

# Strode Park Foundation For People With Disabilities

## Strode Park House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Strode Park House is a residential care home providing personal and nursing care for up to 55 people. The service provides support to people with a physical disability, people also required support with complex health conditions. At the time of our inspection there were 41 people using the service.

Strode Park House is a large, adapted building with extensive grounds. People all lived on the ground floor over 4 wings. Each person had their own bedroom and there were communal spaces such as bathrooms, dining rooms and lounges.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People, relatives, and staff told us the service had improved since the last inspection. Staffing levels had improved, people were now supported to go out regularly, and take part in activities they enjoyed. The culture within the service had improved, staff understood their responsibilities to support people in the way they preferred.

There were systems in place to monitor the quality of the service and when shortfalls were identified action was taken to reduce the risks of them happening again. Medicine management had improved, however, some improvements had not been consistently maintained across all the medicine records, improvements were required in the recording of medicines available. Risks to people's health and welfare had been assessed, some guidelines required more detail, however, staff were supporting people following best practice guidance.

Environmental risks had been assessed, equipment had been checked and maintained to keep people safe. Improvements continued to be made to the decoration of the communal rooms and corridors.

Staff had been recruited safely and received an induction and the training they needed to meet people's needs. People and relatives told us they knew how to complain and were confident their concerns would be addressed. Staff told us they felt supported by the registered manager and part of a team.

People told us staff were kind, caring and treated them with respect. People were supported to be as independent as possible and involved in monitoring their health. People were referred to health care professionals when their needs changed.

People, staff, and relatives were given the opportunity to attend regular meetings. The provider and registered manager had been open and transparent about the need for changes within the service and how these were going to be achieved.

#### Right Support:

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

#### Right Care:

People received person centred care, their privacy and dignity were always promoted.

#### Right Culture:

Staff and the registered manager had taken part in culture workshops to develop a culture commitment, which was shared with people and relatives. The culture commitment had been integrated into the interview process, to ensure new staff shared the same ethos and commitment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 June 2023) and there were breaches of regulations. 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.

This service has been in Special Measures since 11 January 2023. 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this comprehensive inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our effective findings below.

**Good** ●

# Strode Park House

## 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 completed by 2 inspectors 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

Strode Park House 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. Strode Park House is a care home with 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who lived at the service and 8 relatives about their experience of the care provided. We spoke with 11 staff including the registered manager, deputy manager, nominated individual, agency nurse, support staff, lead therapist, activities organiser, human resources manager and training manager. We spoke with a GP and dental team who were visiting the service during the inspection. We spent time observing interactions between staff and people in communal areas. We reviewed a range of records including 6 people's care records including medicines records. We looked at 2 staff recruitment records and a variety of records relating to the management of the service including meeting minutes and audits. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# Is the service safe?

## Our findings

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

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

### Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 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. However, some improvement was still needed.

- Medicines management had improved, however, some improvements had not been consistently maintained across all the medicine records. Some medicines which had been prescribed 'when required' did not need to be ordered each month and the stock could be carried over. The recording of 'carried over' stock was not consistently recorded on MAR charts. There was a risk staff would not know when to order more stock to ensure a consistent supply. Following the inspection, a new electronic ordering and recording system had been installed. The registered manager told us, the GP would be able to input any changes into the system, so the change would be available immediately and stock would be transferred automatically.
- People had received their medicines as prescribed, there was now a system, to order medicines when needed, and monitor the request to make sure medicines were received before stock ran out. Staff had signed the MAR charts to record medicines had been given and the number of tablets in stock confirmed this. People who were prescribed medicines to thin the blood, now had risk assessments in place, to provide staff with guidance about side effects and the action needed if people fell or became unwell.
- Previously, handwritten MAR charts had not been double signed to confirm the prescription was correct and instructions had not always been written following best practice guidance. At this inspection, all handwritten instructions were double signed and written correctly.

### Assessing risks, safety monitoring and management

At the last inspection, the provider had failed to have systems in place to ensure all risks to people were identified and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12. However, some improvement was still needed.

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff

to reduce the risks. However, when people had a urinary catheter, to drain urine from their bladder, the care plans did not contain guidance for staff to reduce the risk of infection. The care plans did not contain details about when staff should change drainage bags and information about when the catheter should be changed and where this information should be recorded. We reviewed nursing and care records, staff had recorded drainage bag and catheter changes and there had been no incidences of urinary tract infections. Following the inspection, the registered manager told us there were new care plans in place and staff had been given guidance about where information should be recorded.

- Some people were living with diabetes, epilepsy or required assistance from staff to transfer from their bed or chair. There were detailed instructions about how to support people daily and what to do if they became unwell. Daily care notes confirmed staff had followed the guidance when people had experienced a seizure.
- Checks had been completed to make sure the environment and equipment people used were safe. A full review had been completed of the bedrails people used to keep them safe while in bed, people's bedrails were now safe. Equipment such as shower trolleys, hoists and wheelchairs had been serviced regularly and checked to make sure they were safe, equipment had been removed from use when unsafe.
- A visit from the fire service, had identified that a fire drill including evacuation had not been completed. The registered manager had ensured staff completed fire drills, the fire service was present at one of the drills and were satisfied staff knew how to evacuate people safely. There was a plan in place to continue with improvements to the fire equipment within the service, a new fire alarm system was being installed in September 2023.

### Learning lessons when things go wrong

At the last inspection, the provider had failed to identify, analyse and mitigate risks following incidents or accidents. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, systems to manage accidents and incidents had not been embedded. At this inspection, accidents and incidents were recorded, analysed and actions put in place to mitigate the risk of them happening again. Staff had been supported to report any incidents or accidents however small to the registered manager, to review and decide how to proceed.
- The registered manager had investigated incidents and acted appropriately, including medicine errors and unwitnessed falls.

### Staffing and recruitment

At the last inspection, the provider had failed to provide enough qualified and competent staff to ensure people had a good quality of life and to meet their needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, there was not enough staff to keep people consistently safe and provide them with a good quality of life. At this inspection, staffing had improved, and people's quality of life had been enhanced. There had been a recruitment drive, which had been successful, staff had been recruited not just because of their experience but also because they displayed the same qualities and vision of care as the

service.

- There were now enough staff to support people with care but also for people to go out and enjoy activities. A driver had been employed to take people out when they wanted. During the inspection, people went out to the seafront and local wildlife park.
- Staffing levels had increased, agency staff were still used but the number and frequency had reduced. During the inspection, agency nurses were on duty, these were regular staff who knew people well. The registered manager told us they were continuing to recruit, to make sure there continued to be enough staff, when people's needs changed or there were new admissions.
- Staff were recruited safely. There were effective systems in place to ensure all the required checks such as references and full employment history were obtained. Disclosure and Barring Service (DBS) checks were completed these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had checked nurses' personal identification number (PIN) to make sure they were registered to work as a nurse.

### Preventing and controlling infection

At the last inspection, the provider did not have systems in place to safely prevent the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- 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.

Relatives told us they were able to visit when they wanted, some visited each day and stayed most of the day.

### Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to keep people safe from abuse and discrimination. Staff had received training and could describe the signs of abuse they would look for and how they would report any concerns. Staff were confident the registered manager would take the appropriate action. Staff told us they were confident to challenge colleagues about their practice.
- The registered manager understood their role and responsibilities to report concerns to the local safeguarding authority. The registered manager had worked with health professionals to keep people as safe as possible.
- People told us they felt safe living at the service and when staff supported to move around the service.

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

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

At our last inspection the provider had failed to ensure care was designed to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, improvements had been made to embed current standards, guidance, and the law into practice. People's care plans contained recognised tools such as Waterlow score to assess their skin integrity needs and a nutritional assessment to identify nutritional risks. These tools had been used to develop people's care plans to make sure their support met their needs.
- Previously there had not always been policies in place, such as wound care, to provide staff with guidance based on best practice. These policies were now in place and care had been provided following these policies.
- The registered manager understood their responsibility to provide support to people with a learning disability which reflected the guidance 'Right support, right care, right culture'. They had used this guidance to support staff training and development.

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

At our last inspection the provider had failed to ensure care was designed to meet people's care and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Previously, there were mixed views about the meals provided by an outside contractor. At this inspection, views were still mixed, people told us they were able to choose an alternative if they did not like the meal. During mealtimes, people we spoke with, told us they liked the meals, when asked one person gave us a 'thumbs up' gesture. Some people had been assessed as needing a specialist diet such as pureed food, their meals were served in the correct consistency. However, other people told us, the meals were a disappointment as they were not as good as the taster meals provided by the contractor.

- The views on the meals were known by the registered manager and nominated individual. Some changes had already taken place, breakfast was provided by kitchen staff, with people having a wide choice of food. The nominated individual told us they were asking for feedback from people, and it was likely there would be changes to how the main meals would be provided.
- People's dining experience had improved since the last inspection, people had individual support from staff when required. Staff chatted with people while they were enjoying their meal. During breakfast, staff offered people choices and knew their favourites, offering regular fresh cups of tea. Some people wanted to buy their own snacks, they were supported to store them safely in their rooms.
- Some people were unable to swallow safely and received their fluids and nutrition through a tube directly into their stomach. People's nutritional requirements had been assessed by a dietician, nurses made sure people received the correct nutrition and fluids and the feeding tube remained patent and free from infection.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had received the training and supervision they needed to support them safely. New staff received an induction which lasted 12 weeks, they received online training and face to face training including moving and handling, life support and diet and fluid modification. Staff shadowed more experienced staff for at least 2 weeks, but this was extended if needed. Staff received regular supervision during their induction, where staff could provide feedback about their experience at the service.
- All staff had their competencies regularly checked including catheter and stoma care. Staff had completed the mandatory required training to support people with a learning disability or autism. Nursing staff received clinical supervision to discuss their practice and to identify any additional training needs they might have.

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

- People had access to healthcare professionals, the provider employed a multi-disciplinary team including physiotherapist, occupational therapist and speech and language therapist. They worked with staff to develop their skills and devised therapy packages for people, which care staff supported people to complete. The team told us, their role was to promote and maintain people's independence, they also advocated for people about their specialist care needs including wheelchair needs.
- People's clinical needs were met by the nursing staff. Some people had developed wounds while unwell or in hospital, nursing staff managed people's wound care. They had used research based evidence to develop treatment plans, these had been successful, and people's wounds had healed.
- People had access to a GP who completed regular rounds at the service, they reviewed their health needs and medicines. During the inspection, a mobile dentist was present at the service, the registered manager told us access to dentists was difficult due to people's mobility needs, so they brought the dentist to the service. The dentist told us, "Looking at people their oral hygiene has been very good". People were given the opportunity to take part in exercise sessions, including wheelchair yoga, one person told us, "Wheelchair yoga is very good."

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

- People's rooms had been personalised with people choosing the colour they wanted it to be painted. People had photos on the walls and their possessions around them. People showed us around their rooms and told us how they were supported to make the rooms their own. People's bedrooms had overhead hoists and electric beds, people told us, they were able to control their bed and hoist.
- The provider had recognised the communal areas and corridors were not homely in appearance. They had completed renovations to one wing of the service, including decoration. The registered manager had

plans to improve the dining areas and corridors and was asking people for their ideas for improvements.

- People had access to outside space, the door had an electronic pad to open it, this enabled some people to go out independently into the garden.

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

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

People can only be deprived of their liberty 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.

- Staff were working within the MCA, people who had capacity to make decisions about their care were fully involved in all decisions. When people had been assessed as not having capacity, decisions were made following the MCA, best interest decisions were made and recorded. The decisions had included healthcare professionals and people who know the person well, records clearly showed how risks had been weighed and why certain actions had been discarded.
- When required DoLS applications had been made, there were systems in place to monitor when authorised Dols needed to be re-applied for.

# Is the service caring?

## Our findings

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

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

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

- Previously, people had not always been supported in the way they preferred as there had not been enough staff. At this inspection, people were treated well and were now receiving consistent care and support. Staffing levels had improved and staff were working as a team, people told us how this had impacted on their care and support. One person told us, by not having agency they do not have to repeat themselves and they are getting more personalised care.
- Staff told us about their ethos of support, a staff member told us, "Promoting independence, person centred, getting a voice back to people and offering choice. Giving people the confidence to speak out and say what they want." During the inspection, staff displayed these characteristics when supporting people. Staff spoke to people with compassion and kindness, they had developed relationships based on mutual respect and shared experiences.
- The activities co-ordinator told us they tried to match people with staff who shared similar interests. They told us, "Going out with someone else helps people to develop confidence." The activities organiser was researching different activities people could do in a wheelchair including fishing and sailing. The service driver told us, they had been shown by care staff how to support people if they became anxious while traveling in the car, so they had a calm journey.
- People were supported to express their religious beliefs. Priests from the catholic church performed holy communion at the service. Some people's first language was not English, the priests had been chosen as they could speak people's language. When people had expressed feelings of sadness at circumstances that had happened to them the registered manager had referred them to counselling services, to provide specialist support.

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

- People told us they were involved in decisions about their care and support. Staff understood their responsibility to respect people's wishes and decisions though they might be unwise. One person decided not to have their medicines regularly. During the inspection, staff continued to explain to the person the importance of taking their medicine but respected their decision not to.
- People told us they had been involved in the recruitment of staff and were able to choose the staff who supported them, and this was respected. People were encouraged to express their views when attending medical appointments or discussions with the GP.
- When people were not able to verbalise their choices, staff recorded nonverbal reactions, and these were considered when making decisions. For example, one person had been prescribed liquid medicines as their swallow was deteriorating, they continually refused the liquid medicine. It was decided with their family,

they should continue with the tablets as the medicine was essential to their health.

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

- People told us staff respected their privacy and dignity. One person told us, "They are very considerate, they ask if it's alright to go in." Another person told us, they had privacy, "staff closed the door and shower curtain so no one can see in." Staff spent time with people when they were anxious or distressed. Relatives told us, staff had supported people and made a difference in how they viewed their health needs and how they could be supported in the future, helping them to feel more positive.
- Staff supported people to be as independent as possible. One person, who was living with diabetes, had been shown how to measure their own sugar levels, using new equipment. People were supported to control the overhead hoist using the controller by staff. People told us they did not feel rushed and were able to decide when to get up or go to bed, staff supported people to get up later when they wanted to do an activity in the afternoon to make sure they were not too tired.
- During the inspection, people were supported to make their own breakfast, staff made sure the milk carton was not too heavy and the person enjoyed their breakfast. People cooked items in the microwave and accessed their drinks from the fridge when they wanted.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to have systems in place to ensure care and support was delivered in a person-centred way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made to the detail in people's care plan, they now included their likes and dislikes and how they like to be supported. People had been asked to describe what a good and bad day was for them and what helps them when they are having a bad day. There was detailed guidance for staff about how to support people with their personal care including how to move them safely when they had physical disabilities.
- People's quality of life had been improved by the expansion of the staff team. The whole staff team were now involved in activities, under the guidance of the activities co-ordinator. People were supported to go out regularly, the registered manager told us, they aimed for people to be able to go out at least 3 times a week. One person told us, they were going out more, on the bus to Herne Bay and Canterbury, Herne Bay lunch club and felt part of the community.
- People told us, they were asked for ideas of where they would like to go. During the inspection, people went to the seafront and out for the day to the local wildlife park. People arrived back at the service, tired, but very happy after an enjoyable day. New staff told us, going out with people had helped them to build relationships with people. One staff told us they had been to the seafront, "Everyone had a lovely time, everyone had fun. People are enjoying it. This has helped them to develop relationships with people. Have shared memories". A relative told us, "Takes a long time to get him out. Has been to shows, trip to cinema, out for coffee and cake." Another relative told us, "New drivers now with a couple of buses. Have been to Canterbury shopping with them."

### Meeting people's communication needs

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

- There was information in people's care plans about how people communicated, people had a communication passport. Some people's illness had progressed so they were no longer able to respond verbally, there was information for staff about how they would blink their eyes or nod. During the inspection, staff communicated with people using signs during meals, people responded with their choices.
- Since the last inspection, the speech and language therapist had attended a course to use sound mats, to develop a system to support people with their non-verbal communication.

#### Improving care quality in response to complaints or concerns

- There were systems in place to manage complaints and concerns. The registered manager understood their responsibility to investigate complaints. A relative told us, "New manager is approachable, and her door is always open. I would complain to her if I had any issues."
- People knew how to complain or raise concerns. One person told us, they would go to the 'lead' care staff if they had any issues, and they would sort it out.

#### End of life care and support

- People were supported at the end of their life. When people's needs changed, they were reviewed by the GP and medicines were prescribed just in case their condition deteriorated.
- People were asked about their end of life wishes. When people were happy to discuss their preferences, these were recorded, if people did not want to discuss the subject it was noted to discuss at a later time.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- At the last inspection, systems were not established or effective to oversee the safe care and treatment of people living at the service. At this inspection, systems were established and had been effective in identifying shortfalls. The registered manager had developed strategies to rectify shortfalls as they were identified and minimise the risk of them happening again.
- The registered manager had been supported by the provider to develop a staff team with clear roles including clinical leads, to drive improvements. At this inspection, the service had improved and were no longer in breach of regulations. The registered manager was aware there was still room for further improvement and continued to adjust and change their action plan. Improvements in the staffing levels had been a positive impact on the quality of people's lives, including the activities they were involved in. Further improvements were planned for the environment including updating the fire safety system to keep people safe.
- Staff were now being held to account for their actions, when errors had been identified during the audit process, staff were supported to improve their competency. This had been successful, for example, in the reduction of recording errors in medicines administration. Staff were aware of their responsibility to report incidents and concerns to the registered manager and to work within the providers policies and procedures.
- Previously, the provider had failed to submit statutory notifications in line with legislation. Statutory notifications are significant events that affect the service, the provider is required to inform CQC so we can check appropriate action had been taken. The registered manager had submitted statutory notifications as required and they had taken appropriate action.

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

- There had been a significant improvement in the culture of the service since the last inspection. The registered manager had completed a piece of work with staff about culture and what a positive culture looks

like. The work had included workshops to develop a 'Culture Commitment' which staff signed up to, including being open and honest and working as a team. The registered manager had also made commitments including being approachable and non-judgemental, these commitments were displayed around the service.

- When staff came for their interview, the registered manager explored their ethics and understanding of positive culture, not just their experience. One person told us, "[The registered manager] is keen to promote the relationship between staff and people. New staff seem more person focused than some previous staff, emphasis on developing and improving the lives of people they are caring for."
- Staff were supportive of the change in culture, "[Registered manager] is very good, and she understands the culture and has addressed it. People are recognising historic practice and now questioning it." Another staff member told us about cultural practice meetings, how to work together, "Bringing the staff together, everyone spends time together and no one is excluded". "She is doing so well and so much. She is making a massive difference."

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 and provider understood their responsibilities under the duty of candour. The registered manager had been open about the work required to improve the service. The registered manager had an 'open door' policy, a relative told us, they held an open conversation with the registered manager every month and points raised were acted upon. Another relative told us, "Had a letter about the previous inspection and two meetings with new manager. Talked about 3 year plan and to do more at the home."
- People had been kept informed about the outcomes of the previous inspections. People had asked to speak to senior management and the nominated individual had attended a meeting. They had been open and transparent about the work needed to improve the service and how they planned to do this. One person told us, "Senior management team are not shy and don't hide themselves away."
- The registered manager had informed families when incidents had occurred and explained what measures had been taken to reduce the risk of them happening again. When incidents had happened, the registered manager, had reported them to the appropriate authorities such as CQC, safeguarding and other regulators such as Information Commissioners Office.

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

- Improvements had been made to the way people, relatives and staff were involved in the service. The registered manager had introduced regular newsletters and emails, there were now regular meetings for everyone involved with the service. People now had the opportunity to join regular meetings, they had been involved in developing the format of the meetings. People had asked to meet the senior management, they had attended and discussed with people their experience, skills, and the challenges the service faced. People were asked for suggestions about activities they would like, it was suggested a 'pampa' day would be enjoyed, but the treatments usually offered may not be enjoyed by men. The registered manager suggested a traditional barber could be invited to offer 'hot towel' treatments and shaves, this was agreed as a good idea.
- Relatives were now invited to meetings, at the first meeting, it was agreed these would be quarterly. One relative told us, "The new manager has started the residents and family's forum meetings. Provides update of what they will do and how to move forward." Some relatives had mentioned they were not able to attend the meetings when they were held during the day. The registered manager told us they will be holding meetings in the evenings as well in the future.
- Staff now attended regular meetings to discuss their practice and any challenges they may have in providing support. The registered manager had used the team meetings to involve staff in the

improvements being made and how they could contribute to the process. The meetings included a process of open/reflective practice on the impact of practice such as poor communication and developed strategies to improve this.

#### Working in partnership with others

- The registered manager understood how important it was to involve other health and social care professionals, to develop a good working relationship. The registered manager had developed open and transparent relationships with other agencies including the local authority.