

Agemco Ltd

# Capricorn Cottage

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 20 April 2017 and was unannounced.

The home is registered to provide care for up to 34 people who are living with autism or learning difficulties. The home is a purpose built care home on a single level. There are kitchen and laundry facilities available for people who can be supported to be independent. There were 22 people living at the home on the day we inspected.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

This home has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this home is now out of Special Measures.

Our last inspection took place on 5 and 7 September 2016. We found that the provider was in breach of seven regulations. Following the inspection the provider wrote to us and told us about the improvements they planned to make. At this inspection we found the provider had made the improvements needed to meet the regulations. However, although the breaches had been addressed, further improvements were required in a number of areas.

Medicines were safely stored and administered. However, where people had been identified as needing their medicine hidden in their food, this was not always the way they received their medicine. People were supported to make choices about their food and drink. Staff ensured that people received meals which suited their nutritional needs to help them maintain a healthy weight.

Risks to people were identified and care was provided to keep people safe from harm. Accidents and incidents were monitored and action taken to keep people safe. However, the registered manager had not always reviewed all the incidents in line with the provider's policy. Staff had received training in keeping people safe from abuse, were able to recognise abuse and knew how to report it internally and to external agencies.

There were enough staff available to meet people's needs and staff had the skills and knowledge needed to provide safe care. They were supported to develop these skills through training and received ongoing advice and support from the registered manager and deputy manager. Staff had a good understanding of the Mental Capacity Act 2005 and ensured people's rights were protected when they were not able to make

decisions for themselves.

Care plans reflected people's needs and daily records accurately recorded the care people had received. The care provided was person centred and ensured that people had the equipment they needed. People were supported to live fulfilled lives with activities that included activities of living as well as activities for pleasure and entertainment.

People had their views of the care they received gathered in a variety of ways and this information was used to improve the quality of care people received. People also knew how to raise a complaint and complaints were dealt with in line with the provider's policy.

There was a suite of audits in place to monitor the quality of care people received and issues identified had been actioned. However, there were some areas where issues had not been fully identified by the audits. The registered manager had not submitted notifications for all the incidents they were required to tell us about.

The registered manager was approachable and would listen to the concerns of people living at the home and staff and take action to resolve any issues raised. They had developed a positive culture in the home where staff were confident in their skills and were willing to raise concerns about any poor care they saw. The registered manager continued to look for ways to improve the care people received and to provide care which met best practice guidelines.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Most medicines were safely managed. However, whilst there was guidance for staff on the administration of covert medicines, this had not ensured that people had received their covert medicines consistently.

Staff had received training in how to keep people safe from abuse, were able to recognise abuse and knew how to report it both internally and to external agencies.

Risks to people were identified and care was planned to keep people safe and healthy.

There were enough staff with the right skills to provide safe care for people and safe recruitment processes had been followed.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training and support which enabled them to develop the knowledge and skills needed to provide safe care for people.

Staff understood people's rights to make choices about their care. Where people were unable to make a decision about where they lived their rights were protected with the Mental Capacity Act 2005.

People were supported to maintain a healthy weight and were offered a choice of food and drink.

People living at the home were supported to access healthcare professionals when needed.

### Is the service caring?

**Good** ●

The service was caring.

People living at the home were relaxed and happy and there

were kind and caring relationships between people living at the home and staff.

People were supported to be improve their communications skills and to make choices about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care which met their needs and supported them to be independent. People were involved with planning their care.

People were supported to access a range of activities included those which supported their independence.

People knew how to complain and complaints were investigated in line with the provider's policy.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager had failed to tell us about things they were required to notify us about by law.

There were systems in place to monitor the quality of care received. However, they had not identified all the concerns and incidents were not always reviewed by the registered manager.

Records accurately reflected the care people needed.

People living at the home, relatives and healthcare professional's views of the care they received were used to drive improvements. The registered manager was approachable and staff were confident they would take action when concerns were raised.

# Capricorn Cottage

## **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 20 April 2017 and was unannounced. The inspection team consisted of an 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.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider 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.

During the inspection we spoke with 14 people who lived at the service and spent time observing care. We spoke with two senior care workers, a care worker, the deputy manager and the registered manager.

We looked at six care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

# Is the service safe?

## Our findings

At our inspection on 5 and 7 September 2016 we found that staff were not aware that some of the care provided impacted on people's rights and care did not always keep people safe. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safeguarding service users from abuse and improper treatment. After our inspection the provider wrote and told us what action they would take ensure care supported people's human rights.

At this inspection we found that the people's rights were now protected and that physical restraint was no longer used. Staff were clear that when people became distressed that they were to support the person and re-direct them and had received training in how to complete this.

People told us that they felt safe living at the home. One person told us they were, "Safe and happy." Another person told us, "I feel nice and safe, no family but I'm with friends in home, I can get peace and quiet there if need it." Another person told us that they did not like it if the communal areas became too noisy but that they were always able to go to their bedroom or find a quiet corner.

Staff were able to tell us about the different types of abuse people may be at risk of, how they would recognise that abuse and the support they would be able to offer the person. In addition, they knew how to report any concerns both internally and to external organisations. The safeguarding policy and the local authority safeguarding number were available to staff in the office. However, we saw that not all safeguarding issues had been notified to CQC. We discussed this with the registered manager and they told us they would ensure notifications were submitted in the future.

The provider was now meeting the requirements of regulation 13 safeguarding service users from abuse and improper treatment.

At our inspection on 5 and 7 September 2016 we found risks to people were not fully identified and care was not always planned to keep people safe. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. After our inspection the provider wrote and told us what action they would take to ensure risks to people were identified and appropriate action taken to protect people.

At this inspection we found that risks to people were identified and appropriate care was planned to keep people safe. For example, one person was known to be anxious and needed to be monitored if sharp equipment was around. Their care plan recorded how to identify when the person was feeling anxious and detailed the actions staff should take to help the person manage their anxiety. For example, it recorded that the person liked to be helpful and would respond well to praise. During the inspection we saw at one stage the person was anxious and staff responded to them in line with the care plan. We saw that the person responded well to the staff support and settled down and moved on to enjoy the rest of their day.

Care plans recorded people's nutritional risk. Where people were unable to maintain a healthy weight care

plans recorded the action needed to support the person. For example, we saw some people needed their meals fortified by having cream on cereals and in coffee and cream and butter in their mashed potatoes. When needed staff had kept a log of people's nutritional intake to be shared with a nutritionist who could offer guidance and support. Record showed one person had a steady increase in their weight which had moved towards a healthy range.

Records showed that accidents and incidents had been recorded. Staff had reviewed the incident and had taken appropriate action to keep people safe.

The provider was now meeting the requirements of Regulation 12 safe care and treatment.

At our inspection on 5 and 7 September 2016 we found that there were not always enough staff with the correct skills to provide safe care to people and that safe employment practices had not always been followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing. After our inspection the provider wrote and told us what action they would take to ensure that there were enough staff with the right skills to care for people. In addition, they told us they would ensure that recruitment practices were safe.

At this inspection we found that there were enough staff available with the correct skills to meet people's needs. There had been a large turnover of staff. Where staff had been unable to deliver the quality of care people needed they had been placed on the performance management framework to improve their skills. When staff had been unable to meet the required standards they had been asked to leave the company. This meant the registered manager could assure us that staff had the skills needed to provide safe care for people living at the home. We observed that the increase in the quality of care had a positive impact on people living at the home. People were more relaxed and interacted more with staff and visitors.

Following our last inspection the registered manager had used agency staff to ensure there were enough staff with the correct skills to support people. The registered manager had profiles on all the agency staff who had worked at the home. This included the necessary checks to ensure that staff were safe to work with people living at the home. In addition, it allowed the registered manager to see that the agency staff training was up to date and that they would have had the skills needed to provide safe care. The registered manager told us they had now recruited more staff and that they no longer relied so heavily on agency staff.

Staff told us that staffing levels had improved and that they were now at a level which enabled them to provide safe care. One member of staff told us, "It is more relaxed and we have the time to give people so they benefit and they seem more relaxed." However, there was no staffing tool in place to identify how many staff hours were needed to support people living at the home. The registered manager told us that they would look at using a staffing tool as the levels of people living at the home increased.

The registered manager told us how when staff came on shift they were allocated to support certain people living at the home. This meant they were more accountable and could be held responsible if people's care needs had not been met.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.



The provider was now meeting the requirements of Regulation 18 staffing.

At our inspection on 5 and 7 September 2016 we found that there was not always protocols in place to support the safe consistent administration of records prescribed to be taken as required. While this was not a breach in the regulations it did not support staff to administer medicines consistently.

At this inspection we found that one person had received permission from the GP to have their medicines administered in a covert manner. This was where medicines were hidden in food so that the person did not know they were taking them. However, it was not clear if the medicine was being administered covertly or not. For example, staff told us that if the person had refused their medicines for two days in a row they would let the GP know. This meant that the person was not receiving their medicine on a regular basis even though staff were able to administer it covertly.

We discussed this with the registered manager who identified that the person was repeatedly refusing their bedtime medicines as they were being offered during the 8pm medicines round. However, the person often went to bed and would be asleep at this time. The registered manager told us they would review the care needs for this person and ensure that they were offered the evening medicines when they went to bed.

There was no secure storage in place for medicines that required special care. We discuss this with the registered manager and a senior member of staff who identified that there were no medicines in the home which required the secure storage. In addition, they told us they would ensure the secure storage was put in place in case it was needed in the future.

A senior member of staff who had taken responsibility for the ordering, receipt, storage and disposal of the medicines. They explained that since our last inspection they had changed medicines supplier and all staff who administered medicines had received new training. We saw there were clear systems in place to ensure that medicines were ordered in a timely fashion stored safely and available to people when needed. There were clear records kept and medicines that needed to be destroyed were labelled recorded and return to the pharmacy.

We observed and medication round and saw or that staff stored and handled the medicines safely and are aware of how people prefer to take their medicines. People told us that staff supported them to take their medicine. One person told us, "Staff sorts out medicines, some need to be kept in the fridge but no problem getting it." Another person said, "Sometimes I don't take my medication, staff continue to chat to me. Only once have I not taken it in the end."

Some people had medicine the GP had been prescribed to be taken 'as required'. For example, pain relief medicines. There were clear guidelines in place detailing when these medicines should be offered to people. Including a way to measure people's pain levels. Whenever these medicines were administered there was a clear record of why they had been offered to the person.

# Is the service effective?

## Our findings

At our inspection on 5 and 7 September 2016 we found that staff were not supported with appropriate training and supervision to have the skills needed to provide safe care to people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing. After our inspection the provider wrote and told us what action they would take to ensure that staff received appropriate training and supervisions to develop their skills and knowledge.

At this inspection we found that staff's skills and knowledge had been developed and now enabled them to provide the care and support that people needed. People told us that staff had the skills needed to provide safe care. One person told us, "Staff know how to look after me."

Staff completed an induction when they first started working at the home. This consisted of shifts where they shadowed an experienced member of staff and training to ensure staff had all the skills needed to care for people safely. Staff told us the training included information on how to move people safely and how to keep people safe from the risk of cross infection. Before staff completed their probationary period the registered manager completed observations of them supporting people to ensure they were competent.

In addition, staff who were new to caring for people, were required to complete the care certificate. The care certificate is a national training program that provides staff with the skills needed to care for people safely. Staff also received regular refresher training to help them maintain their skills. Accurate records allowed the deputy manager to monitor people's training needs. The deputy manager was aware of the staff who had not fully completed their training and contacted them to ensure they knew what they needed to complete.

Staff told us that they had regular supervisions both on a one to one basis and in groups. They told us that both the registered manager and deputy manager were supportive and would listen to concerns they raised. As part of supervision process staff observations were done to ensure staff were using the skills they had been taught in training. Records showed that staff supervisions were up to date.

The provider was now meeting the requirements of Regulation 18 staffing.

At our inspection on 5 and 7 September 2016 people had not had their ability to make choices recognised or supported. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent. After our inspection the provider wrote and told us what action they would take to ensure that they complied with the Mental Capacity Act 2005 (MCA) and respected people's ability to make decisions.

At this inspection we found that staff's knowledge of the MCA had been improved and the care they provided now supported people to make decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf

must be in their best interests and as least restrictive as possible.

Staff were able to tell us about the MCA and how this supported the care that they gave to people. They told us how they had to consider if people could make a decision and how they could support people to make decisions. For example, by asking questions or giving choices.

One person living at the home had a lay advocate. This was an independent person who could speak on behalf of the person living at the home and represent their views and choices in best interest meetings and when reviewing their care plan.

People's care plans recorded their ability to make decisions and any areas where they may need extra support to be able to make a decision. For example, we saw one person's care plan recorded that while they had capacity to make decisions, they would need some support to understand and assess the risks and benefits.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider had completed appropriate applications for people to be assessed under the DoLS for people who were unable to make a decision about where they lived. DoLS had been put in place for a number of people living at the home. No one living at the home had any condition on their DoLS. However, we had not received any DoLS notifications. The manager had not been aware that they had that needed to be submitted. They told us they would submit these to us immediately.

The provider was now meeting the requirements of Regulation 11 need for consent.

At our inspection on 5 and 7 September 2016 we found that people were not fully supported to access food appropriately or to maintain a healthy weight. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 meeting nutritional and hydration needs. After our inspection the provider wrote and told us what action they would take to ensure that people were fully supported to access food and drink appropriate to their needs.

At this inspection we found that the kitchen staff were supported by better equipment and access to more ingredients. This had improved the quality and choice of food they were able to offer people. We saw that hot and cold drinks were set out on the side for people and their visitors to help themselves. One person told us, "I can always come to the lounge and make a coffee." Where people were unable to help themselves to drinks staff supported them whenever they asked for a drink.

People told us that they were happy with the food and drink and were offered choices at each meal. One person told us, "I like food here, there is plenty of choice, I look forward to food." Another person told us, "I like the food. There is a good choice and the pictures help you choose." People were supported to personalise their meals. For example, one person asked for more meat and nothing else this was provided. Staff provided salad cream, salt and pepper to improve people's experience of the meal.

Staff were aware of people's nutritional needs. For example, staff ensured that a diabetic person received a pudding which the chef had made with sweetener instead of sugar. Staff told us that the increase in the

quality and choice of food had supported people living with diabetes to eat better and this had stabilised their blood sugar.

People were given the right adaptive equipment they needed at mealtimes in order to eat independently. For example, one person was given a plate guard to enable them to eat their lunch. Where people needed to support to eat and drink care workers were encouraging and took their time to ensure the person had enough.

Where there were concerns about people's ability to maintain a healthy weight advice had been sought from appropriate healthcare professionals and discussed with the person. With their agreement people were offered food to support them to either gain or lose weight. Monitoring was in place to measure people's progress.

The provider was now meeting the requirements of Regulation 14 meeting nutritional and hydration needs.

People living at the home told us they had been supported to access healthcare professionals when needed. One person told us, "Doctor comes to see me here, always supported to access appointments, just had a blood test done, I also have my feet checked." Another person told us how they were going to see a dietician and had been reassured that staff would go with them for support.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

# Is the service caring?

## Our findings

At our inspection on 5 and 7 September 2016 we found that people were not supported to develop a positive caring relationship with staff. We also found people were not treated with dignity and respect and did not have their independence supported. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 dignity and respect. After our inspection the provider wrote and told us what action they would take to ensure that people's dignity was respected and that they were supported to take a more active role in making decisions about their lives.

At this inspection we noticed a big difference in the atmosphere from our previous inspections. People were happy, laughing and chatting and were happy to interact with the staff. One member of staff told us, "The main change is the caring attitude and the care is more person centred. The dining experience is better and it's all lovely." People living at the home told us about their friendships with the staff. One person told us, "I feel happy talking to staff, any concerns I would probably talk to staff." Another person told us, "They are friendly and talk to us."

The registered manager kept people informed about who would be providing care for them. There was a notice board titled 'Who is helping me today'. This showed photographs of the staff who were on duty for morning, afternoon and night. There were also photographs of housekeeping, maintenance and administration staff. In addition, the registered manager had established key worker roles so that each person had a named member of staff to support them.

The registered manager had taken steps to improve the communication skills of people living at the home and staff. People living at the home and staff had both attended some training for Makaton. This is a sign language that people can use to communicate. Staff and people living at the home had decided to learn a new sign each week. In addition, the registered manager had also revised some aspects of the care planning so that it was easier for people to access. For example, where people could not read they had pictures.

The registered manager had made small changes around the home which had increased people's ability to be independent and to be involved with their care. For example, in the laundry room there was now pictures on people's laundry boxes. This allowed people who were unable to read to identify their own clean clothes and supported them to be independent in returning them to the bedroom and putting them away. Additionally, they had purchased two washing machines and provided support to people who were able to do their own washing and drying.

The registered manager had ensured that there were pictures of all the food choices available to people. These pictures had been taken by the chef when they had produced the meals. This meant they looked like the food that people would be receiving and supported people to make an informed choice about their food. One member of staff told us how people were eating better because they had been able to make informed choices and personalise their meal.

Care plans supported staff to be caring by including information on how people may express themselves

when distressed and how staff could support them to be calm. For example, one care plan recorded that the person would calm down if they were spoken to gently or if a different member of staff supported them. Care plan recorded that the person needed to feel that people were listening to them. The person's care plans also recorded that they were frustrated at times as they struggled to communicate.

The provider was meeting the requirements of regulation 10 dignity and respect.

## Is the service responsive?

### Our findings

At our inspection on 5 and 7 September 2016 we found that people did not always receive appropriate care which met their preferences. The provider did not ensure the care provided met people's needs and people were not provided with opportunities to make decisions about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 person centred care. After our inspection the provider wrote and told us what action they would take to ensure that people were fully engaged in making decision about their care and what changes they would make to care so that it would meet people's needs.

At this inspection we found that care plans fully reflected people's needs and that people had been involved in planning their care. Staff were able to tell us about people's care needs and this reflected the information recorded in their care plans. For example, one member of staff told us how a person liked to be independent and would eat better away from the noise of the main dining area. Care plans supported person centred care and encouraged people to lead as independent lives as possible. We saw an example of this in one person's care plan which recorded that they had discussed their care needs and that they needed support and encouragement to take advantage of life. It recorded that staff were to support them with ideas. There was a handover process at the end of each shift to ensure that staff are up to date on people's care needs.

People told us how they were supported to receive appropriate care. One person told us how the staff knew them well and were able to provide comfort and reassurance when they were upset. This person also explained how their care had changed around the support they needed at bath time. They said, "In the past I fell out of the bath so they changed my care plan to make sure I was always supported by a female."

We saw that there had been other changes that supported people. People had been helped to access appropriate equipment. Two people had new wheelchairs. One of these people spent their whole day in their wheelchair which was specially designed for them. We saw that they looked comfortable and relaxed in their new chair. For the other person the wheelchair increased their ability to access the community. A third person had been enabled to have showers as the registered manager had arranged for them to have a special hoist sling.

We noted and staff told us that since the changes in care following our last inspection people living at the home were more settled. For example, they told us about a person who had found the process of having a blood test traumatic in the past. However, at a recent blood test they were supported by a favourite member of staff and a person living at the home they were close with. They were relaxed and the process had been much easier for them. Another member of staff explained how positive changes in care had led to a reduction in the number of times a person became distressed and a more positive outlook. They told us that the person had been eating better and that they had started to engage in activities outside of the home.

The provider was meeting the requirements of regulation 9 person centred care.

People had been supported to access activities and entertainment which helped them to be live fulfilled

and meaningful lives. One person told us how they enjoyed gardening. They said, "I'm keen to work in the garden, we are getting bricks for a base for a greenhouse." Another person told us, "There are plenty of things to do, I like to read books can get new books am happy here." The main lounge area had been redesigned and there were now plenty of books games and other activities for people to choose from. People were engaged in a variety of activities around the home during our visit. People were also supported to access activities of daily living such as cooking, cleaning and laundry. In addition, where people had expressed an interest they had been given jobs around the home. For example, one person had chosen to spend some time helping staff in the office. The registered manager had arranged for the person to have a name badge as all the other staff did. Another person had chosen to help the maintenance staff.

There were two members of staff who concentrated on planned activities each day and the activity rota was on display in communal areas of the home. This tabled multiple activities through-out each day in the centre and the community and included music, swimming, horse riding and bowling. In addition, trips out had been organised and we saw photographs of a recent trip to a farm where people had held and fed the animals. The activities staff were looking at developing ways that people could become more involved in the local community. For example, one person living at the home was a keen knitter and it was felt they would benefit from support from a person who also liked to knit.

We saw there was a notice in the main entrance which gave people information on how they could make a complaint. People told us they were happy to raise complaints with the registered manager or other staff. One person commented, "If I had any concerns my carers are good at listening to me and they explained and reassure me." There was a complaints policy in place and we could see that the complaints received had been dealt with in line with the policy. Complaints had been resolved to the satisfaction of the people making the complaint.



## Is the service well-led?

### Our findings

At our inspection on 5 and 7 September 2016 we found that the provider did not assess and monitor the quality of care being provided and did not assess, monitor and mitigate the risks to the health and safety of people living at the home. Records for people were not accurate or complete and were not always accessible. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. After our inspection the provider wrote and told us about the changes they planned to make so that their quality assurance system was effective. They also told us how they were going to ensure records accurately reflected people's care needs.

The registered manager had ensured that systems to monitor the quality of the care provided had been reviewed and updated. There were effective audits in place which had identified concerns and records showed that the appropriate actions had been taken. Records showed that audits had been completed every month. We saw they had identified where mattresses had failed and we saw the mattresses had been replaced as needed. In addition, a monthly health and safety check was completed and this again identified the actions needed to keep people safe. For example, it was identified that staff needed training to complete the accident book. We saw medicines audits had been routinely completed and again actions were identified to ensure records were safely stored and administered. However it had not identified the concerns we found relating to a person who was able to receive their medicines hidden in their food. .

We saw incidents were recorded on the computer system. This allowed staff to record the incident and for the manager to review incidents to ensure appropriate action had been taken. However, while action had been taken to keep people safe, the registered manager had not always been informed about incidents so they could review the actions taken and to monitor if any further action was needed. Therefore we could not be fully assured that appropriate action had been taken to minimise the risk of incidents reoccurring.

People living at the home told us about the positive changes which had occurred since our last inspection and how the culture had changed to become more supportive. One person living at the home commented, "The staff are better, they want to come. I like to be as independent as possible and staff know this."

Staff told us that the registered manager and the deputy manager were both approachable. One person told us that they had always listened to what they said and were responsive if staff suggested an alternative way of doing something. For example, a senior member of staff told us how the registered manager had given them time and supported them when they wanted to get the medicines from a different pharmacy. Staff had monthly team meetings to discuss any changes in the home and other issues that the registered manager wanted them to be aware of.

The culture at the home had changed from one where staff were unable to recognise poor care to one where they recognised and raised concerns about the standard of care colleagues provided. To support this there was a whistle blowing policy in place and the registered manager was approachable and listened to staff's concerns and then took action. This meant that staff had developed confidence that they could raise concerns. Staff told us how this had changed the home and their attitude towards work. One member of

staff told us "Before I was worried about coming to work but now am happy to do overtime. There are lots of new carers [staff] who are all very caring. The manager and the deputy manager are supportive. They think of ideas but include you're making changes and they ask your opinion which makes you feel valued."

The registered manager had ensured several surveys were completed to gather the views of people living at the home, their friends and relatives, and visiting health professionals. We saw the outcome to the surveys were positive. One healthcare professional had noted that the staff were informative and attentive to people living at the home. Comments from the staff survey showed that staff were happy and supportive of each other. The surveys for people living at the home were developed to be accessible to all the people using a picture format.

In addition, to the surveys the registered manager encouraged people to feedback their thoughts and ideas in other ways. For example, there were smiley and sad faces to be put next to the daily menu items. In the reception area which stated, "Your Views matter. We are constantly striving to improve the way we do things for you. Talk to the registered manager and the team and tell us what you think is working well. What you think we should change and are there other things you would like to do or see." There was also a suggestion box for people to use.

Records showed that regular residents' meetings were taking place. We saw there had been a recent meeting where a number of items had been discussed, this included the menus and newsletter and the tuck shop. In addition, we saw that people had chosen to promote a healthy diet and have stopped having puddings at teatime and instead were having fruit or yogurt.

Records describing the care people needed were now complete and accurately reflected the care people needed. The registered manager told us they had completed workshops with staff and the information that needed to be included in people's care plans. In addition, they had also provided staff with some training on the information that needed to be recorded in people's daily notes. While the records on the computer were still not accessible to people, the registered manager had ensured staff discussed the information with people and where required produced key information in a format they could access.

The registered manager had also taken action to update areas of the home. For example, some of the kitchen equipment had been updated and the provider was planning a total refit of the kitchen. In the communal areas of the home there was a new washing machine and another tumble-drier. This supported people to be more independent with their laundry.

The registered manager continued to look for ways to develop the home and include the latest best practice guidelines in the care they received. For example, registered manager had signed up to be part of the pilot for a product called talking mats. This is a communication method that helps to gather the views of people who were unable to verbalise their needs. We saw that this was a positive experience for people and that staff had been able to gather more information about people's likes and dislikes.

The provider was meeting the requirements of the regulation 17 good governance.

The registered manager had not notified us of all the incidents that they were required to tell us about by law. They had not notified us when people's liberty had been restricted under the Deprivation of Liberty Safeguards or if people had been referred to the local authority safeguarding team for minor concerns, such as two people in the home shouting at each other. We discussed this with the registered manager who had not fully understood what information they needed to tell us about. They told us they would ensure that all information was submitted in the future. Following the inspection the registered manager submitted all the

notifications that we had identified as missing during the inspection.