently and indicated each person was receiving adequate fluids to keep them hydrated. Food monitoring charts were also completed when people were at risk nutritionally. This meant people could be assured staff understood their needs and preferences and monitoring systems were used effectively.

People's healthcare needs were assessed and monitored, and action was taken when changes were

identified. People told us they had good access to healthcare, this included visits from the GP when required, a person told us they had seen a dentist and chiropractor. A relative said, "My [relation] saw the doctor this week the staff thought they needed a visit they arranged it quickly. The respiratory team were quick with their response too."

People's care records confirmed how staff worked with external healthcare professionals such as specialist nurses, dietician, speech and language and physiotherapists in the management of people's health conditions. The service participated in the red bag scheme, this is an NHS initiative that improves communication between care homes, ambulance and hospital staff in meeting people's health care needs. This is important in the ongoing care of a person.

The environment met people's needs. For example, lighting, decoration, space and signage was good, this included consideration of people's needs associated with the mobility and for people living with dementia. People had a choice of where to spend their time. There was a pleasant safe and secure garden for people to use that was easy to access. This showed how the provider had considered people's needs in the design and layout of the building.

A variety of documents were used to record people's consent. For example, the use of photographs in the care records, photographs for publicity purposes, sharing of care records with other professionals, closed door at night and the use of bed rails. This demonstrated how people were consulted in the service they received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our inspection no person had an authorisation in place. The registered manager had applied to the local authority where required, but the assessment process had not commenced.

Where people lacked mental capacity to consent to their care, assessments had been completed and best interest decisions made. Documentation to record this information was detailed, advised who had been involved in the decision making process and that least restrictive options had been considered.

Whilst care staff told us they would not normally carry out mental capacity assessments, this was normally completed by the registered manager or clinical lead, they showed an understanding of the principles of the MCA. This included giving people choice's and opportunities to be involved in decisions about their care as fully as possible.

Some people had a decision not to attempt resuscitation order (DNACPR) in place and this information was available for staff. Some people had lasting power of attorney (LPA) that gave another person legal authority to make decisions on their behalf and this was recorded and known to staff. This is important information to ensure people receive effective care and treatment.

## Is the service caring?

### Our findings

During our previous inspection in September 2017, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned that people did not receive care and support that was consistently dignified and respectful.

At this inspection, we found improvements had been made and this breach in regulation had been met. Staff told us they had completed additional training and had meetings with the management team to improve how care and treatment was provided. A staff member said, "We've had refresher training in equality and dignity. The management team do daily walk around and will raise any issues or concerns with us." Another staff member said, "Care has improved, we are working better as a team, we're more organised and have good communication."

Visiting relatives were positive about the care provided by staff. A relative said, "The staff are very caring and they are approachable, they are good at communicating if there are any issues too any time night or day." Another relative said, "The staff listen to me I cannot fault them they are very caring too." Additional positive comments received included, "I think they (staff) are very caring to my [relation] they give them chocolates and a card for their birthday. They have a good bond with (name of staff member) who arranged for them to come to the pub to celebrate their birthday with all their friends and family."

At our last inspection we were concerned that people's meal time experience was not positive. At this inspection, we found improvements had been made. We saw people's meals were served efficiently and when people stayed in their rooms, staff took the meal on a tray and sat with them and assisted where this was required. We noted one person's care plan stated they needed a plate guard to enable them to eat independently and this was provided. Staff were attentive to people's needs and checked on them to encourage them when necessary. When people refused their main meal, staff offered alternatives to encourage them to eat. The atmosphere was calm and organised.

Staff were positive about their work and showed care, compassion and interest in the people they supported. Staff clearly indicated they had developed positive relationships with people and knew them well. A staff member said, "Improvements have been made since the last inspection, we've worked on making meal times better for people, staff are busy but we try and spend time with people."

We saw how staff were attentive to people's needs, this included people being offered blankets for their comfort needs. A person was offered a cushion to make them comfortable which they accepted. A person had a therapy doll that provided them with comfort and a staff member was seen to be sensitive and respectful in their approach with the person. A person was supported to transfer from their wheelchair and were given a choice of the equipment to use and staff respected the person's choice.

People told us staff always knocked on their bedroom door first and we observed this happening. Staff also advised people who it was at the door so they knew whom to expect. We saw staff were busy in the morning and had limited time to spend with people, interactions were mostly during times staff were supporting

people with tasks. In the afternoon we saw periods when staff sat with people chatting.

However, we continued to receive a mixed response from people about the approach of staff that meant there were still some inconsistencies in staff approach. One person said, "The staff knock on the door before they come in and are polite. Sometimes when there are two of them seeing to me, they talk to each other across the bed and not to me. The staff listen to me sometimes, but it depends on the subject. But you cannot complain they are busy. I don't need as much attention as other people." Another person said, "Some staff listen to me, but some do not but if I am unhappy with them I speak my mind." We shared this feedback with the management team who agreed to discuss this with staff.

We saw a person who was cared for in bed was unable to reach their buzzer to call for assistance because it was on the floor. We shared this with the registered manager who confirmed the person could use their buzzer if required. They moved the person's buzzer to be within reach. We saw how a person took out their hearing aid from their bag and told a staff member it was not working, and that they thought the batteries needed changing. When staff were questioned about the person's hearing aid, a staff member was heard to say they were not aware the person wore the hearing aid, they believed the person chose not to wear it. This person did not have a care plan to instruct staff about the support they required in the use of their hearing aid. We discussed this with the registered manager, they ensured the hearing aid batteries were changed and supported the person to put their hearing aid in. The person gave a thumbs up and smiled, indicating they could hear better. The registered manager assured us they would speak with staff and that a care plan for the hearing aid would be completed as a priority.

We saw a moving and handling sling was left in place when a person was moved to sit in a lounge chair. However, no attempt was made to unfasten the sling and move it so that it was less obvious to visitors and other people using the service. We were concerned about the person's dignity and discussed this with a staff member. They immediately made sure the person was comfortable and told us it was unusual for this to have happened.

People could not recall having seen or being involved in discussions about their care and treatment. A relative said, "I have not been involved (in the development and review of relations care plans) but I know they (staff) will do the right thing. Although everything that happens is recorded and I see that."

The provider's PIR advised care plans were reviewed monthly or sooner if needs changed and that 'Relatives are invited to be involved in the care planning process.' However, from the care plans reviewed, it was not clear what the process was for involving people and or their relative where appropriate, in opportunities to discuss their care and treatment.

Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave an example where they had sought the support of a well known and recognised charity to support people with significant life changing events, including advocacy support.

People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

There were no restrictions on people's family and friends visiting them. A relative confirmed this by saying, "I can come any time at all, I generally come in the day. You can visit in the evening too, you just need to press the buzzer and the receptionist lets you in. In fact, you can come 24 hours a day. Its 24/7 here you know."

## Is the service responsive?

### Our findings

People's care records contained an initial assessment of their care needs and a range of care plans provided staff with guidance of their ongoing care and support needs. This is important information and supported staff to provide an individualised service based on people's needs, routines and preferences.

When people had long term health conditions this was detailed in their care plan and staff were provided with guidance, of the action they should take to help them manage their condition. This included signs that may indicate additional medical advice should be sought. Information also included people's family and social history, pastimes, routines, interests, hobbies and religion and spiritual needs.

People told us staff supported them as they wished to be cared for. A person said, "I am very happy walking around (walking was important to the person and they were happy they had the space to do this). The staff are very nice here." This person also told us they walked around the garden of which they enjoyed. Another person said, "I like it here I am very happy." A relative said, "I am very happy with [relation's] care, in fact delighted the staff are wonderful."

People received opportunities to participate in activities. These were provided by the activity coordinator, care staff and external entertainers visited and provided movement to music and a petting service. People's religious and spiritual needs were met by an external religious group that visited people monthly. One person was visited regularly by a representative from their chosen religion. Staff had several activity resources such as games, activity materials and musical instruments.

The coordinator told us they provided one to one support to people who were cared for in bed or who chose to remain in their room, to ensure they were not isolated. People confirmed they received opportunities to access the community. One person said, "We go to the pub and we go out on trips." Another person told us how birthdays were celebrated. The coordinator had plans for a Christmas pantomime, and had links with local schools and clubs. On the day of our inspection people watched a film this was selected by a person and sub titles were put on to support people's enjoyment. We saw a staff member supported a person with a board game and staff spent time in the afternoon talking with people.

Staff told us they had sufficient information to support them and through discussion showed they had a good understanding of what was important to people. Where people had additional support needs we saw this was provided. For example, one person required a staff member with them and we saw this was provided. Staff had identified the person enjoyed tactile objects, including hand massage and we saw staff interacted with the person in a way they enjoyed.

People's communication and sensory needs in the main had been assessed and care plans provided staff with guidance of people's needs. For example, where a person's first language was not English staff used picture cards to aid communication where necessary. The registered manager was aware they needed to improve how they met people's needs associated with hearing and told us they had plans to complete detailed care plans, to instruct staff of people's support needs. This meant the provider had considered the

requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People had access to the provider's complaint procedure. A relative said, "I would speak to the manager if I had a complaint." Another person said, "I would go straight to the manager if I had any issues but we have nothing to complain about." The provider's complaint log showed complaints that had been received had been investigated and resolved.

People's preferences in how they received care at the end of their life had been discussed with them and care plans provided staff with guidance. Where people had made advanced end of life plans and decisions this was recorded for staff. This meant staff had important information about what people's wishes were in relation to the end of life care plans. Staff had received training in end of life care to support them in how to meet people's care and support needs at the end stage of their life.

## Is the service well-led?

### Our findings

During our previous inspection in September 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the governance of the service.

At this inspection we identified the provider had made improvements and this breach in regulation was met. However, further time was required for improvements to be fully imbedded and be sustained.

Since the last inspection new improved documentation and communication systems had been introduced. Staff told us new daily recording documents were an improvement and advised how senior staff were checking these on each shift to ensure they were being completed. We found these records that documented care and support provided such as repositioning, food and fluids and weights were up to date and reflected people's care plans.

Staff told us handover information shared at the beginning of shifts had also improved. A staff member said, "We are more organised and staff are clear about their role and responsibilities."

Walkie talkies had been introduced to support communication, the service had three floors and staff had experienced difficulties in communicating with each other. Whilst most staff said this was a positive initiative and worked well, we found six out of eight walkie talkies were not being used. The registered manager followed this up and identified batteries needed replacing and this was completed immediately.

Improved daily, weekly and monthly audits and checks had been introduced. The registered manager and staff team had worked with the local authority and local clinical commission group within the last 12 months, to improve the quality and safety of the service. The provider had a service improvement plan and this confirmed what action had been taken to raise fundamental standards in care. The service improvement plan still had some outstanding actions to complete and was on target for completion.

People received opportunities to share their experience about the service they received. This was by means of verbal feedback, the registered manager had an open door policy and made themselves available to people. A suggestion box was available and quarterly meetings were arranged that enabled people to share their views about the service they received. An annual quality assurance survey was used to invite people to share their feedback and was in the process of being sent out.

The management team ensured they kept up to date of changes within best practice guidance and legislation by reviewing alerts from CQC, the local authority and researching information. Staff worked with external professionals when required. The management team gave examples of both reactive and proactive action they had taken in response to people's needs such as making referrals to health and social care professionals when concerns were identified or for assistance and support.

Where incidents had occurred that affected people's safety and welfare, the provider had worked with

external health and social care professionals to investigate what went wrong and made changes to improve standards in care. Regular staff meetings were arranged where discussions and action was agreed with the staff of what improvements were required. Staff told us staff moral had recently improved and they felt more involved, valued and respected.

The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office.