

New Excel Homes Ltd

Aarondale Care 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?

Requires Improvement 

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

Aarondale Care Home is a care home providing personal care for up to 48 older people, including those living with dementia. The service is purpose built and accommodation is over three floors. At the time of the inspection there were 38 people living at the service.

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

We found that people's records did not always evidence their wishes and preferences for end of life care and support. We have made a recommendation about the recording of people's end of life wishes.

At the last inspection we found the safety, effectiveness and oversight of the service was inadequate, and there were multiple breaches of regulations. Practices at the service placed people at risk of harm. Systems in place to monitor, assess and improve the safety and quality of the service being provided were not robust. People were not supported to have maximum choice and control of their lives and staff were not adequately trained or supported. There were failures in the provider's quality and assurance systems.

At this inspection we checked to see whether improvements had been made and found that they had.

People living at Aarondale Care Home benefited from a service that was committed to driving improvements in order to provide safe, high-quality care and support. The service had responded proactively to the findings at the last inspection and had worked hard to improve both the physical environment and the quality of care provided to people.

Regular health and safety checks were carried out to ensure the home was safe and suitable for people to live in. Risks to people were identified and managed and mitigated by staff to lessen the risk of harm to people.

People told us they enjoyed living at the home and appeared calm and at ease in their surroundings. Both people and their relatives were keen to tell us how well treated they were by staff who were respectful, kind and treated them with the utmost dignity.

Staff recruitment processes ensured staff were safe to work with people and staff received the necessary training and support to help deliver care to people which was tailored to their needs.

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.

A new registered manager had been reinstated since the last inspection and had overhauled governance processes and practices to help provide better oversight of the service, providing a more accurate picture of

risks and areas for improvement.

Both the registered manager and the provider helped instil a positive culture which was committed to delivering high-quality care to people, and supported staff to ensure they understood, shared and practiced these values. The registered manager was not averse to challenge any shortfalls in practice that fell below these standards.

Since the last inspection, the management team had worked in collaboration and partnership with other relevant organisations to improve the service and help achieve better and more positive outcomes for people.

Although the service had made significant improvements and were no longer in breach of regulation, further time was required to evidence consistency and longevity of good practices.

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

Rating at last inspection and update

The last rating for this service was inadequate (last report published 16 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service has been in Special Measures since 16 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 March 2022. Breaches of legal requirements were found in relation to safe care and treatment, need for consent, staff training, meeting nutritional and hydration needs and good governance. We also made recommendations in relation to reviewing people's care plans for care and support and staff developing more effective communication skills.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Further time was required to evidence consistency of good practice.

Is the service effective?

Requires Improvement 

The service was not always effective.

Further time was required to evidence consistency of good practice.

Is the service caring?

Good 

The service was caring.

Is the service responsive?

Good 

The service was responsive.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Further time was required to evidence consistency of good practice.

Aarondale Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aarondale Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Aarondale Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day, including the lunch time experience. We spoke with five people who lived at the home, one relative, the registered manager, a senior member of care staff and the chef.

We looked at records in relation to people who used the service including three care plans and systems for monitoring the safety and quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We spoke with three members of care staff on the telephone. We also spoke with three relatives on the telephone to help us understand their experience of the care and support their loved one received.



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 we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant that although we were assured people were safe and protected from avoidable harm, further time was required to evidence consistent good practice. We will check this during our next planned comprehensive inspection.

Using medicines safely

At the last inspection the provider had failed to ensure medicines were managed safely. 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.

- Since the last inspection the service had overhauled and improved its practices around safe medicines administration. The service had worked in partnership with an external medicines optimisation team to help improve standards. We found people received their medicines as prescribed and staff were trained and competent to administer medications safely.
- Where people were prescribed medicines to be given 'as required' (PRN medicines). There was guidance for staff on how to safely administer these medicines.
- People's prescribed thickener (thickener is used for people with a swallowing disorder and helps minimise the risk of choking) was managed safely. Staff recorded its use when added to drinks.
- Topical medicines (medicines applied to the skin) were administered safely and as prescribed.
- Protocols and procedures were in place to ensure controlled drugs were managed safely. Controlled drugs are drugs that are subject to extra safety measures and legal control as they can be harmful if not used properly.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate safety and risk was effectively managed. This was a breach of regulation 12(1) 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. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. People were involved in managing risks that may affect their safety.
- At the last inspection, due to concerns about the environment, we highlighted our findings to the fire service. The service had since worked with the fire service to improve the safety of the premises. Fire exits were free from obstruction, so people were able to exit the building in the event of an emergency. Any harmful and flammable materials were kept locked away and out of people's reach.
- Where people were at risk from the environment, appropriate equipment and aids were in place to help mitigate risks. For example, for people at risk of falls, sensor mats were used to help minimise this risk.

Learning lessons when things go wrong

- At the last inspection the service did not appropriately identify and learn from when things had gone wrong. There was little evidence of learning from events and little action taken to improve safety. At this inspection systems had been overhauled to ensure people were better protected from avoidable harm.
- Staff had received training in how to record accidents and incidents. The registered manager had oversight of accident and incidents, meaning patterns and trends were better identified and appropriate action was taken to help minimise the risk of recurrence. A staff member told us, "Yes, it's got much better here in terms of being a learning culture."

Preventing and controlling infection

- At the last inspection the service did not always take enough action to help minimise the risk of infection. Improvements had since been made to people's care plans to better reflect their risks from COVID-19 and vaccinations status.
- Cleaning records were in place and there were adequate supplies of PPE which staff used appropriately. People told us, "My room is cleaned every day, they mop and dust every day" and "Staff wear uniforms, aprons and masks."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service facilitated visiting for people's family and friends. Visitors told us they could visit the home at any time. One person told us, "My relatives can come and visit when they like."

Systems and processes to safeguard people from the risk of abuse

- At the last inspection the service did not always ensure systems were up to date to protect people from the risk of harm and abuse. At this inspection we saw improvements had been made to systems and processes and Local Authority safeguarding procedures were followed. Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People felt the care provided by staff was safe. One person told us, "I feel safe because everyone looks after me." A relative commented, "Mum is safe, my mind is reassured and completely at rest."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- People and their relatives told us they were familiar with staff, which is important for continuity of care. One person commented, "They are mainly the same staff." A relative told us, "Staff know Mum and I see the same faces when I visit, the same core staff team." People also told us staff provided support when they needed it, one told us, "If I ring my buzzer, [Staff] come as soon as they can."

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 we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

Further time was required to evidence that the effectiveness of people's care, treatment and support achieved good outcomes and was consistent. We will check this during our next planned comprehensive inspection.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to fully support staff, which placed people at risk of potential harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, the provider failed to ensure staff were adequately trained and had the skills, knowledge and competence required for their role and not all staff had received support through supervision and appraisal. At this inspection, staff support processes and practices had improved to help better train and support staff to meet people's needs. For example, staff who administered medication now underwent competency assessments to ensure they were safe to do so. One staff member confirmed, "I have regular supervisions and appraisals, it's two way and I find it supportive and helpful; I can have my say and am fully supported."
- Due to national staff shortages in the health and social care sector, the registered provider continued to recruit staff from overseas. Staff were provided with a structured induction programme to ensure they were equipped with the skills required for their new roles. One member of staff told us, "I had a good induction, with training and shadow shifts."
- Staff were also better educated at recognising poor practice. At the last inspection, some staff whose first language was not English, spoke in their native language in the presence of people, meaning it was difficult for people to effectively communicate their care needs. At this inspection, staff were mindful of this and had improved their communication skills enabling more meaningful interactions with people.

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

At the last inspection the provider failed to act in accordance with legislation regarding the Mental Capacity Act 2005. 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 Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection, the provider was not always complying with the principles of the MCA. Peoples' assessments did not take account of individual and specific decisions, and there was no evidence that decisions had been taken in accordance with the person's best interests.
- At this inspection, we found that whilst significant improvement had been made, and we were reassured people's capacity had been assessed, further detail was required to better evidence decision specific assessments. We spoke to the registered manager about this who confirmed care plans were still in the process of being reviewed.
- Staff had received MCA training and people's care records contained more consistent information about their capacity to make decisions. Wherever possible, people had consented or been properly consulted about decisions regarding their care and support. For people who lacked capacity, the service maintained a log of DoLS applications. People told us they were always asked before staff provided support, one told us, "Staff always ask you first if it is OK to care for you."

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

At the last inspection, the provider failed to ensure people had access to a variety of nutritious and appetising food and sources of hydration to ensure their hydration and nutrition needs were being met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- At the last inspection we found people were at risk of eating potentially contaminated food. We highlighted our concerns to the Food Hygiene department of the Local Authority. At this inspection, there had been a change of catering staff and processes to ensure food was safe for consumption. We checked the kitchen and found it was clean and well maintained, food was stored appropriately and labelled with the date of opening.
- At the last inspection, there was a lack of guidance for staff on how to support people with their specific dietary requirements. At this inspection we found better information regarding people's nutrition and hydration needs recorded in their care plans. We spoke to the chef who was knowledgeable about people's dietary needs and preferences.
- We observed people having lunch and found people were served food which was appropriate to their

needs. People had a choice in what they wanted to eat. Food, included for those on a liquidised diet, appeared appetising. A relative told us, "[Name] lost weight before they came in and wasn't eating, [Name] is now eating pureed food and has started to put weight on." One person told us, "The food is good, we get enough to eat, we get healthy food like vegetables and fruit."

- Drinks were readily available to people, both in their rooms and communal areas to help people maintain their hydration levels throughout the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

At the last inspection we recommended the provider reviewed all care plans to ensure they contained relevant, current and person-centred information.

We checked to see if the provider had acted on our recommendation and found that they had.

- At the last inspection, it wasn't always evident that people's needs had been assessed before admission to the service, and care plans lacked detail about people's choices and preferences regarding their care and support. At this inspection, care plans had been reviewed and better reflected that people's choices about their care and support had been considered.
- At the last inspection we were not assured people were being supported in a way which led to good outcomes for their care and support. Care plans lacked person-centred details. At this inspection, we found that although the review of people's care records was an ongoing process, significant improvements had been made to record better guidance for staff to help deliver support which led to effective and individualised outcomes for people. People also told us they had choice in how they spent their day, one told us, "I decide when I get up or go to my room."

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

- At the last inspection, we found significant shortfalls in the safety and presentation of the premises. Parts of the service had appeared worn and in need of re-decoration. At this inspection, we found that a comprehensive programme of refurbishment works had begun, this included new flooring, painting and the installation of new bathrooms and satellite kitchens.
- Although not all the works had been completed, significant improvements had been made to improve the quality of the environment. One person told us, "The home has been decorated, my room had a dark wall, and it is much better now." A relative confirmed, "It's nice, the rooms are lovely and bright." A member of staff told us, "It's so homely, it's like walking into a different home."
- At the last inspection, the provider did not assess or properly manage environmental and equipment related risks. The servicing of bath chairs in two communal bathrooms were out of date. At this inspection we checked equipment servicing records and found safety equipment to be safe to use.
- At the last inspection we also found equipment to support people with their mobility was not safely stored and maintained. Wheelchairs and hoists were stored in bathrooms and maintenance checks on wheelchairs were not up to date.
- At this inspection we found bathrooms to be clear of equipment and daily care notes had improved to record how people were being moved. Staff had received training to ensure people were transferred in accordance with their moving and handling assessments.

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

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we found people's dignity was undermined by the lack of consideration given to the safety of the environment, and the quality and presentation of the food, which did not demonstrate a caring attitude. People's dignity was also compromised as they did not always receive their own clothes to wear.
- At this inspection, it was evident the service had worked hard to make the necessary improvements in order to improve people's quality of life and well-being. Staff were able to describe how they protected people's dignity and privacy. We saw that where people required staff intervention, this was provided in a way which was both dignified and maintained and encouraged people's independence.
- Improvements had also been made with the laundry facilities to help ensure people received their own clothes to wear. A relative told us, "The situation with Mum's clothes has really improved, clothes are clearly labelled and put back in her room."

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

- At the last inspection we were not assured people were encouraged to express their views and make genuine decisions about their care and support. At this inspection we saw evidence that people's feedback regarding their care and support was sought in a variety of ways including residents' meetings and questionnaires.
- We looked at survey results and found mostly positive answers had been provided and people had indicated were happy living at the home and with the care they received.

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

- People were treated well and supported in line with their needs. Throughout the day of our inspection, we observed positive interactions between people and staff. Staff were helpful and kind. It was clear staff knew the people they supported well. People were actively engaged, and staff spoke with people at every opportunity. One staff member told us, "We are here for them, if I can put a smile on their face I have done a good job for the day."
- People and relatives told us staff knew people's needs and treated them respectfully. One person told us, "Staff are all good, they come and ask you if you want things and keep you clean." Relatives told us, "Staff are spot on, I honestly can't fault them, they are kind and caring, always polite and helpful," "Staff are pleasant and caring and as soon as someone moves, they are up caring for them" and "Staff treat [Name] lovely."
- One relative was keen to share with us how staff had 'gone the extra mile' to help them celebrate their loved one's birthday, they told us, "Staff put on a birthday concert and sang and danced for [Name], they

bought balloons in [Name's] favourite colour, I was very touched."

Is the service responsive?

Our findings

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

At the last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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.

At the last inspection, we recommended the provider organised staff training to enable staff to better communicate with people in a way they can fully participate and understand. We checked to see if the provider had acted on our recommendation and found that they had.

- At the last inspection, we found for staff whose first language was not English, conversations were held in the presence of people in the staff member's own language. As many people at the service lived with dementia, this could act as a barrier to effective communication and lead to feelings of isolation. A member of staff told us, "Staff have settled in and we work well as a team now, there were some issues with language at the start, but this has much improved and English courses have been arranged."
- Staff from overseas had been provided with the time to get to know the individual needs of the people they supported, and at this inspection we found staff better understood how people communicated and used appropriate methods when communicating. A relative commented, "[Name] isn't very good at communicating, but staff manage well, they have a way with [Name]."

End of life care and support

- At the last inspection we found the service did not engage people in planning their end of life care. There was no evidence that people's needs for end of life care had been considered. At this inspection, we found that some people's care plans did not record their wishes for end of life care. Where people had been documented as not wishing to discuss this, there was no evidence this had been revisited. Some staff also told us they would find specialised end of life training useful.

We recommend the provider better explores and records people's end of life wishes to help ensure people receive the support required to experience a comfortable and dignified death.

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

- At the last inspection, we found people's care and treatment was not always designed to ensure it met their

needs. People's care plans did not provide enough detail to enable staff to deliver effective care to people and were not up to date. Since the last inspection all care plans had been reviewed and updated.

- Although there was still further information to input, there was enough information, and staff knew people well enough, to ensure people received care which met their needs. A member of staff told us, "Care plans have much improved, I found the information up to date and accurate."
- At the last inspection, we found care and support provided by staff was not documented appropriately, meaning people were at risk of not receiving appropriate care and treatment. At this inspection, care records had significantly improved although there was still a need to ensure consistency of quality of records amongst all care staff. We spoke to the registered manager about this.
- People's care was planned to ensure it met their needs. People were referred appropriately to external professionals. One person told us, "[Staff] would look after me and if I needed it, they would get the doctor. If I need any other help like a chiropodist, I will get it." A relative confirmed, "[Name] sees a chiropodist, the optician is coming at the end of the month, and [Name] gets to see his local doctor." A staff member told us, "The home is quick to make referrals, so people get the care they need."

Supporting people to develop and maintain relationships to avoid social isolation

- At the last inspection, we did not see people engage in activities and observed some people repeatedly walking up and down corridors. Since the last inspection a full-time activity co-ordinator had been recruited. Their sole role was to help facilitate activities for people both as a group and on an individualised basis for people who preferred or were not able to engage in group activities.
- We observed that people appeared calm and where people were restless or anxious, staff supported them in a meaningful way to reduce their level of anxiety.
- The service facilitated visits from people's friends and relatives, which helped people maintain social relationships which were important to them and reduce any feelings of social isolation. One person's relative described how the service accommodated their loved one by serving their meals later when they arrived back at the home, after trips out.

Improving care quality in response to complaints or concerns

- At the last inspection we found there was no evidence of any oversight of complaints to determine possible themes and it was not possible to determine if any action taken had improved matters.
- At this inspection we found that although the service had not received many complaints, an accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on. Any complaints that had been received, had been overseen by the registered manager and provider and dealt with in a considered way.
- People and their relatives told us they would not hesitate to speak up if something was wrong. One person told us, "I can talk to everybody here." A relative told us, "I am not worried about [Name] being here, and if I am upset about anything I can talk to the manager or the staff and they tell me what is going to happen, nothing is a bother to them."

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 we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

Leaders and the culture they created promoted high-quality, person-centred care, but further time was required to evidence the service was consistently managed and well-led. We will check this during our next planned comprehensive inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person centred, high-quality care and support

At the last inspection the provider failed to operate systems which either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. 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.

- At the last inspection we found the service was not well-led and there were significant shortfalls in oversight and governance. Systems to assess, monitor and improve the service had not been implemented and operated effectively. Risks to people's health, safety and well-being were not identified and mitigated.
- Since the last inspection a new registered manager had been appointed. They had managed the home in the past and so had a robust knowledge of the home. The registered manager and registered provider demonstrated their understanding of quality performance, risk and regulatory requirements. Systems and processes to assess and monitor the quality and safety of the service, had been both overhauled and implemented.
- At the last inspection the provider failed to maintain an accurate and current record of the care and support provided to people. Where people had been assessed as being at risk of dehydration or weight loss, their nutritional and hydration intake had not been monitored and recorded. Similarly, where people were assessed as requiring weekly weighing, there was no record of this having been done.
- We checked whether people's nutrition and fluids had been recorded and found that they had. Where people were at risk of gaining or losing weight inappropriately, weights were monitored, and appropriate referrals made to external agencies such as dieticians where necessary. Senior members of staff had been appointed to check daily records at the end of each shift, one told us, "Records are checked daily, that is something the manager has instilled."
- At the last inspection we found people were at risk of harm due to insufficient pressure area care. Where people had been assessed as requiring regular position changes to help maintain their skin integrity, records

were either incomplete or had not been recorded. We checked positional records and found significant improvements had been made although consistency of recording was needed amongst care staff. We spoke with the registered manager about this.

- At the last inspection we found the provider did not plan, promote and ensure people received person centred and high-quality care. Outcomes for people were not always person centred.
- At this inspection we found that care plans better evidenced more individualised outcomes for people and staff demonstrated a greater knowledge and understanding of people's individual needs. One staff member told us, "Staff are caring, and on a person-centred basis, we adapt to be able to give care to each person as an individual."
- We received positive feedback about the registered manager from people and relatives. People told us they knew who the registered manager was, "Oh yes, she comes and talks to me." A relative commented, "[Manager] is confident in what they are doing and really good for the home."
- Staff also spoke highly of the manager, comments included, "[Manager] has high standards and is always on hand to help and guide, things are done properly," "[Manager] is approachable and has an open door" and "[Manager] is amazing and not afraid to challenge shortfalls in practice. [Manager] actually cares not only for the people but the staff too."

Continuous learning and improving care

At the last inspection the provider failed to monitor or take action to address issues and make improvements. This placed people at risk of harm. 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.

- At the last inspection we found the reporting of incidents, risks and issues was unreliable and inconsistent and systems for identifying, capturing and managing risk was ineffective.
- At this inspection, we found monthly audits were carried out and where they highlighted issues, adequate action plans were in place. Regular manager and provider meetings took place, to ensure adequate oversight of the safety and quality of care.
- Accidents and incidents had been reported and analysed to provide effective learning and so help drive forward the quality and safety of care, demonstrating evidence of learning, reflective practice and service improvement.
- At this inspection, we were assured legal requirements were understood by the registered manager. Both the provider and registered manager had responded positively to our findings at the last inspection, and had worked hard to implement a responsive action plan to address the breaches of regulation, and to make the required and necessary improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- At the last inspection we found people were not routinely involved in the development or management of the service and feedback was not regularly sought from people, their relatives and staff. At this inspection, we found processes had been implemented to help promote and champion people's rights in this way. Processes were also in place to capture the views of staff and to give them an input into the running of their home. One told us, "We have staff meetings, but I feel I can speak up at anytime."
- Relatives also shared they were invited to give feedback, one told us, "I was given a questionnaire to fill in and the manager's door is always open."
- At the last inspection we found the service did not always work in partnership with others such as

commissioners, safeguarding teams and social care professionals, which compromised ensuring positive outcomes for people.

- Since the last inspection the service had worked in partnership with external professional agencies such as the medicines optimisation team, commissioners and the Local Authority safeguarding team to help improve standards in the quality and safety of care. Both the provider and the registered manager demonstrated a genuine commitment and dedication to provide high quality care.

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 registered manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

- At the last inspection we found the provider did not always demonstrate an understanding of their duty of candour, for example, accident and incident records did not always record as to whether people's next of kin had been informed.

- At this inspection we found the service encouraged any feedback and adopted a transparent and open approach. Concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared amongst staff and acted on, to help minimise the risk of recurrence. A relative told us, "I am kept up to date with absolutely everything."