

BNTL Care Ltd

Summerdale Court Care Home

Inspection report

73 Butchers Road
London
E16 1PH

Tel: 02075402200

Date of inspection visit:
23 February 2023
27 February 2023

Date of publication:
24 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Summerdale Court is a residential care home providing personal care and nursing care for up to 60 people. At the time of our inspection there were 38 people using the service. The home has 2 floors, only 1 floor is being used, all residents are on the ground floor, divided into 2 sides.

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

This service has been in Special Measures since October 2022. This meant we found several breaches of regulations. At this inspection we have found the provider had made several improvements in a number of areas. The registered manager has put in place additional new systems, audits and regular meetings for staff, people and relatives to improve the overall service. People and relatives told us they could see a marked improvement in the home and their experiences of care was much better than it had been previously. The home is also going through a refurbishment which has improved the environment significantly.

Although a lot of work has been done to improve not only the environment but the quality of care, it has not been enough to raise the overall rating above requires improvement. We found a continued breach of regulations in relation to the safe management of medicines.

People's medicines were not always managed safely. We found some information about medicine risks was missing. Also, medicine fridge temperatures were not recorded correctly and staff administering medicine was not wearing their "Do not disturb apron", this meant they had frequent interruptions whilst administering people medicine.

Staff were recruited safely however some gaps were found in staff files. We have made a recommendation about staff recruitment.

The home was clean and was undergoing a refurbishment. People told us they liked all the new changes; people's bedrooms had been newly decorated. People were protected from harm or abuse. Relatives visited the home on a regular basis.

People were supported by trained and confident staff. People told us they liked the food, care needs were assessed and met. People had full access to health care professionals. People told us they were given choices and staff knew them well. People were asked for their permission before staff provided care or support.

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

People told us they really enjoyed the variety of activities; some people did not always want to take part. People and relatives knew how to make a complaint if needed. People told us staff knew them well and gave them choices.

People and relatives told us staff were kind and caring. People and relatives were involved in care planning and decision making. People's privacy and dignity were protected.

The service had a dedicated management team. People and relatives told us the managers were friendly, approachable and getting things done. Everyone we spoke with praised the refurbishment and how different the home looked. Staff told us they liked working at the home and felt well supported. The management team had made significant improvements to the home.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 28 October 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 28 October 2022. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified breaches in relation to managing medicine safely at this inspection. Please see the action we have told the provider to take at the end of this report. We have made 2 recommendations 1 is about the management of some medicines and the other is about recruitment practices.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerdale Court Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Safe

Requires Improvement ●

Is the service effective?

The service was Effective

Good ●

Is the service caring?

The service was Caring

Good ●

Is the service responsive?

The service was Responsive

Good ●

Is the service well-led?

The service was not Well-led

Requires Improvement ●

Summerdale Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 4 inspectors, a nurse advisor and 2 Experts 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

Service and service type

Summerdale Court Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under 1 contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. The inspection activity started on the 23 February 2023 and ended on the 3 March 2023.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection.

During the inspection

We spoke with 7 people using the service and 7 relatives. We spoke with 2 nurses, 4 care staff, the chef, the activities coordinator, the deputy manager, the human resources manager, the housekeeper, and the registered manager.

We reviewed 8 people's care records including risk assessments, 10 medicine records and 6 staff files in relation to recruitment. We also reviewed a range of management records including staff training, supervision, quality audits, medicines, accidents/incidents, safeguarding and complaints.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider is still in breach of regulation 12(2).

- Medicines were not always managed safely. Care plans did not always have the necessary information about prescribed medicines.
- Care plans did not always have appropriate medicines risks information. We saw some people that were prescribed an oral anticoagulant. We did not see any risk assessment in the care plans with regards to risk of bleeding and what the appropriate action that would be taken.
- We observed a nurse carrying out medicines' administration rounds. There were frequent interruptions from other staff. Although there was a 'Do not disturb' apron available, this was not worn by the nurse.
- Medicines were stored securely. Although fridge temperature was not effectively monitored.

Systems had not been established to assess, monitor and mitigate risks in the proper and safe management of medicines; This placed people at risk of harm. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were administered to people as prescribed.
- Protocols were in place for medicines prescribed on when required basis to enable staff give these medicines consistently.
- Controlled drugs (CDs) storage facilities were available, although there were no CDs stored on the day of inspection. Ambient room temperature checks were carried out daily and within the required range.

Assessing risk, safety monitoring and management

At our last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks of harm were assessed and monitored by the provider, ensuring people were safe. Each person had a risk management plan in place, risk plans were linked to care plans. Risk assessments were reviewed regularly to reflect people's current care needs.
- Risks identified were recorded in people's care records and had enough detail in them for staff to follow. For example, we saw risk plans for Diabetes, skin integrity, mobility and falls. We noted that 2 falls care plans were missing. We spoke to the deputy manager about this and they assured us this would be done without delay.
- We reviewed a range of weight, fluid, and food charts. These had been recorded accurately which meant people who were at risk of malnutrition could be monitored for any changes.

Staffing and recruitment

At our last inspection we found the provider did not deploy enough staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was enough staff on duty to meet people's needs. The provider had an effective recruitment system in place to recruit staff safely.
- We observed there was enough staff on duty to meet people's needs. However, the activities coordinator was off sick and this meant people did not have access to activities as they would normally do. The registered manager told us they used a dependency tool to ensure there was enough staff on duty as this was based on people's needs. We were informed that the activities coordinator was due to return to work the following day.
- People told us they were happy with staffing levels, one person said, "They [staff] answer my buzzer quickly." Another person said, "There are enough staff on duty."
- Some staff told us they didn't think there was always enough staff on duty, one staff said they had on occasions felt rushed. We spoke to the registered manager about this and they said on some occasions staff had called in sick, they had tried to cover the shift but could not find anyone. The registered manager said this did not happen often.
- The registered manager told us several background checks were done for example obtaining 2 references from a previous employer and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some of the recruitment records we reviewed had some gaps in information. For example, we saw that there were no interview notes in 2 files. We spoke to the registered manager about this, and they explained they would look into this and ensure they were put into the file.

We recommend the provider takes advice from a reputable source to review their recruitment practices in line with safe recruitment practice guidance.

Preventing and controlling infection

At our last inspection we found the provider failed to ensure that there was an effective system in place to

manage infection control. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were appropriate systems for preventing and controlling infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We observed 2 people completing housekeeping tasks throughout the day, 1 person was not recording tasks as they were being completed, we spoke to the registered manager about this and they assured us they would address this issue.
- Relatives told us they had seen a marked improvement in the home and mentioned that now it is always clean. One relative told us, "Staff are always working and never idle, place is clean and nice."
- We observed the home was clean and tidy, staff were using protective equipment such as aprons and gloves when required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider did not have an effective system in place to protect people from risk of harm or abuse which amounted to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had effective systems in place to protect people from harm.
- People told us they felt safe living in the home, one person said, "I am safe and comfortable and well looked after and there are enough staff." Another person said, "I was elsewhere, but moved to this home. I feel more confident with staff and how they care for me. They move me if I'm uncomfortable and they'll change the pads to stop me getting sore, If I ring the bell, they will come."
- We asked staff to explain their role in keeping people safe, one staff told us, "Safeguarding the residents, means to prevent things like falls, we go to the deputy manager speak to them, depending what it is, we approach the person and staff see what was witnessed and hand over to the management. Another staff explained that "Abuse can be physical e.g. finding a bruise, or sexual or verbal or emotional, signs can be a person has a mark on them, or seems withdrawn, not themselves, report it to the manager or go further if needed."
- The provider had a safeguarding policy in place which meant staff had good guidance to refer to when

needed.

- Staff had training in safeguarding which meant they learned how to spot any signs of abuse and how to report it. This meant people were protected from harm.

Visiting in care homes

There were no restrictions visiting the home, relatives told us they could visit whenever they wanted to.

Learning lessons when things go wrong

- The provider had a system in place to review complaints and incidents and share any lessons learned. In one example the deputy manager told us that a person had a fall and as a result the person with staff support changed their room around to make it safer. This was an example of learning from accidents or incidents.
- Incident records reviewed showed they were written in detail and actions were recorded.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider did not have person centred plans in place. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Peoples needs were assessed by the provider. Peoples care plans were updated and reflected their current needs.
- Care staff knew people well and were able to describe people's support needs as they were outlined in their care plan. One relative told us, "They really understand mum's needs and the support she needs." Another relative said, "Yes we are involved in [relatives] care plan."
- Care records reviewed were person centred, the home had introduced a booklet named "My choice" this contained a detailed life history, including pictures for example, one person had worked as a machinist, and this was included in their life history. People's likes and preferences were recorded in their care plans. People and relatives were given choices and were involved in their care planning. One relative said, "They really understand mum's needs and the support she needs."

Staff support: induction, training, skills and experience

At our last inspection we found the provider did not have an effective system in place for staff training. This amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had suitable training to carry out their role, training considered mandatory by the provider. Training included some areas such as first aid, fire safety, epilepsy, diabetes, safeguarding, moving and handling, medicine management and the Mental Capacity Act 2005. This was a blend of face-to-face training and on line training. This meant people were supported by staff who were confident and competent.

- Staff told us they were supported by the management team. One staff said, "My line manager give us support and advice to do things well, even the manager can advise us on what is meant to be done, supervision is good and regular." Another staff said, "The manager is new, but lovely and approachable, I feel they support the staff, also the deputy, nice to have them both, both very nice and supportive of the staff, if I have a worry they will do the upmost to help me."
- Regular meetings took place for all staff and a variety of subjects were discussed, staff were able to seek advice and guidance at these meetings.
- Training records reviewed confirmed that staff training was up to date.

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

- People's eating and drinking needs were assessed and health care professionals were involved were needed such as the dietitian or the speech and language therapist.
- On the day of our inspection we noted that people who were in their rooms were not always supported to eat their meals in a timely manner. We spoke to the registered manager about this they informed us that they had one staff off sick and were not able to replace them, this had an impact on lunch it meant people needed to wait longer than usual.
- Some people told us they liked the food, one person said, "I like the nice food- they cook it well, but I know they'd give me something else if I didn't like what was on the menu." Another person said, "I like the food, but prefer to eat in my room." Some people did not like the food, one person stated, "To be honest I'm not a fan of the food. The cabbage is like string and the spinach is cooked to a mush. It can all taste too spicy for me at times."
- Some relatives told us they liked the food, one relative said, "I've had the food myself and I'm very happy with it. " Another relative said, "The food is fine." Another relative told us the food was not great and not hot enough. We spoke to the registered manger about this, and they informed us they would address this with the chef and catering staff.
- We observed people having their lunch in the dining room. The food looked and smelled nice. The atmosphere was nice and relaxed. People had the option of 2 choices and the chef told us that if a person did not want what was on the menu, they could request something else, and this would be made. During the lunch meal staff were observed being patient and attentive throughout the mealtime. We observed staff encouraging people to consume enough food and liquids to maintain a healthy diet.
- We asked the chef why there was no menu on the table's, the chef and registered manager told us this was under review, and they were looking to develop new menus.
- Nutrition plans were in people's care plans; this included any requirement such as a person on a soft diet. Guidance for staff was in place. Fluid and food charts were in place and accurately recorded were needs had been identified.

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

- People had full access to health care provision as the provider worked closely with health care professionals such as the GP, Dietitian, chiropodist and the speech and language therapist.
- The registered manager told us the GP either attends the home on a weekly basis or would complete a consultation over the phone. All people using the service are registered with the GP. Care plans contained clear information on managing people's health conditions for example there was a detailed Diabetes plan in place for people and a clear wound management plan in place were needed. We saw evidence of a speech and language therapist involved in some peoples care plans and a dietitian.
- We reviewed some incidents and found that the GP out of hours was called for a person who had a fall, and on another occasion a person was sent to the hospital following a fall. Health care records reviewed

showed that health changes were recorded, and actions were taken without delay. This meant that people received medical interventions in a timely manner.

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

At our last inspection, the premises and equipment were not clean, secure, or properly maintained. This placed people at risk of harm. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had a program in place to refurbish the home, on the day of our inspection we saw remedial works were going on in bathrooms and new flooring was being installed. All the bedrooms had been redecorated. The home was nicely decorated, well maintained and clean. The entrance was spacious and welcoming. Bedrooms were personalised and well maintained.
- We observed that some of the storage areas were not locked, and 1 door was unlocked leading to the stairwell, we asked the deputy manager to ensure these areas were locked to prevent people coming to harm, this was done immediately. The registered manager told us this would be addressed with staff at the handover.
- People told us, they liked their room, one person said, "I like my room, it is cosy and comfortable."
- Relatives told us "You can see improvement, my [relative] had her room recently decorated." Another relative said, "There have been lots of changes here- all good. The building is much improved."
- Staff told us they liked the new changes, and the home was much better now it had a facelift.
- We observed cleaning and housekeeping tasks being carried out thorough out the day. Equipment was clean and well maintained. The home was clean and tidy.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Capacity Act. Authorisation documents were in place for people who lacked capacity and had their liberty restricted.
- Staff we spoke with were able to explain what consent means, one staff said, "We speak to people, say to

the person can I wash you, get their permission first."

- We observed staff asking people permission before providing care or support.
- Staff had training in the Mental Capacity Act. This meant staff understood how to support people who did not have the capacity to make some decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity, and independence

At our last inspection we found the provider did not respect people's privacy, dignity and independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's dignity and privacy were respected. Staff promoted people's independence where possible.
- People told us they had privacy at the home. One person said, "Staff are very kind- very good. They tend to be busy but will snatch a conversation sometimes. If any personal care is necessary, they will close my door."
- A relative told us, "It feels right here. The staff are respectful and they always knock-on mum's door if they want to come in. They interact with her, and they all know me by name."
- Staff told us they would knock on people's door and ensure doors and curtains were closed to give people privacy. We observed staff knocking on people's doors and closing the door when supporting a person with personal care.
- We asked staff about promoting people's independence, 1 staff said, "We encourage people with their personal care, we give them the face flannel so they can do it, we don't take their independence away, if they can drink by themselves, let them. One resident can feed themselves, ask would you like me to cut it up for you, before I feed her, I try to encourage her to do it for herself."
- Records reviewed showed people used respectful language when recording descriptions of care delivery.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. Staff were compassionate and kind.
- People told us that staff treated them well, one person said, "They [staff] treat me like family. They use my name, and I can have a laugh and joke with them. They'll show me pictures of their family and I can do the same." Another person said, "The staff are very kind. They don't seem stressed, and they know what they are doing. They'll come and chat to me. They call me by name and are respectful. They know how I like my tea and know my likes and dislikes."
- Relatives told us staff were respectful and treated people well, one relative said, "The carers know me and chat to me and they speak with mum as they pass by. They are so respectful."

- Staff we spoke with told us they respected people's choices and understood people's background. This meant they could give the right level of support, for example people were given the choice of being supported by either a male or female staff.
- We observed staff interacting with people and found staff were caring and respectful.

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

- People and relatives had the opportunity to express their views through feedback and surveys carried out by the provider. We looked at a sample survey and it covered areas such as the quality of the food, activities, staff, people's health, and the environment. There is also a free text box for people to make any comments they would like.
- People told us they had regular meetings with staff and staff listen to their views.
- Relatives told us they were kept up to date with changes to people's care plans and said they were involved in the care planning process.
- Staff told us people were involved in their care, one staff said, "First we check records and what kind of needs, if it is a female or male staff needed, how they liked to be washed. It is common sense, once you get to know the person you can ask them what they like treat them how you want family to be treated or yourself, got to have empathy for this job your heart has got to be in it, rewarding you go home and know you have made a difference to someone."
- Meeting minutes reviewed showed that people were able to give their feedback on a regular basis and make decisions about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found that care plans were not personalised, in addition people were not given choice and control to meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans were personalised, they contained a life history. People's likes and preferences were recorded.
- People told us that staff knew them well, including their likes and dislikes.
- Staff knew people well and were able to describe how to support people. Care plans had enough details in them for staff to be able to support people in the way they wanted.
- The activities coordinator told us, "We do a book, named "my choice" book, we get to know the person their interests, what their hobbies are/were, may not be interested in that now, insight into their life and build on that and explore new avenues, we celebrate all cultures & festivals."
- We observed people being offered choices on the day of our inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection we found that people did not engage in activities which were relevant to them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider involved people in activities relevant to them, considering their background and culture.
- People told us there was lots of activities, one person said, "The activity ladies will paint my nails if I want. I enjoy bingo, but I especially like it when entertainers are in. We had some in who play at the Royal Albert hall- they were absolutely amazing, so professional. They sang to us, and we joined in, I never get bored here." Another person said, "There's lots to do here, like bingo, painting, drawing, pizza making. I write to a

young girl and the activity coordinators send my letters off and I get messages back, which is lovely for me. We had a Valentine's event and there'll be a Patrick's Day celebration. We've had singing and dancing put on for us. We sang along to songs by Tom Jones and so on. We had a guitarist, trumpet, and tuba player in. In the past we visited a museum. The coordinators asked us if we were happy with what they put on."

- Relatives praised the activities staff, one relative said, "Staff are friendly and lots of activities even when she is in her room." Another relative said, "There are lots of activities mum doesn't always want to do them she will do some, she likes the activity person."
- The registered manager has introduced the "Resident of the day", this meant that each day 1 resident would invite a relative for lunch, have their care plans reviewed and a deep clean of their room. On the day of our inspection, we observed 1 person having lunch with their relative and having their room cleaned.
- There was an activity plan in place, and a newsletter sent out to relatives which had information about up-and-coming events arranged by the home. For example, musical performances, Chinese New Year, songs with the church and a lunch out in the local pub, church services for people of different faiths were arranged.
- The provider also involved the local community, a baby and toddler group came into the home monthly, residents said they enjoyed this very much.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we found the provider did not document people's communication needs and did not have a format which would suit their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's communication needs were assessed and met.
- Staff told us they knew people well and could communicate with them.
- We observed staff interacting with people, the communication was appropriate and met the person's needs. Information is also available in large font or picture if required.
- One communication care plan reviewed stated the person speaks in a soft voice but can become forgetful, staff need to speak in a clear voice and repeat the information a couple of times for the person.
- The provider was meeting the Accessible Information Standard.

End of life care and support.

- The provider had an end-of-life policy in place, at the time of our inspection no one was in receipt of end-of-life care. The registered manager told us they had good links with the GP, and would if required seek support from the palliative care teams. Care plans contained information about peoples end of life wishes.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints process in place. We reviewed complaints held on file, all were recorded including actions and outcomes.

- People and their relatives told us they knew who and how to complain.
- Staff were able to explain the complaints process and told us if anyone did complain they would report it to the manager.
- There was a complaints policy in place to offer guidance to staff if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found the provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A cycle of audits of the quality of care were done regularly and covered areas such as infection control, fire safety, care plans, health and safety, staff files, medicine, call bell checks, housekeeping and building checks. Results of these audits were used to improve the service. There was a service improvement plan in place.
- We found a continued breach of regulation 12 safe care and treatment, medicines were not being managed safely. Risk management plans for medicines did not have enough information in them to keep people safe. The fridge temperatures were recorded but they were not taken correctly. These issues had not been picked up by the provider in any of their medicine audits.
- The registered manager had the knowledge, experience, and skills to manage the service and provide good leadership. Staff, people, and relatives we spoke with spoke highly of the registered manager and the management team.
- The people we spoke with spoke positively about the management team, comments included, "This place was a good choice. My family can easily visit and it's a good home." and "The manager is new. She's very nice and gets things done. You can depend on her. My family are happy with this place. There's lots going on and I can join in. It feels like I'm at home and I don't want to be anywhere else."
- Relatives spoke very positively about the manager one relative said, "There have been lots of changes here- all good. The building is much improved, the manager is very nice, and I have confidence in her. She seems sure of herself."
- Staff told us the management team were good, one staff said, "Good support and friendly nice manager calm and good they come to us give you reasons for the changes."
- The provider was aware of their regulatory requirements. For example, notifications of incidents were sent

to CQC in a timely manner.

- The registered manager understood their responsibility under the duty of candour.
- The registered manager has introduced several changes to the service for example, staff attendance at team meetings is better than it used to be, a daily 10 minute "flash meeting" for all heads of departments has been introduced, as well as a number of additional checks and audits.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection we found the provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider promoted an open and honest culture in the home. Staff, people, and relatives told us they could raise concerns, and these would be addressed.
- Team meetings happened regularly which gave staff the opportunity to seek support and guidance.
- Relatives we spoke with told us they were involved in the service comments included, "We had a meeting of relatives last week and we were updated on plans for improvement. It was a chance to feedback views and air any grievances, except none were brought up." and "We've had meetings to discuss what's going on and we've had newsletters and emails."
- The provider works in partnership with others including health care professionals, the local community, and the commissioners. The commissioner we spoke with spoke positively about the service, they told us they have been attending the service on a regular basis and commented on how things have steadily improved over the last few months.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established to assess, monitor and mitigate risks in the proper and safe management of medicines; This placed people at risk of harm. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.