

Tamaris (Ram) Limited

# Bracknell Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 November 2018 and was unannounced. We last inspected the service in June 2016. At that inspection we found the service met all the fundamental standards and attained a rating of Good.

Bracknell Care Home is a care home with nursing that provides a service to up to 30 older people, some of whom may be living with a physical disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is arranged over two floors, with all rooms having ensuite toilet facilities and some also having an ensuite shower or bathroom. At the time of our inspection there were 26 people living at the service.

The service did not have a registered manager. 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. The previous registered manager left the service in October 2017. Since that time there have been various interim arrangements for the management of the service until the present manager took up post on 1 August 2018. His application to become registered is currently being processed by CQC. The manager was present and assisted us during the inspection.

The provider did not ensure the service was managed well because there was no effective system in place for the provider to ensure the service was fully compliant with the fundamental standards (Regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). This was particularly apparent where things had not been done in the 10 months period between the previous registered manager leaving and the new manager starting. The new manager had identified most areas that needed improvement to return to full compliance. He was working with the local authority and had developed an action plan to address the areas that needed to be improved.

The service employed an activities coordinator who worked 25 hours a week. However, arrangements for social activities did not ensure that all people were supported to participate in activities that were meaningful to them as individuals.

Premises risk assessments and health and safety audits were mostly carried out as required. Some safety checks had not been carried out when they should have been. For example, water temperature monitoring valves, in place to protect people from the risks of scalding from hot water, had not all been serviced or checked to make sure they were functioning correctly. This was rectified the week after our inspection.

People were not always protected by the recruitment practices in place. Checks were made to ensure staff

were of good character and suitable for their role before they were deployed to work with people living at the service. However, audit systems in place had not identified that some required checks had not been correctly completed. This was rectified after the inspection and the manager put in place a monitoring system to be used prior to any new staff starting in future.

Ongoing training was not always up to date and staff felt they received the training they needed to carry out their work safely and effectively. However, staff induction training had not been completed as required by the provider's policy. After our inspection the manager put a system in place to ensure new staff were supported to complete their overdue induction as soon as possible. We have made a recommendation about staff training in writing care plans and determining appropriate goals/outcomes. We have also recommended that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff. Staff formal supervision was not up to date but plans were underway to ensure one on one supervision was provided in line with the provider's policy.

People received care and support from staff who knew them well. They received personal and nursing care that was personalised to their individual needs. Care plans were reviewed monthly or as changes to people's needs occurred.

People felt safe living at the service and were mostly protected from risks relating to their care and welfare. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

People's rights to make their own decisions were protected. They 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 told us they enjoyed the meals at the service and confirmed they were given choices. Meals were nutritious and varied. Medicines were stored and handled correctly and safely.

People were treated with care and kindness and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People and their relatives were aware of how to make a complaint. They told us they could approach management and staff with any concerns and felt they would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service and their relatives felt there was a good atmosphere and thought the service was managed well by the new manager. Staff also felt the service was now well-managed. They told us the management were open with them and communicated what was happening at the service and with the people living there.

We found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not meeting the needs of people who use the service in relation to their social care needs. The provider had not established an effective system that ensured compliance with the fundamental standards. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Environmental risks had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff to meet people's personal and health care needs and medicines were stored and handled correctly.

### Is the service effective?

Good ●

The service was effective. Staff felt they had the skills and support needed to deliver care to a good standard.

Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff took action to ensure their health and personal care needs were met.

The manager was taking steps to make the premises more suited to people living with dementia.

### Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful towards them.

People received individualised care from staff who were understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to

maintain their independence where they could.

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

The service was not always responsive.

People received personal and health care and support that meet their individual needs. However, arrangements for social activities did not ensure that all people were supported to participate in activities that were meaningful to them as individuals.

People were encouraged and supported to maintain relationships with those important to them.

People and their relatives knew how to raise concerns and were confident any concerns raised would be dealt with and resolved.

**Requires Improvement** ●

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

The service was not always well-led.

The provider did not have effective systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. The systems in place did not always identify where they were not meeting their own policies or legal requirements.

People benefitted from staff that felt happy working at the service. They said they were supported by the management and felt the support they received helped them to do their job.

**Requires Improvement** ●

# Bracknell Care 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 inspection took place on 13 and 14 November 2018. On the first day the inspection was carried out by one inspector and was unannounced. On the second day the inspection team consisted of one inspector 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. The expert-by-experience who was part of the inspection team had previous experience of caring for someone with dementia.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 15 people who use the service, six of those in depth. We spoke with three visiting relatives, the manager, the deputy manager and the administrator. We also spoke with three nurses, five care workers, the chef, domestic assistants and the laundry person. We observed interactions between people who use the service and staff, and spent time observing activities and the lunchtime meals. As part of the inspection we requested feedback from 12 health and social care professionals and received responses from two. We also spoke with the local fire and rescue service regarding their recent visit to the service.

# Is the service safe?

## Our findings

People received safe care and support. We saw people were comfortable and at ease with the staff. One person commented, "I have always felt safe here." and a relative told us, "[Name] is always safe here, I have never had a doubt." Other comments received from people included, "I feel they are very kind and keep me safe. They have held my hand and reassured me. I'm happy to be here" and "I like it here because I am safe and have company. They are so kind".

People were mostly protected from environmental risks to their safety. We found that the thermostatic mixing valves (TMVs) on the baths and showers had not had their annual service and only 25% of those had been checked to make sure the 'failsafe' devices were working. The provider's monitoring system had not identified this work had not been done. TMV valves and the integral failsafe device ensure that hot water temperature is delivered from the taps at a temperature that prevents people from being scalded. The manager was able to arrange for the TMVs to be serviced and failsafe checked the week after our inspection. The staff monitored risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks.

People were mostly protected by the recruitment processes in place. Staff files included the majority of the required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some missing items of information but the manager obtained the information promptly after the inspection. We also found that no-one at the service was checking that external agencies had carried out the checks required by the regulations. The manager contacted the agencies they used and obtained the information for the agency staff employed at the service. The monitoring systems in place had not identified these omissions regarding staff recruitment and suitability. The manager explained that, from the time of our inspection, they had put in place a new system to make sure they checked themselves before new people, either agency or permanent, were rostered to work with people living at the service.

The service used a staffing calculation tool to determine the staffing levels at the service. The level produced by the tool was used as an indicator based on the assessed needs and dependencies of people living at the service. The results of the staffing tools calculator were then used as a guide to determine staffing levels. The manager would then take the final decision on what was required to safely meet the needs of the people within the service at that time. At the time of our inspection the safe care staffing levels had been determined as one registered nurse (RN) plus five care workers from 8am to 2pm, one RN plus four care workers from 2pm to 8pm and one RN plus two care workers over night. In October 2018 we had an anonymous complaint from someone saying that staffing levels were falling below those deemed as safe. With staffing on at least five night shifts since August 2018 falling to one RN and one care worker for most of the shift. This had been due to agency staff who had been scheduled to work not turning up or cancelling at short notice. Since then the manager had stopped using the agency in question and a successful recruitment drive had reduced the need to use agency significantly. In addition, a contingency plan had been put in place to ensure the shift would be covered if numbers fell below the required amount of staff.

Since then staffing levels have been more consistently in line with those deemed as necessary to provide safe care. This was reflected in feedback from people who said staff had time to support them without them feeling rushed and that staff were available when they needed them. Comments from people included, "They come quickly when I ring the bell, within two minutes", "I am very spoilt here, there is usually someone in minutes to help you" and "Usually, they do run around though". Staff said there were usually enough staff to do their job safely and efficiently. Although one member of staff added, "But not always." The manager told us there were staff vacancies but that a recent recruitment drive meant they had filled the majority of vacancies. Where they needed additional staff to fill shifts the service employed agency staff that were known to the service and knew the people living there.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with malnutrition, falling and skin breakdown. In some files we found there were completed body maps associated with minor injuries. However, it was very difficult to establish from the daily notes whether the different minor cuts and grazes had healed. We discussed with the deputy manager the advantage of having a clear audit trail associated with body maps. The deputy manager told us they would look at how this could be done. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional added, "There has been new leadership over the last few months. The new manager seems to be more aware of the need for processes, training and recording. This has meant people are more protected and risks have been reduced."

During our observations we saw staff were aware of the risk reduction measures in place and were working with people in a way that protected them from harm. For example, at lunchtime care staff were assisting people to their seats in the dining room. Staff were supporting people with arms across their backs for guidance or holding hands, depending on the persons needs and preferences. We observed people sitting down at the dining table and being asked if they were comfortable. Care staff then ensured the seats were close enough to the tables and that wheelchair brakes and footrests were in place.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the manager. The manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in place and followed, for example emergency procedures in case of a fire. During a visit from the local fire and rescue service in September 2018, a number of recommendations were made. We found some actions had been completed and others were underway with equipment purchased and quotes obtained so that the work could be carried out.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records (MAR) were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

People felt the home and equipment was kept clean. One person told us, "It is very clean. They are always wiping something." Another commented, "Our things are always clean and ironed and everywhere is spotless." Staff had training in infection control and we saw they put their learning into practice as they went about their work.



# Is the service effective?

## Our findings

Care plans were reviewed monthly and were based on an assessment of needs and contained details of people's care needs, wishes and preferences. The deputy manager explained they were amended when changes occurred or if new information came to light. The care plans were detailed and covered areas of personal and health care needs. However, we saw some of the outcomes set for care plans were not clear and not always achievable. For example, in one person's care plan the mobility outcome was stated as, "For [Name] to continue to mobilise independently whilst reducing the risks of falls." However, the actions set out in the care plan did not relate to how reducing the risks of falls could be achieved. In the monthly care plan reviews staff were reporting on whether the care plan had been amended, rather than assessing whether the intended outcome of the care plan was being met. We saw that the incidents of this person falling had increased from three in the six months from March 2018 until the end of August 2018 to two in September and two in October 2018. There was no evidence the increase in falls had been investigated for the root cause and no change had been made to the risk reduction actions set out in the care plan. We discussed this with the deputy manager and the manager who were planning to review the content of care plans and the way staff reported on the monthly reviews.

We recommend that staff completing care plans have training in the current best practice on writing care plans and determining appropriate goals/outcomes.

People received care from staff that knew them and how they liked things done. People and relatives felt staff had the training and skills they needed when looking after them. One person told us, "They know how to look after me. I am well cared for." Another person said, "They do seem to know what they are doing." A third person commented, "They seem to know how to care for everyone." Staff felt they received the training they needed to deliver high quality care and support to the people living at the service. A compliment left by a relative in September 2018 said, "I have been really impressed by the care home and staff. I feel my mother is well cared for and staff are great with her." A compliment left by a community professional in October 2018 said, "Well presented home with helpful, professional staff." One professional told us, "When care staff have fallen short, management has dealt with this appropriately and there has been a push to increase staff training. The manager has been working with [the local authority] support services to increase their effectiveness and training."

The service provided training in topics the provider considered mandatory. Those topics included, food safety, basic life support, fire safety, infection control and safeguarding adults. The completion rate for staff taking their update training was 96% at the time of our inspection. Where refresher training was due, a system was in place that alerted the manager so that the training could be arranged. The service planned that new staff would undertake a care certificate based induction. However, the records showed that staff induction training had not been completed as required by the provider's policy. For example, one new member of staff who began working at the service in June 2018 had not started on their online care certificate induction training. After our inspection the manager put a system in place to ensure new staff were supported to complete their overdue induction as soon as possible.

We noted the training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, topics recommended for social care staff were not included in the provider's mandatory training curriculum such as communication and recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

The provider's supervision policy sets out that staff will receive formal one to one supervision three times a year with the fourth supervision being an annual appraisal. The manager explained that formal supervision had fallen behind prior to him starting work at the service. We saw plans had been put in place for supervision to be brought up to date by the time annual appraisals were due in March 2019. Staff said they received formal supervision with their manager to discuss their work and how they felt about it. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff said they felt supported by their managers, registered nurses and colleagues. One staff member commented, "Things are getting better since [new manager] started."

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. However, we saw some instances where relatives had signed consent for people in their care plans and files. In some cases, there was no clear evidence that the person lacked the capacity to consent for themselves or that the relative in question had the lawful right to give consent on their behalf. In two files we saw relatives had signed consent that photographs of their relatives could be used for purposes not related to their health and wellbeing. For example, the form stated, "for marketing and editorial purposes in all media, without restriction and in any format including in printed publications, presentations, promotional materials, in the advertising of FSHC's [Four Season's Health Care] services or on FSHC's website. I also consent to the transfer of my personal information contained within such media outside of the UK as necessary for these purpose(s)." We discussed with the manager and deputy manager that, if the person lacked capacity, someone with a lasting power of attorney for health and welfare could not give this consent without evidence that using someone's photograph was being done in their best interests and/or for health or welfare reasons. The manager told us he would review the way consent was sought from people. He also stated he would ensure staff understood and documented how the consent was lawful, if not given by the people themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at the service who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Comments about the food from people included, "The food is very tasty, too much though!", "It's ok, could be more choice but there are a lot of us. I know I can have an alternative", "It is very nice here, I eat well", "My food is pureed but I can taste it, very tasty" and "It is very good, some choice and looks and tastes nice".

Drinks were also available at all times and people were free to decide what and when they ate. We saw staff

always made sure foods were available to meet people's diverse needs. People were weighed monthly, or more often if indicated by risk assessment. We saw referrals were made to the GP where there was a concern that someone was losing weight, or was putting on too much weight.

The premises were clean and people felt they were well maintained. Although the service did not have dementia as a service user group on their registration details, nine of the 26 people living there had dementia. The manager had realised that the service was not a dementia friendly environment and had started to assess the premises with a view to improving them for people living with dementia. The manager was aware of the current best practice guidelines for dementia friendly environments. He was in the process of developing an action plan for required changes and some simple changes had already been made, such as signage on the lounge and dining room doors.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People said they could see their GP, other doctors, dentists and opticians when they needed to. One person told us, "I only have to ask to see the doctor and she comes the next day."

## Is the service caring?

### Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People told us staff were caring when they supported them. One person commented, "They spoil me." Other comments from people included, "[They are] very considerate and reassuring", "It is nice there are male carers I can talk to" and "I think they are very kind, all of them." Relatives said staff were caring. Comments from relatives included, "They are really kind, especially [name of new manager]", "They are kind and tender and chat softly" and "She is supported and well cared for". Community professionals thought the service was successful in developing positive caring relationships with people. One professional commented, "It has been reported that staff are very friendly and helpful." We saw a compliment left by a community professional in September that said, "Very friendly and lovely staff." A compliment left by a relative, also in September, stated, "Staff are lovely and really understand [Name's] needs."

All interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. One person told us, "They do know the way I like things done and they listen to me." Staff were knowledgeable about each person and what they liked to do. We saw a message from one relative, who wrote thanking staff for the care they had given to their family member. The card wording said, "Your kindness really meant much more than words could ever thank you for." The relative had then written, "You were more than a home, you were a family to her." Another relative thanked the staff and wrote, "To all staff. On behalf of my family I would like to thank you all for your care and consideration shown to my mother during her time at the home. She often spoke of your kindness and cheerfulness towards her. It was so much appreciated by all of us. Also, a big thank you to the residents who made her feel at home when she first joined you all."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Staff were respectful of people's cultural and spiritual needs. They provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's rights to privacy and dignity were supported. They said staff treated them with respect and one person added, "They always do and there is the privacy I need." Another person commented, "I feel listened to." Community professionals said staff promoted and respected people's privacy and dignity. People spoke of a kind and caring staff team. They said the manager was a very kind and hardworking person, highly praising him and his team. Relatives spoke of a hard working and supportive manager and team with the level of assistance still allowing dignity and independence.

People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service.

## Is the service responsive?

### Our findings

People had access to planned activities which mostly took place in the communal lounge, although they did not always take place due to the availability of staff. Activities were overseen and organised by one activity coordinator who worked 25 hours per week. The budget for activities was minimal and the staff planned fund raising events to add to the budget available. At the time of our inspection there were nine people who were not able to leave their beds to join the organised activities in the lounge. The manager told us the activity coordinator arranged one to one time with those people.

However, the activities that people had attended or been involved in were not recorded and there was no evidence that everyone's social care needs were being met. Care plans did not include plans to meet people's social care needs. The staffing level calculator did not include time for staff to support people to take part in activities that were meaningful to them. This applied especially where people were not able to or chose not to attend group activities. On the second day of our inspection the organised activity did not take place as the activity coordinator was accompanying someone to a medical appointment as there were no available care staff to provide an escort. On 25 September 2018 the regional manager carried out an audit of the service. When answering the question, "Does the home have sufficient activities that cater for the full range of residents?", the regional manager had noted, "Activities schedule requires improvement... Activities are very basic."

We saw a letter from a health professional regarding someone who chose not to join the group activities. The letter was dated 26 September 2018. In the letter the professional set out a number of concerns that had not been addressed by the staff. One concern related to the person's feeling of isolation and the lack of appropriate mental stimulation and activity. The professional felt this was detrimental to the person's wellbeing. However, no action had been taken by staff and there was no evidence that staff had seen or read the letter, even though someone had filed it in the person's care plan. In the same letter we saw the professional had named other concerns that had not been responded to. These included the person not being able to call for help during the night due to the lack of an appropriate call bell, needing to have their legs raised at night and also wanting to have their main meal at a different time of day. The manager took immediate steps to deal with those concerns once we pointed out the letter to him. The deputy manager undertook to look into how the letter had been filed and not actioned.

The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care and treatment of people was not always person-centred, appropriate, meeting their needs or reflecting their preferences. The provider was not ensuring people's social care needs were person-centred or being met.

People did tell us they enjoyed the activities when they were available. One person said, "I like to sit in the lounge, there are usually others in there and sometimes we draw and make things." Another person told us, "I choose to stay in my room." People and their relatives did mention some specific activities that they had enjoyed. For example, one person told us, "They make us feel very special on our birthdays. I had a cake and cards." In October 2018, the service had provided a Halloween party which had been enjoyed by all

attending. We saw a compliment sent by a relative to the activity coordinator that said, "Just a little thank you for inviting us to the Halloween party. From the youngest to the eldest we all had a lovely time and all your hard work didn't go unnoticed. Thank you again."

People received personal care and healthcare support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One person told us, "I am looked after the way I want to be."

Information was provided to help people and their relatives understand the service available to them. The manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The manager was aware of the AIS and had plans to have people's care plans reviewed and updated, documenting their communication needs in a way that meets the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or manager. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. One person told us, "I feel listened to and they get things sorted quite quickly." Other comments included, "They listen to everything" and "I am listened to by everyone".

## Is the service well-led?

### Our findings

Although there were numerous audits and quality assurance systems in place they were not always effective in checking and ensuring the provider was meeting their legal obligations and the fundamental standards. For example, during this inspection we identified areas, not identified by the provider's audit systems, where action was needed to make sure people were protected and safe. For example, gaps in employment had not been identified in recruitment files, agency staff details did not include the required information, water thermostatic mixing valves had not been serviced or failsafe checked, staff induction had not been completed (and sometimes not started) in line with the provider's policy and a letter from a professional raising concerns had been filed but not actioned. Failure to identify and act on these issues potentially placed people at risk of harm or abuse.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

The service did not have a registered manager. 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. The previous registered manager left the service in October 2017. Since that time there have been various interim arrangements for the management of the service until the present manager took up post on 1 August 2018. His application to become registered is currently being processed by CQC. The manager was present and assisted us during the inspection.

People and their relatives were very complimentary about the new manager at the service. Comments from people included, "The manager is a very pleasant young man", "[New manager] asks what I think and I feel he likes hearing, good or bad", "[New manager] is wonderful and has time for me. He asks what I think of things and listens", "[New manager] is thorough and reassuring. He is very busy, they all are" and "The manager is the best". Community professionals said the service demonstrated good management. One professional added, "The new management are responsive and willing to ask and help."

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service and thought the service was managed well. They felt supported by the management and their colleagues and felt they were given training that helped them provide care and support to a good standard. Staff told us they were asked for suggestions on how to improve the service. They felt that any suggestions they made were taken seriously. One member of staff told us about the new manager saying, "He's done marvellously. Things are a lot, lot better now [new manager] is here. He has so many good ideas."

People were happy living at the home. One person said about the staff, "They are superstars and work hard."

There is a lot of laughing and banter and the manager joins in doing everything. It is lovely, really. We are so well looked after, we are happy." One relative told us, "I'm more than happy with the service and staff. They are doing a great job. My family have been looked after, treated with respect and listened to... I am happy to say any concerns are dealt with in a timely manner and professionally. They are very sensitive. I am sure this comes from the top. The new manager is wonderful and we love him."



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that the care and treatment of service users was person-centred, appropriate, meeting their needs and reflecting their preferences.</p> <p>Arrangements for social activities had not been designed to achieve people's preferences and ensure their needs were met. The care provided did not ensure that all people were supported to participate in activities that were meaningful to them as individuals.</p> <p>Regulation 9(1)(a-c) (2)(a-h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17(1) (2)(a-f)</p>