

Birds Hill Nursing Home Limited

Birds Hill Nursing Home

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

About the service

Birds Hill Nursing Home is a nursing and care home for up to 72 older people some of whom may be living with dementia and or have nursing needs. The home is purpose built and is divided into three separate living units. There were 62 people living or staying there at the time of the inspection.

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

At the last inspection we identified a breach in regulations regarding the assessment and planning of people's needs. Changes in their health were not always responded to appropriately to make sure all their healthcare needs were met in a timely way. These issues had been fully addressed at this inspection.

Also, at the last inspection, we also found a breach in regulations relating to systems to monitor and improve the quality and safety of the service. Some improvements have been made but this regulation remains in breach because some shortfalls regarding the oversight of the service were found at this inspection. In addition, we found some shortcomings in relation to infection control, risk assessment and medicines. We have made recommendations about these.

People told us that the service provided staff who were caring and supportive. They received care that was responsive to their individual needs and staff had a good understanding of how people preferred their care and support provided.

We saw people were very relaxed and content in the company of staff throughout our visits. Peoples needs were regularly assessed and reviewed in detail and action was taken to respond to people's changing needs.

The provision of activities that were meaningful to the people living in the home was carefully planned. People told us they were happy with how they spent their time.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about their end of life wishes. Staff talked with pride about the care they were able to give to people in their final days.

There were sufficient numbers of staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

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 requires improvement (published 25 January 2019). The rating has now improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement We have identified one breach in relation to governance and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Birds Hill Nursing 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 Care Act 2014.

Inspection team

The inspection was carried out on the first day by one inspector, an assistant inspector and a nurse special advisor. The second and third days were completed by one inspector. A second inspector visited for part of the last day of the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with 18 people, four relatives or friends and two health and social care professionals. We also spoke with the registered manager, two management or senior care staff, administrative staff and eight care staff.

We reviewed a range of records including six care plans and medicines records, four staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, complaints and accidents and incidents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included contacting health and social care professionals, other professionals involved with the home and commissioners to ask for their view of the service. We received feedback from two health and social care professionals, another professional person and a relative.



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 as Good. At this inspection this key question has deteriorated 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.

Assessing risk, safety monitoring and management

- People told us they felt safe and well cared for. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- Risk assessments were in place for each person for all aspects of their care and support. They were reviewed regularly and in response to people's changing needs. Staff knew the individual risks people faced.
- Assessments included instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and how to reduce the risk.
- Risk assessments of the environment had not always been carried out or reviewed following changes: some large items of furniture had not been checked and secured to walls and razor blades had been left out in many of the ensuite bathrooms including those where people who lacked capacity to recognise the risks could access them. The registered manager took immediate action when these issues were highlighted. All issues were addressed before the start of the second day of the inspection and new audits of these areas were developed to ensure this did not happen again.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.
- The service recognised that even with relevant safety monitoring and staff training, accidents and incidents could still occur and had considered how this was best managed. A 'first response' box for staff to use when responding to a fall or other medical emergency had been created. This included a blood pressure monitor, thermometer, blood sugar monitor, hot and cold packs, a slide sheet and relevant documents such as observation and assessment forms.

We recommend that systems to identify and manage risks to people who use services are reviewed and steps are taken to ensure that staff understand the systems and use them consistently.

Using medicines safely

- Medicines were stored securely and managed safely. There were frequent checks to ensure medicines were correctly recorded and accounted for.
- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Some medicines, such as topical creams, were only effective for a specific period once opened. The date of opening should therefore be recorded on these medicines. Some items left out in ensuite facilities did not have the date of opening recorded on them. This meant staff could not be certain these medicines were still effective, and they were not stored safely. The registered manager took immediate action when these issues were highlighted. As well as ensuring all items were stored safely and within their expiry dates, checking opening dates are recorded was added to medicines audits.

We recommend the service reviews and adheres to relevant national guidance and good practice standards in relation to topical medicines.

Preventing and controlling infection

- The service was generally clean and well maintained. All the relatives and professionals we spoke with commented on how well the home was kept.
- Protective equipment, such as disposable gloves and aprons, were readily available for staff if they needed this.
- The kitchen had been assessed by the local food standards in February 2019 and had received a grade 5 rating. This meant hygiene standards were very good and comply with the law.
- One of the staff toilets had not been kept to the same standard of cleanliness and décor as other areas in the home. The floor was dirty, the waste bin overflowing, surfaces were dusty, the toilet bowl cracked, and the toilet seat was chipped. Hot water also took a long time to run through to the wash hand basin. This meant that a key area for staff in the prevention of the spread of infection was not effective. The registered provider explained that the refurbishment of staff toilets was on an improvement plan for the home but that they had prioritised areas used by people living in the home. Immediate action was taken on the day of the inspection and all issues had been fully addressed by the second day of the inspection.
- Most of the bedrooms also had ensuite toilets and wash hand basins. Many of these rooms did not have paper towels for staff to dry their hands and no foot operated bins for rubbish. Some rooms did not have liquid soap for handwashing. This meant that a key area for staff in the prevention of the spread of infection was not effective. The registered manager took immediate action and all areas had been fully addressed before the second day of the inspection. This included creating check lists for staff to ensure rooms were fully equipped.
- Many people needed support to wash. Staff often used large bowls for hot water to help people. After use, bowls were washed and stored in ensuite areas. Many of the bowls were not stored appropriately which meant water was left standing and this could harbour germs. Some of the bowls were also stained or cracked which meant effective cleaning was not possible. The registered manager took immediate action and new bowls were purchased and delivered during the second day of the inspection. Staff were reminded of the danger of standing water.

We recommend that the service reviews current national guidance and standards in relation to infection control and ensures these are fully implemented throughout the service.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people independently. Following a suggestion at a recent residents and relatives meeting, people and relatives had been involved in interviewing new staff. The registered manager told us, "It's really important that we have the right staff caring for people."
- There were enough staff on duty to provide the support people needed. A member of staff told us, "There

are loads of staff here, it's amazing. The care is good, very compassionate. We can do things when they need to be done."

- The registered manager reported that they had recently recruited new staff. However, there had been a recent period where staffing the home had been difficult and agency staff had to be used. They acknowledged this was particularly challenging for some people and had a plan in place to ensure that more permanent staff were recruited.
- Staff had the training they needed to work safely and effectively. This included topics such as moving and handling, first aid, fire awareness and safeguarding.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse. Since the last inspection, training in this area had been reviewed and improved to provide staff with a more practical and evidence-based course. Staff were confident in discussing safeguarding issues and told us the training had been positive and informative. They confirmed that any issues they raised were listened to and acted upon.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. The local authority safeguarding team told us the service worked well with them.
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed to identify any patterns or trends and review measures to prevent reoccurrence. Where learning from events was identified, this was shared with the staff team through meetings, training and general communication.
- Accidents and incidents were an opportunity to reflect on practice and continually improve outcomes for people.

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 as requires improvement. At this inspection this key question has now improved 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 the provider had failed to properly assess people's health and safety risks and action had not been taken to mitigate such risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Assessments of people's care and support needs were carried out before care was provided for people. These pre-assessments were used to form the basis of care plans and ensure that their support needs could be met. A social care professional told us, "I found the staff to be helpful and responsive. They made real efforts to make the person feel at home and ensure they had what they needed."
- There were regular reviews of people's care to ensure the service was meeting their needs. Care plans were updated as required following reviews. A relative told us, "Staff are very good and knowledgeable. [person's name] is very well looked after. I can leave and not worry."
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person-centred care and support plans.
- Assessments included information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems. A social care professional told us, "Birds Hill assess people's needs in a timely manner. They are always fast to respond and will go above and beyond to accommodate new clients who require specialist equipment, need extra support or have high nursing needs."

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right skills, experience and attitude for their roles. A relative told us, "It is a good team on this unit, they all work well together. I go home with a peaceful mind."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff said, "It's the best training I have ever been on. It's been fantastic throughout and very

enjoyable. I would love to become a care manager or deputy."

- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs. An award of employee of the month had recently been introduced. People and staff could nominate staff for the award. Some of the comments on the nomination forms included, "[person's name] is an exceptional care with a great work ethic.", and "[person's name] works really hard and is always happy to help whether it is her job to or not!"

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

- There was a strong emphasis on the importance of eating and drinking well. The standard of catering was excellent. Food was of a high quality and always presented to make it look appetising. The head chef told us, "I wake up at night planning what to do for people." People and relatives were very positive about the food and we received comments such as, "It's top notch" and "It's good, if I don't like something, they will ask if I want something else."
- The service regularly assessed people's risks of malnutrition and dehydration. Considerable national and international research has been published about the negative effect a poor food and fluid intake can have on people's health and wellbeing. The service had taken this into account and reviewed how they could reduce the risks to people at Birds Hill Nursing Home. Food and drinks were available at all times for people to enjoy, this included 'snack stations' in all of the lounges and communal areas. There were options at all meals and people were offered choice either by discussion, use of picture cards or looking at plated meals.
- Speech and language therapists had been consulted and some people had been assessed as requiring pureed foods. The service recognised it was harder for people living with a cognitive impairment to recognise pureed items as food and also this was not a dignified way to serve meals. A project had been created called "Dine with Dignity". Special equipment including blenders and moulds had been purchased and the chefs went to great lengths to present the pureed items in such a way that the individual pureed items had the same look, colour and texture as the actual item. The staff referred to this as "Gourmet puree" and reported that people had responded well and were eating more since this was introduced. Visitors told us how impressed they were with these meals.
- Records showed the number of people who were at high risk of malnutrition or dehydration had reduced considerably since the introduction of these measures.

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

- There was a very homely feel to Birds Hill Nursing Home. The thought given to the décor and furnishings was clear. People were consulted about their wishes for their home.
- Consideration was also given to best practice guidance about how environments could be improved for people living with dementia. Signage around the home helped people to orientate themselves.
- The home was purpose built and divided into three separate living units. Each unit had a large communal lounge and a separate dining area. People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.
- The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.

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

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life. A social care professional told us of two people living at Birds Hill who were very happy and looked after very well.
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in

seeking guidance and support from health professionals. A social care professional told us, "They liaised appropriately with other services as required. They had to deal with a very complex situation. They were very accommodating and came up with innovative solutions."

- People were supported to access healthcare services when they needed this. Staff accompanied them to appointments if this was necessary or supported people when health care professionals visited them at Birds Hill Nursing Home.
- Records showed instructions from healthcare professionals were carried out.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision best interest processes were followed and recorded.
- The manager had appropriately identified where people could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS. Systems were in place to ensure staff were reminded about any special conditions which must be complied with and to ensure additional applications were made in a timely manner for any permissions which were due to expire.
- Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how a person wanted the support and care they were offering.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the care and support they received. During discussions we found staff to be kind and compassionate. A relative told us, "[registered manager] and all the staff are fantastic. They all get on with what needs to be done and even the managers muck in."
- People looked very relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard many conversations where it was clear staff knew people well and understood what they liked to talk about or do. One person said, "I really like it here. They treat me really well."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. One person said, "I love it here, the scenery, the accommodation and the people. The people are very nice."

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

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard. Relatives confirmed that they, as well as their family member, were involved in reviews and decisions.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services

Respecting and promoting people's privacy, dignity and independence

- The service recognised how important people's dignity and independence was to them and supported them to retain and improve both wherever they could. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "Staff knock on my door to come in and pull closed the curtains when they are going to help me wash and dress."
- People and relatives told us they had regular staff who knew and understood them. One person was staying at the home for convalescence and hoped to improve their health enough to return home. Their relative told us, "[Person] is very happy here. [person] wants to come home but has told me that if they can't come home then they are happy to stay here."
- People and their visitors confirmed staff always respected their privacy and told us if they had a preference for male or female staff, this was respected. There was always a balance of male and female staff on duty in order to meet people's requirements.

- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has the same. 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

- People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. A relative told us, "I visit every day, even if I never came again, they'd still keep the same quality of care. I trust them."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. Staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. A member of staff told us, "I am proud of the rapport I have built with residents and relatives."
- Care plans were personalised and detailed exactly how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was at risk of developing pressure sores, the action taken to support them to change position regularly was clearly recorded. A member of staff told us, "I like making people smile. If they have had a bad day, I like to take the time to chat with them."
- Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly. People's different cultures and beliefs were recognised and respected and clearly detailed in care records.
- The service worked with people and staff to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. The registered provider employed a non-denominational chaplain to provide religious, spiritual and pastoral support to people, visitors and staff. They held regular services within the home which had been specifically adapted to support people living with dementia. They were also able to support people of other faiths and beliefs.

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

- The service understood the importance to people's wellbeing of meaningful occupation and activity. There was a programme of activities for people to enjoy every day. Many were group activities, but staff recognised the importance of spending time with people individually and this was also included in the activities programme.
- People, relatives and staff told us they enjoyed the activities in the home. A relative told us how staff had taken a cooking activity to a person who was unable to leave their bed. They were very touched that staff had recognised that cooking had been important to the person and taken steps to keep them involved in this.
- The activities staff reviewed each activity to assess what had worked well for people or whether there were

any areas to change or improve. Examples of successful group activities included baking, arts and crafts and quizzes as well as visiting entertainers and groups from local nurseries and schools. There were also regular trips out to local events and attractions.

End of life care and support

- The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. A member of staff told us, "I have a passion for providing end of life care. It's the biggest privilege to look after people at this point of their lives."
- The registered provider had introduced a requirement of staff that they must all complete training in end of life care. Additional training had also been introduced to inform staff about grief and bereavement support both in recognition that they grew close to people and were affected by their loss and to be able to support relatives and friends of the deceased person.
- Although no one was receiving end of life care at the time of the inspection, people had anticipatory care plans in place for how and where they would like to be cared for at the end of their lives. These plans were regularly reviewed. The chaplain had identified that it was better to have difficult conversations about people's wishes as soon as possible once people moved to the home. Additional support for staff in asking these questions had been provided so that they were empowered to help people and ensure that the service was ready and able to support people however they wished.
- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. Staff talked with pride about the care they were able to give to people in their final days. A relative told us, "The carers and nurses were incredibly welcoming and supportive. We were able to visit at any time we wanted. Each time I visited, [person's name] was evidently well cared for and settled peacefully."
- The registered manager and staff were keen to ensure they provided the best possible care for people and had introduced a review process after each death in the home to look at what had gone well and whether anything could be changed or improved.
- The service chaplain had reviewed how to improve support to people and their loved ones at a most difficult time. They had recognised that many relatives and friends were unsure what they needed to do once a person had passed away. An information pack had been created to give to relatives explaining what needed to be done, a list of useful contacts such as local registration offices and information about bereavement and where to obtain help. Staff were also clear they were always there to help relatives and visitors even after the person had passed away.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they

moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint.

- During our inspection, one relative raised several issues with us, but they had not previously highlighted these to the registered manager. We checked they had done this, and the registered manager was taking action to address the concerns.
- There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable.
- Records of complaints received showed how these had been investigated, the timescales for resolving and the outcome for each complaint. People told us they would be happy to raise a concern or make a complaint although nobody had needed to.
- The registered manager carried out regular audits and reviews of complaints and concerns.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure that governance, management and accountability systems were robust enough to ensure effective management of the service and that people received good quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Systems had been developed to enable oversight of the service and the quality of the care provided through a series of audits and checks. Numerous audits were completed including regular audits of medicines, accidents and incidents and health and safety.
- The systems in place had not been fully effective in assessing and monitoring areas of the service such as the storage and administration of topical medicines, infection control issues or the shortfalls in health and safety checks of large pieces of furniture.

We found no evidence that people had been harmed. However, governance, management and accountability systems were either not in place or robust enough to ensure effective management of the service and that people received good quality care. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered persons were very responsive and took immediate actions in response to our feedback throughout the inspection.

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. Some staff told us that, following recent changes in the structure of some of the teams, they were not always clear who they should go to for queries or concerns relating to care during a shift. The registered manager accepted that this could well be the case and agreed to take immediate action to ensure that staff understood the management structure.
- Learning from incidents and audits was shared with staff at staff meetings or in supervision.

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

- The service had an open, positive, person-centred culture. People, staff and professionals expressed confidence that the service was well run. A relative told us, "I think things have improved with the new manager. She is very focussed." A member of staff told us, "We work as a team, we support each other, it's not like this is my job and this is yours. We all work together. It's amazing."
- At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.9 out of 10 following feedback from people who lived in the home, relatives and visitors. There were 10 extremely positive reviews added in the preceding 12 months.
- People, relatives and professionals told us the registered manager was approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team. A social care professional told us, "I found the management team very approachable and they made a lot of effort to try and resolve any problems, demonstrating a 'can do' approach."
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews. This information was used to improve the service and to highlight good practice or care. A relative told us that they found the meetings very positive. They said, "If suggestions are made, they act on them. If complaints are made, they are about small things and are rectified immediately."
- People, staff and relatives said they felt comfortable to put forward any ideas they may have to improve people's care, support or wellbeing and were confident these would be acted upon. The registered manager had used a notice board to share ideas and what the service had done with them. They called this, "You said, we did". Some of the ideas included changing the use of a room to make a private space for people to have visitors other than their bedroom, making a themed 1950s dining area, and decorating an outside area to make it more welcoming.
- The registered manager had notified CQC of significant events and incidents, which is a legal requirement. The previous inspection rating of requires improvement was prominently displayed at the service and on the provider's website.

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

- The service understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families

Continuous learning and improving care. Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This had included attending events with the local authority and accessing information from Skills for Care and CQC websites.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, governance, management and accountability systems were either not in place or robust enough to ensure effective management of the service and that people received good quality care. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>