

Bupa Care Homes (CFChomes) Limited

Argyles Care Home

Inspection report

Pound Street
Newbury
Berkshire
RG14 6AE

Tel: 01635551166

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Argyles Care Home is a residential care home providing personal and nursing care to a maximum of 50 people aged 65 and over. At the time of the inspection the service were supporting 30 people. Needs varied, with some people living with dementia, whilst others required nursing support.

The home offers bedrooms across two floors, with communal dining areas, living rooms, bathrooms and quiet rooms available on each floor. The service has an in-house chef who prepares a menu based on people's preferences, offering three course meals in the dining rooms or in people's bedrooms. Activity co-ordinators work closely with all departments to focus on how the premises can be more "user friendly". Signage is used to highlight where different areas are within the home to enable people to maintain independence.

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

People were treated with compassion, care and kindness. People, their relatives and visiting professionals commented on the staff approach and thoughtfulness to go beyond the call of duty for people. Staff often came in on days off, spending large amounts of time engaging with people. The management team and staff had created lasting and meaningful relationships with people. These relationships enabled the service to provide good care, which achieved positive outcomes for people. The provider's ethos was embedded in the culture of the home and demonstrated a caring approach. People were treated with respect and their dignity was continually upheld. This was confirmed by people and their relatives who provided positive feedback about the service. People's diverse needs were identified and met and their right to confidentiality was always protected.

The staff and management team showed great skill and thinking when looking for ways to reduce risks for people, whilst encouraging and enabling their independence. People were protected from the risks of abuse and reported feeling safe living at the service. Staff recruitment and staffing levels supported people to stay safe. Medicines were managed correctly and safely. People were fully involved in all elements of their care, and the provider was open and transparent when things went wrong.

People received effective care and support from staff who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of people and were completely focused on meeting the personal, health and social care needs of people living at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The company policies and procedures supported this practice.

People received person-centred care which promoted positive outcomes for them and which included supporting their independence and having control over their lives. People received care and support that was personalised to meet their individual needs. Staff worked well together for the benefit of people practising the ethos of the service: to focus on the needs of the people and their wellbeing.

People benefitted from staff who were happy in their work and felt well managed and supported. The management team and staff were highly motivated and proud of the service they delivered to people. One member of staff said, "There's a buzz here, we're all just happy to be at work." There were consistently high levels of engagement with people, families and professionals. There was a strong commitment to ensure the service was inclusive and that people had the opportunity to extend their lives including community engagement.

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.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 January 2019) and there were multiple breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Argyles 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and one inspection manager.

Service and service type

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

The service had a manager who had submitted their application to be 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, once registered.

As the manager has not yet been registered, they are referred to as the "manager" in this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included seeking feedback from the local authorities, safeguarding teams, and any notifications the provider had sent to us. Notifications are to be sent to the CQC following specific incidents, or reportable issues that the provider has to legally do. The provider did not complete the required Provider Information Return, as this was not requested of them following the last inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the regional director, compliance manager, the manager, a registered nurse, four care workers, the maintenance person, the activities co-ordinator and the chef. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime service. The SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition, we made observations throughout the day.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service following the inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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 (Safe Care and Treatment) 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 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Assessments were completed as required to ensure people were safe.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm by having written risk assessments in place, that detailed how to mitigate and manage potential risk, without affecting people's independence. For example, people were able to mobilise independently, but where required specialist equipment, footwear or environmental changes were implemented to enable people to retain freedom of movement.
- We observed during a 10 at 10 meeting (this is a meeting that is scheduled for 10 minutes at 10am every morning, where all departments of the home discuss pertinent issues), that staff were very quick at assessing and mitigating risk. A senior carer raised concerns in relation to one person who, although ate a soft diet independently had begun to cough during mealtimes. This had been witnessed over two consecutive days. Staff immediately arranged an assessment with a Speech and Language Therapist (SALT). In the meantime, measures were discussed on how the risk could be managed prior to a SALT assessment having been completed.
- Staff were able to discuss and present information on people's risk and how this was to be managed, where documented records had not been updated. We found that whilst reviews were generally completed as required, in a few files a couple of specific risks that had mitigated retained paperwork, as though risks were still relevant. Staff however, were able to advise to the contrary, therefore people did not have any restrictions placed on them unnecessarily. We received confirmation from the manager, following the inspection that all documentation pertinent to people's care was being reviewed.
- People had an individualised personal emergency evacuation plan (PEEP). The PEEP is designed to inform staff on pertinent information related to a person's mobility, ability to follow instruction and formal diagnoses that may impact in an emergency evacuation process. These were well documented, up to date and reviewed weekly by the maintenance person.
- The service had a comprehensive schedule of managing and reviewing the environment to ensure it was safe from risk. This included scheduled checks including emergency lighting, fire equipment, window checks, water temperature checks and emergency drills. In addition, risks related to each person's

environment and equipment were continually assessed. The service used an electronic Red Amber Green (RAG) system of reviewing whether all audits had been completed. This meant that a quick glance indicated that all risks had been reviewed and required action taken.

- The service had a comprehensive business continuity plan in place, which was accompanied by several one-page flow diagrams. These depicted what course of action staff needed to take in the eventuality of an emergency. For example, in the event of no gas, no electricity, a virus breakout. The one-page diagrams were quick and easy to follow, allowing all issues to be dealt with promptly.
- A grab bag located in the staff office was checked weekly. This contained copies of PEEPS, the business continuity plan, as well as useful items including, a mobile phone, torches, walkie talkies and high visibility jackets. This was prepared to be used in an emergency, should the service assess the potential risk of an incident.

Systems and processes to safeguard people from the risk of abuse

- People were protected by the implementation of systems and processes to protect them from the risk of abuse. Both people and their families reported seeing a positive change in the service over the last 12 months. We were told, "I feel safe here", "It is much safer here now."
- Staff received training in safeguarding, that was regularly refreshed to ensure it was compliant with local authority guidance. All incidents of potential and actual safeguarding were appropriately reported to the Care Quality Commission (CQC), with additional information provided as updates.
- The service had visual guidance in all staff rooms and offices on the procedure to follow should abuse be suspected. This was presented in easy to follow steps in the form of a coloured flow chart.
- The provider had further set up a confidential telephone line dedicated to enable staff to safely blow the whistle on any poor practice or concerns they had witnessed.
- We spoke with staff, all of whom reported they knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff reported that they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

Staffing and recruitment

- The provider operated an appropriate recruitment system to ensure new staff had the right skills and attributes to work with people. Most of the required pre-employment checks were in place, within the files reviewed. However, some files had incomplete information. We sought confirmation from the provider that all checks were meeting the requirements of Schedule 3 following the inspection. The regional director developed a robust personnel file audit tool that was forwarded to us as evidence of how these recruitment checks would be completed moving forward, and of all existing staff files. This would further be used to ensure all pre-employment checks were in place before any new workers commenced.
- There were sufficient staff deployed to both floors of the service. Ratio of staff to people was calculated based on people's needs. We saw that people's needs were being responded to in a timely manner. Call bells were answered within the provider's allocated timeframe, and any calls that went above this were investigated.
- All new staff members were required to complete a comprehensive induction, which included mandatory and specialist training, in addition to shadow shifts. Where staff were new to care they were required to complete the care certificate. This is a set of 15 standards that care staff should have the knowledge, skills and attributes of when working in a care setting.

Using medicines safely

- People had their medicines managed safely.
- Staff were trained to administer medicines, with competency assessments completed frequently,

including observations of practice, to ensure people were supported safely.

- Medicines Administration Records (MARs) demonstrated that people had received their medicines as prescribed and in line with their medicine plans. These were completed accurately and were audited to ensure no errors in medicine management had occurred.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when medicines were administered. People were asked if they were ready for their medicines and were told what they were being given with sufficient time offered to take them.
- Medicines were stored and disposed of safely, as required in accordance with legislation.
- Where people had medicines as required (PRN), for example for pain. There were clear protocols in place to advise staff of their use, and when these needed to be administered.
- The service ensured MARs were updated for any short-term antibiotics, with complete audits completed illustrating accurate administration.

Preventing and controlling infection

- We found the home was very clean. There were no malodours in the bathrooms or the home generally, and the home looked well-kept and whilst well lived in.
- Staff training records indicated staff were trained in the prevention and control of infections.
- Personal protective equipment was available for staff, such as disposable gloves and aprons to prevent the spread of infection. Colour coded mops and cleaning products were used to prevent the possibility of cross contamination.
- The kitchens had been rated 5 out of 5 (good) from the FSA (Food Standards Agency). The FSA primary role is to ensure that services that serve or sell food, do so in line with hygiene standards. The rating of 'good' therefore illustrates the highest rating for cleanliness.
- The service completed frequent audits, to ensure they maintained a high standard of cleanliness within the kitchen, bathroom, people's bedrooms and communal areas. The housekeeper advised this was to ensure appropriate measures were in place to prevent contamination and the spread of infection.

Learning lessons when things go wrong

- Electronic records were kept of all incidents and accidents, that were assessed both at home level and at provider level by the senior management team.
- The registered manager and management team took the necessary action to implement the required learning identified from accidents and near misses. Information was correlated and sent to head office where an analysis of the incident was completed. This would highlight possible reasons why the incident occurred.
- The provider utilised this information within a wider framework to establish if there were any noted trends. Information was then disseminated to other homes, to use as learning.

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.

At our last inspection the provider had failed to evidence that people's capacity had been assessed and best interest decisions discussions completed. It was unclear whether care was in line with people's choice and preference. This was a breach of regulation 11 (Need for Consent) 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 11.

- The provider ensured staff had a thorough understanding of the Mental Capacity Act, and were working and practising within the guidance of the Act.

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 found the service was working within the principles of the MCA. Restrictions on people's liberty had been authorised.
- People's human rights were protected by staff who illustrated a clear understanding of consent and establishing choice. Staff had a good overview of mental capacity and Deprivation of Liberty Safeguards legislation and guidance. We saw clear evidence during the inspection of staff ensuring they worked in line with the principles of the MCA. Choice was offered and respected.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. This was specifically noted during assistance with lunchtime meals.
- Staff supported people to make as many decisions as possible. We observed and read in care plans, how people wished to be supported. We saw clear evidence of people leading their care at all times.
- Records showed that there was a clear process to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis.
- The service used visual aids for staff to fully understand the principles of MCA. These were located in communal areas as well as staff rooms.

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

- The service completed comprehensive pre-admission assessments on any potential new admissions. These focused on people's health, care and medical needs, to determine whether the service could meet the needs of the individual.
- Care plans were written using the information from the pre-admission assessment, and through consultation with people and / or their representatives. Care plans were person-centred and considered all aspects of people's lives. Information was very detailed and provide a clear directive to staff working with people. All aspects of care were covered within the files reviewed.
- The provider ensured staff received training to meet people's complex needs, including health related issues that may not be covered within the provider's mandatory training. This meant that staff were better equipped to deal with people's complex needs reducing the need to source external input.
- People's care plans were comprehensive and promoted people's independence. For example, where a person wished to remain as independent as possible in all elements of personal care, this was promoted. Staff remained present to ensure the person was safe, and supported the person as they requested.
- Relatives and professionals told us the staff delivered care in accordance with people's assessed needs and guidance within the care plans. We also observed this during the inspection. One visiting professional commended the service on the quality and effectiveness of care. "The service is very good at assessing people's needs. They respond immediately to any change in health."
- We noted that some individual care documents had not been amended to address people's changed health needs, specifically where improvements had been noted. However, we were reassured that this did not impact on people, as staff were able to verbally advise of the changes. We were sent evidence following the inspection illustrating that all necessary changes had now been made.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team that were able to put their training effectively into practice. The training matrix illustrated staff had been provided training in the provider's mandatory training and additional courses to help staff work with people. This included pressure ulcer care, bedside rails, stress and distress as well as care of a person with dementia.
- Staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. A rolling training programme meant that staff were continually refreshed with new training and updated with changes in best practice. A RAG system made the manager aware when any training was due for renewal.
- Staff reported they felt they received appropriate training to ensure they could effectively carry out their duties. One staff member said, "The training is very good. We have all the skills needed to carry out our job effectively."
- Supervisions were completed frequently with appraisals taking place annually. Staff reported these were effective in identifying any shortcomings as well as areas they excelled in. Group supervisions were also completed to ensure group learning.

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

- The service worked closely in partnership with the GPs practice, dietitians, SALT, hospital specialist teams and specialist nurses to make sure care and treatment met people's specific needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly. Records were maintained detailing outcomes of consultations and conversations in people's health records.

A visiting professional commented on how the service had improved since new management were overseeing the provision. We were told, "They are very good at working with all other professionals, no

concerns whatsoever... they take all information on board."

- People were assisted to seek medical support as and when needed. We saw evidence of people being supported to seek specialist input as required. Records were well kept and documented advice accurately. This included introducing specialist equipment to help people maintain independence, changes in diet, changes in footwear, changes in seating.
- The service kept people well hydrated. Drinks were offered throughout the day, in addition to jugs of juices left in people's rooms and communal lounges.
- People were encouraged to eat healthy foods. However, foods that people liked were offered during the pre-planned meals. If a person chose not to eat what was on the menu, then an alternative was offered.

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

- The home had been well adapted to accommodate people's changing health needs. Ramps, hand rails, wide corridors and doorways enabled people to mobilise independently. This was of specific importance given the physical layout of the building and long bending corridors that could cause confusion.
- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings from their last accommodation that allowed personalisation of their rooms and communal areas. We saw photos of people from holidays and activities located within all communal areas. This created a homely feel to the service. In addition, artwork completed by people adorned corridors.
- Some bedrooms were designed to manage people's complex behaviours. Floorings, furnishings and décor was designed to assist people and staff effectively. For example, one person had specific flooring to help them walk more steadily.
- There was an accessible, enclosed garden which people appreciated and had access to. People were encouraged to spend time in the garden with family and friends.

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

- Staff at the service demonstrated a strong, enthusiastic and positive person-centred way of working and thinking about how to support people. We saw that staff were passionate about their work and focused on giving people the very best quality of care possible. A quote on the staff room wall read, "Our residents don't live where we work. We work in their homes." This provider's value and ethos was central to how the staff operated at Argyles Care Home.
- Relatives, people and staff spoke very fondly of the home. Phrases used included: "staff are loving and caring." "treat people like their own family," and, "We are all here for one another". We were given one example of how a number of people from the home and some relatives were invited to a staff wedding and attended. The wedding was arranged at a time and a venue that would enable and facilitate people attending the service. Photographs of the service were used to commemorate not only the wedding of the two staff, but also the unity between people and the staff team. One relative said, "We were able to attend [the wedding] even after [name] passed away." A person living at the service said, "I was honoured to attend the wedding of [name] and [name], it was lovely!" People reported that they trusted staff more and felt able to open up to them, as a result of the personalisation and approach of the staff. Specifically, the invite to the wedding. One person stated, "We are treated like family therefore tell staff more... they look after us like our own family would."
- A relative spoke of how staff would come in on their days off to spend time with people using the service. This was true not only for festive periods, such as Christmas, New Year or Easter, but also when a commemorative anniversary was approaching. Staff would spend time with people making certain it was special for them. Staff worked with people to give them the experience of a "real family". People and their relatives reported people were more relaxed, comfortable and confident as a result. People were happier living at the Argyles Care Home as a result of these small gestures.
- Over Christmas many staff attended Argyles Care Home with their families. They spent quality time with people living at the service out of working hours. They spent time over meals, playing games and socialising. One person said, "I look forward to Christmas and seeing many of the girls [staff] with their families." A relative said, "[name] always comments on how staff create a family feel over Christmas. The home is buzzing with laughter, smells of delicious food and children." As a result, people did not miss out on the experience of Christmas with family. The staff worked hard to make certain they could replicate the family experience for people who remained at the service over the festive period.
- People and their relatives told us that they were treated with care and kindness by staff at the service. We observed, during a lunchtime experience that people were treated with immense care and kindness. One member of staff spent in excess of 15 minutes kneeling on the floor to remain at the correct eye level when

supporting a person. She spoke with the person very gently, talking of things important to them, whilst gently encouraging and supporting them to eat. Each mouthful was offered to the person, informing them what was on the plate before assisting. The person ate the majority of the food on their plate, due to the perseverance, kindness and supportive approach of the staff. We saw similar experiences with a further three people in the same lounge.

- We saw messages from relatives that detailed the kindness and support that not only the service offered to people but also extended to their relatives, especially as people approached the end of life. One note read, "I would like to thank you for your support of me before [name]'s passing. Thank you for allowing me to stay and for looking after me too... although difficult as I was... the staff feel in a way a part of my family and I shall miss you all."
- Community professionals thought the service was successful in developing positive, caring relationships with people, that proved meaningful. We read one email that noted, "[relative] had recognised that the home staff are encouraging [name] to do activities and as a result she is no longer taking meals in her room... [relative] was very pleased to see the difference in [name]."
- We observed staff were very smiley, kind and compassionate towards people. This included staff who were not care or nursing based. We observed the receptionist, the chef, the maintenance person all conversing and spending quality time engaging with people. They looked happy to spend time at the service and with people living there. This point was reiterated by several staff we spoke with who said, "We are here for these people, we have to spare sometime for them." People were more relaxed and at ease within the home, feeling confident they could speak with anyone about any issues.
- Staff reported positive comments about working at the Argyles Care Home. One member of staff said, "This is like my family... I am very lucky to be working here." Another reported, "I could never work anywhere else."

Respecting and promoting people's privacy, dignity and independence

- Staff showed skills in assessing people's needs and recognising the earliest stages of distress and discomfort. Staff took proactive measures to develop methods of working when early signs of distress were noted. We were provided examples of how staff would pick up on behaviours and mannerisms, they would then spend time sitting with the person and talking to them. For another person they were engaged in activities, that allowed them to change the way they looked – make up was applied, nails were painted. People told us, "They take my mind off things when I am feeling down." A relative reported, "They are very quick to read [name]. They will whisk in and keep [name] busy thinking about other things."
- People's rights to privacy and dignity were supported and maintained at all times. All observed interactions between staff and people was respectful and professional. Community professionals said the service always promoted and respected people's privacy and dignity. One professional added, "People are treated as individuals. They are treated with the upmost respect and dignity."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. One relative commented, "They [staff] are always focusing on meeting [names] needs, when [name] is well they keep [name] busy, when [name] doesn't feel able to do things, they [staff] are always at hand to help and support how [name] needs."
- People's physical abilities and social changes were continuously under review. The resident of the day, and 10 at 10 meetings (this is a meeting that is scheduled for 10 minutes at 10am every morning, where all departments of the home discuss pertinent issues), enabled staff to monitor and discuss any pertinent issues related to any changes in independence with discussion on how these need to be investigated. Where required, changes to people's care plan and support were discussed and relevant measures employed. People and their families reiterated this point, stating staff were always trying to ensure people were encouraged to remain independent.

- People's right to confidentiality was protected. All personal records were kept locked away and not left in communal areas of the service. People were therefore confident that any information related to them was secure and would not be shared with anyone unnecessarily.

Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- Staff and management ensured that people were fully involved in all decisions related to their care package and the service, specifically related to issues that may improve the service and bring a greater benefit to people.
- People's equality and diversity needs were identified and set out in their care plans. These were written with people, their representatives and health and social care professionals as well as using the staff teams' knowledge from working with them in the service.
- The service promoted equality and diversity through staff practice. Staff ensured the diverse needs of people including those related to disability, gender, sexuality, ethnicity and faith were met how people wanted.
- People's views on the support they received was regularly sought. People and their relatives confirmed they were asked their opinion on how things were run at the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to evidence individualised care that was personal to meet people's specific needs. Care plans were not person centred nor supported person centred practice. This was a breach of regulation 9 (Person Centred Care) 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 service had ensured that care and treatment was in line with people's specific needs and reflected their preference.

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

- People's care plans were person centred and individualised. These detailed people's interests as well as likes and dislikes, and how they wished to be supported. A one-page profile provided concise information about the person. This was provided to all new staff to read and provided important information about the person that they wished staff to know before being supported by them. This was retained at the front of the care folder.
- Relatives and people informed us that people were supported how they requested. This was further reiterated by professionals we spoke with.
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Where applicable the service encouraged people to have an independent advocate. This is a person who can speak on the person's behalf.
- People were encouraged to retain choice for all elements of their care where possible. This was reinforced in each care plan, detailing the importance for staff to never assume a person does not have capacity to make a decision or choice.
- We also observed this during staff interactions with people. They were encouraged to make decisions about foods, what they wished to wear and whether to partake in an activity. We observed mealtimes and an afternoon activity. We saw how people were asked if they wished to attend the activity, and how they wished to be supported with meals.

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.

- Each person residing at the service had a communication care plan in place. This detailed people's preferred form of communication.
- The service had ensured that people received information related to their care and support in a format that they could understand. This included written formats, the use of picture symbols, and bold fonts. This was well documented within people's communication care plan.
- Information related to activities and menu planning was presented using photographs where a person was unable to understand spoken words.
- The communication care plan further explored how best to share information and explored how some people were able to read fluently, whilst others used gestures and facial expressions to communicate and express their needs. Where a person was not a native speaker of English, their preferred language was noted. Where possible staff learnt key phrases to enable the person to communicate in a language they preferred.

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

- People were encouraged to engage in group activities, however where people were unwilling to join group events, alternate activities specific and bespoke to their needs were developed.
- Activities were established with people in relation to their likes and dislikes. Some people enjoyed activities that engaged their relatives. Where possible they were requested to attend.
- We saw evidence of how the service was responsive to meeting people's individual equality and diversity needs. Specifically focusing on how this enabled them to develop important relationships that had grown from the service.
- Keyworkers proactively worked with people to enable them to maintain their unique approach to life and retain attributes of their personality and be confident in themselves. For some people this meant trying new experiences. For others it was about them opening up and allowing people to accept them as they were. The service heavily reinforced a "no judgement" culture.
- The service worked well at enabling people to follow their interests and partake in activities that were important and relevant to them. This included activities related to religious practice, culture, sexuality and gender identity.
- All people were treated equally and respected for their choice. They were encouraged to embrace themselves and diversity was well promoted.
- The service worked well to prevent isolation and a deterioration in mental well-being. Staff worked with people to develop relationships with their family where contact was minimal. Families were encouraged to attend and join in on festive meals.
- The service had invited relatives of people whose last residence had been Argyles Care Home to a remembrance service. We saw numerous thank you cards that detailed how this had positively impacted on the relatives. Staff reported that this enabled people to be remembered by relatives and illustrate how important they had been to staff at the Argyles Care Home.

Improving care quality in response to complaints or concerns

- The service had a robust complaints procedure in place that documented when complaints had been received and the outcome of the complaint when at home level. However, we did note that the folder contained a series of complaints that had been received in 2019, relating to issues approximately three years ago. These were not being investigated by the manager, but by the corporate provider. As such the records maintained at home level were not accurate or up to date. We spoke with the manager regarding this matter, who agreed to add a note, to the record advising this was being investigated by the corporate provider, and all information would be retained at a higher level.

- Relatives told us they were confident to raise a concern or complaint with the management team and felt assured issues would be resolved appropriately. Professionals we spoke with further, reinforced this point, highlighted that many people within the service were able to complain independently. They stated that as far as they were aware, "complaints were always investigated and [local authority or placing authority informed] of any concerns."
- Staff were able to explain the complaints procedure and were confident that any issues that had been identified and brought to management attention, had been resolved. We were further told that where staff had raised concerns, the management had responded appropriately, always providing feedback.

End of life care and support

- At the time of the inspection the service was not supporting anyone receiving end of life care; nevertheless, this was an area the service had proactively explored with people. This was well documented in care plans detailing people's end wishes.
- Staff had been trained in exploring and understanding end of life care, so to ensure this was as comfortable as possible for people and their relatives.
- We saw written evidence of relatives thanking staff for their "exceptional support with [name] during the last few weeks of their life." Staff were requested to attend funeral services for people to allow all to have closure on the person's death.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to retain a thorough overview of the service. As a result, a number of issues pertinent to documentation, care and safety of the service went unnoticed. This was a breach of regulation 17 (Good Governance) 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.

- Correct measures had been employed by the management to ensure they had a thorough overview of the service, and documentation was in place to ensure compliance with the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff team worked very hard to ensure the culture within the home was person centred. Staff treated everyone as individuals ensuring their needs were met in their chosen way. We saw examples of this with staff being caring and responsive to people's needs.
- Staff and people were included in decisions related to their care and the operations of the home. This empowered them to be able to make choices and have ownership of the service and how they were supported by the home.
- One professional we spoke with reported, "The management and staff team are exceptional. They are responsive and alert to people's needs. Can't fault them at all."
- People and their relatives, reported they received a high quality of care from staff who were determined and dedicated to meet their needs. Relatives reiterated this point, one said, "[name] can be very difficult, but staff work with [name]. He's actually happier here than he was at home".
- Staff reported there was an open and transparent culture within the home. They spoke very highly of the management team and of the support they had received over the last 12 months.

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

- A detailed policy of the duty of candour had been written and produced by the provider. This detailed the importance of transparency when investigating something that goes wrong.
- The management team were able to reflect on when this policy may be required, providing clear examples of the protocol that would be followed, as well as examples of when this was used.

- This transparency was also implemented when investigating complaints, or actions that had been developed following quality assurance audits.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has a manager in post who had submitted their application to the CQC for registration..
- The service had a defined management structure in place, that enabled the registered persons to successfully carry out their duties associated with the role. A full overview was maintained of the service with clear action plans in place on how to make improvements where required.
- A number of audit tools had been developed and were completed by various staff within the team. These were reviewed by the manager and discussed in meetings. Where issues were identified, measures were put into place to try and mitigate risk to people and staff.
- The CQC were notified and kept abreast of all concerns related to the service. The registered persons ensured all notifications were sent in promptly and any follow up information was provided. The local authority confirmed that they were appropriately notified of any concerns or safeguarding

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were visible in the home throughout the inspection. We spoke with several staff, people and professionals regarding this who advised that the management team had a very important presence in the service. We were told, "They are very approachable and good... they listen to what you have to say."
- The office promoted an "open door culture". Unless a confidential meeting was taking place or no one was present in the office, the door was always open. At all other times, where required the door was locked.
- People and their relatives reported their views were listened to and acted upon. Resident's meetings were held frequently, and feedback was provided on any concerns or issues identified. Relatives were invited to engage in these meetings also. The service arranged coffee mornings with relatives, allowing them to have a drop-in session with management to discuss any pertinent issues.
- Staff were confident that the manager listened to and responded to any queries or issues promptly. We were told, "There is such a difference in how the service is now. The new manager is very good and approachable".
- People and their relatives reported, "The staff are wonderful. [management team names] are all so helpful... cannot fault them."

Continuous learning and improving care

- The provider had developed systems that enabled continual assessment of all accidents and incidents to ensure measures could be implemented to mitigate the potential of similar occurrences. Where applicable external professionals were consulted to ensure incidents could be learnt from and additional techniques implemented to keep people safe.
- The provider and manager used quality assurance audits, to seek feedback on how the service could be improved from stakeholders, people, staff and families. This was developed into an action plan that was then met within a timescale. The service developed a "you said, we did" response. In addition, newsletters were circulated per quarter to detail the latest operational matters as well as document any changes implemented as a result of the audits.
- The manager was supported by a regional manager who ensured the service had all the necessary skills and systems implemented to facilitate and improve care delivery.
- The provider held monthly managers meetings where changes to legislation, best practice and operational matters were discussed to ensure the service continued to learn and improve. The service

provided feedback on what went well and what required improving. The provider utilised this information to ensure new systems could be implemented to assist the service further.

Working in partnership with others

- Throughout the inspection we saw evidence of the service working very closely and in partnership with others. This included professionals related to health, as well as academic institutes enabling children to engage with people living at the service.
- Professionals reported that the service worked very effectively and responsively with them to ensure people were kept safe and their wellbeing was maintained.
- We were told by professionals, families and staff that advice was sought as and when required from relevant bodies, ensuring people's changing needs were met as soon as possible. For example, referrals made to specialist nurses, dietitians, and speech and language therapists to ensure people's needs were met.
- The service encouraged integration within the community. People were supported to partake in activities that were community based, as well as activities within the home. People were reassured that they were an integral part of the community and were encouraged to go out as much as possible. Activities were arranged with local schools, pubs and garden centres.
- People's differences were embraced and celebrated. They were made to feel a part of the home and the wider community.