

ADR Care Homes Limited

# Keneydon House

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Keneydon House is a care home, providing personal care and accommodation for up to 21 older people, some of whom live with dementia. At the time of the inspection, 14 people were living at the service.

The service is in one adapted building. Communal lounges are on the ground floor, people's bedrooms are over three floors. The upper floors are served by stair lifts.

### People's experience of using this service

Since our last inspection the provider had appointed a new registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. These appointments had a positive effect and we saw significant improvements in the service people received. They had introduced systems to effectively monitor the service and bring about improvements. They told us they recognise the improvements needed to be embedded and had an action plan for further improving the service.

Staff had identified most risks and put plans in place to reduce the risk of avoidable harm. However, on two occasions we saw situations where people were potentially at risk of harm, but no staff were in the immediate vicinity to support them. Following our inspection, the registered manager told us they had updated the people's risk assessments and staff were aware of the increased support these people needed.

People told us they felt safe receiving the service. Effective systems were in place to protect people from harm. Staff knew how to raise concerns and were confident the registered manager would take these seriously and act on them. People's medicines were stored and managed in a safe way. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. The registered manager reviewed staffing levels and people's needs regularly. People received care from staff who were trained and well supported to meet people's assessed needs. The registered manager had identified that staff needed additional training in some areas, such as end of life care and in understanding their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

Significant improvement had been made in the décor, including making the two bathrooms fit for purpose. The service was lighter, brighter and comfortable. However, the registered manager and nominated individual had identified further improvement was needed. This included improving the environment to meet the sensory needs of people living with dementia. People had access to the equipment they needed to help them maintain their independence.

Staff supported people in a kind, thoughtful, patient and caring way. Overall, staff were respectful when they spoke with, and about, people. They supported people to develop their independence. Support was person-centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews.

People's care plans provided staff with guidance about what each person could do for themselves, and what they needed support with. Staff reviewed people's care plans and consulted people and, where appropriate, their relatives, about them. However, the registered manager recognised people's care plans needed further development.

Staff encouraged people to socialise and be more active. There was an advertised activity programme that included entertainment visiting the service each week. During our inspection we saw some people take delight in being shown, and handling, a variety of different animals. People had opportunities to go out, such as visiting the local town, and trips further afield. Staff supported people to develop new, and maintain existing, relationships.

People and their relatives felt able to raise any concerns with the registered manager. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The provider and registered manager had promoted a culture that focused on people as individuals.

#### Rating at last inspection

The last rating for this service was inadequate (published 22 January 2019). 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 November 2018. 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 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](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Keneydon House

## Detailed findings

## Background to this inspection

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#### 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, an inspection manager, 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

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority. We also used information the provider sent to us, including that in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people, one relative, one visiting healthcare professional, 10 staff members. These included four care workers, a senior care worker, the activities co-ordinator, the cook, two laundry assistants, one of whom also provides domestic support, and the maintenance person. We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included sampling five people's care records and two staff files in relation to recruitment checks. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, complaints investigations, and minutes of staff meetings.

#### After the inspection

The registered manager provided us with additional information relating to deprivation of liberty authorisations. We spoke on the telephone with two people who regularly visit people who live at the service.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have adequate arrangements in place to identify, assess and manage risks appropriately and support people to stay safe and protect them from harm. 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.

- Staff had identified most risks and put plans in place to reduce the risk of avoidable harm. However, on two occasions we saw situations where people were potentially at risk of harm, but no staff were in the immediate vicinity to support them. One person was left unsupervised with a hot drink although they had previously been scalded when they dropped a hot drink in their lap. We saw another person living with dementia 'helping' another to have a drink, but the person did not need, or want, the help. Following our inspection, the registered manager told us they had updated the people's risk assessments and made staff aware of the increased support these people needed.
- Staff had reviewed people's risk assessments and put guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, to help people reduce the risk of falls, to move people safely, to maintain people's skin condition, and help prevent people choking.
- Staff had received additional training to help them reduce the risk of avoidable harm. For example, one staff member told us they had received training on the use of thickeners for fluids. They told us about how they knew how much to use, and how to reduce the risks associated with people choking.
- The registered manager and a senior staff member were both trained to train staff in helping people to move. The senior staff member said, "I took a lot away from that training. I don't allow [staff] to use the machinery until they are fully competent." Staff confirmed this. One staff member said, "The training was brilliant. I've never worked with hoists before. [Senior staff member] went over it twice, she was brilliant. She said, 'If you aren't confident you're not doing it'. I'm confident now." People felt safe when staff helped them to move. One person said, "The [staff] get me up on the stand and I feel safe when they do it."
- Staff carried out checks and ensured equipment was safe to use and well maintained. Emergency plans were in place. For example, to ensure people were appropriately supported in the event of a fire.
- Staff completed regular health and safety checks to ensure the premises had no hazards that could put people, staff and visitors at risk of harm. Where issues were identified, these were corrected quickly by the maintenance staff employed by the provider or external contractors.

## Staffing and recruitment

At our last inspection the provider had failed to make sure there were always enough staff deployed who had received suitable induction, training and supervision to ensure they had the knowledge and skills meet people's care and support 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 at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs safely. Staff had appropriate induction, training and supervision to carry out their roles effectively.
- People told us they felt there enough staff. One person said, "I can get help when I need it. There are plenty of staff around." People noticed there were fewer staff on duty over weekends but said this had not affected them. One person told us, "Sometimes they seem a bit short of staff at weekends, but I can't say it has caused a problem."
- The registered manager used a recognised tool to assess people's needs and work out how many staff were required to meet people's needs safely. Since our last inspection the provider had employed additional ancillary staff, so care staff could spend more time with people. A staff member told us, "We have two laundry ladies now and they keep it immaculate. We used to have to do that. We've got more time for [people]. They seem happier."

At our last inspection the provider had failed to carry out robust recruitment checks had been made on all new staff to ensure that they were of good character and suitable to work with vulnerable people. This was a breach of Regulation 19 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 19.

- The registered manager had introduced and followed robust systems that ensured they only employed staff who were suitable to work at the service. Records showed, and staff confirmed, they had to wait for the registered manager to receive checks, such as a criminal record check and employment references, before they started working with people.
- Where appropriate the registered manager had used the provider's policies, including supervision and disciplinary procedures, to address poor practice.

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

At our last inspection the provider had failed to have effective systems and procedures in place to protect people from harm. Staff were unaware of what constituted a safeguarding incident, known risks to people were not documented to help mitigate and reduce further incidents and staff did not report safeguarding concerns to the appropriate external agencies. This is a breach of Regulation 13 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 13.

- People told us they felt safe receiving the service. One person said, "I feel safe here, the staff are always checking on me, it is all good." Another person said, "The staff are very honest, I left some money out for

them, but they didn't take it. I dropped a ring and they knew it was mine and brought it to me as soon as it was found."

- Staff understood and followed effective procedures to protect people from harm. Staff were aware of, and appropriately reported, safeguarding concerns to senior staff who acted on their concerns. Where appropriate the registered manager and senior staff had referred safeguarding concerns to the appropriate external agencies, such as the local authority. This ensured quick action could be taken to safeguard people.

#### Using medicines safely

- People told us they were supported well with their medicines. A person said, "I told the staff that I had a pain in my hand and they soon got me some painkillers which really helped." A relative told us, "The senior staff member is really good and waits while my [family member] takes [their] tablets."
- We saw staff supporting people to take their medicines. They spoke very calmly and waited patiently for the person to take their medicines, encouraging them to "just drink a bit more", explaining that it "will help you swallow."
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had been trained, and their competence was regularly checked. This included at least one member of night staff on each night shift. Staff had clear instructions to follow when giving medicines. This included medicines prescribed to be given 'when required.'
- Where people received covert medicines, staff had carried out a best interest decision involving appropriate people. For example, the prescriber, a pharmacist, and the person's relatives. 'Covert' is the term used when medicines are given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.

#### Preventing and controlling infection

- People told us the service was clean. One person said, "They keep me clean and clean my room well."
- The service was clean. However, we noted one person's room had strong malodour. The registered manager told us they were aware of this and were addressing the issue.
- Staff had been trained in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands.
- There were enough cleaning materials and personal protective equipment (PPE), such as disposable gloves and aprons. Where required, staff used these when supporting people to ensure they protected everyone against acquired infections.
- The Food Standards Agency had awarded the service 'five'. This is its highest rating. This is a snapshot of the standards of food hygiene found at the time of their inspection

#### Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service.
- Staff reported all incidents and accidents as soon as they happened so the registered manager could deal with them quickly. The registered manager assessed these for trends to check if any improvements could be made.
- Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence. For example, following a person falling, staff checked on the person more frequently when they were in their bedroom.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

At our last inspection the provider had failed to make sure all people using the service and those lawfully acting on their behalf had given lawful consent before any care and support was provided. This was a breach of Regulation 11 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 registered manager told us that eight people had DoLS authorisations in place. Two of these authorisations had conditions attached to them. Staff had met one person's condition, but not the other. Following our inspection, the registered manager told us they had arranged for the condition to be met.
- Staff lacked confidence and understanding about MCA and DoLS. None of the staff we asked could tell us which people had a DoLS authorisation or application pending. The registered manager had identified that some staff needed further support in understanding how the MCA and DoLS applied to their work and had planned additional training for them.
- Some people had variable mental capacity and they needed support to make some decisions. Where appropriate, staff had consulted people's relatives, professionals or independent advocates to decide how to best support each person.
- People confirmed that staff asked people for their consent before they provided care and support.

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

At our last inspection the provider had failed to make sure there were always enough staff deployed who had received suitable induction, training and supervision to ensure they had the knowledge and skills meet people's care and support 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 at this inspection and the provider was no longer in breach of regulation 18.

- Staff received appropriate induction, training and supervision to carry out their roles effectively.
- People said staff had the right skills and knowledge to support them effectively. One visitor told us, "You can't get better staff than what they've got now."
- Staff received appropriate training for their roles. As well as received training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. For example, dementia care.
- Staff received regular supervision and found the registered manager and other staff supportive. Comments included, "Marvellous support", "Lots of support", and, "It's been amazing, everyone now works together."

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

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "The staff look after us really well, I don't worry about them helping me."
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

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

- People told us there was always enough food and drinks and made positive comments about them. One person told us, "I am happy with the food and you get plenty to eat." A relative said their family member had "put on weight" and "looks much better now." They explained the person "really enjoys" the food.
- The mealtime was a calm experience. Staff offered people choice. They prompted and encouraged people. Where people needed help to eat or drink, staff provided this in a supportive way.
- Records showed people ate and drank enough to maintain their health and wellbeing. Staff identified where people were at risk of not eating or drinking enough and sent referrals to appropriate health services. Staff followed professional's guidance. For example, by providing food and or fluids of a specific consistency.

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

- People told us staff supported them to access health services such as GPs, community nurses, chiropodist, dietitians and opticians. One person told us staff, "will soon get a doctor out if you don't feel well."
- An external care professional told us, "Staff are very keen to make sure people get the best care and timely care. I give instructions and staff follow them. I've no concerns." They commented that the staff team knew people well. They told us that the team communicated well and felt handovers were effective.

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

- Keneydon House is an older style building. Since our last inspection we saw a significant improvement in the décor, including making the two bathrooms fit for purpose. Lighting had been changed, making the environment brighter. However, the registered manager and nominated individual had identified further improvement was needed. This included taking further action to improve the environment to meet the sensory needs of people living with dementia and assist people with recognition and orientation.
- People had access to the equipment they needed to receive safe and effective care, or to help them be more independent. For example, chair lifts between floors, and hoists to make it easier for staff to support people to move.

# 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 requires improvement. At this inspection this key question has improved 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; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to support people to maintain their dignity and respect their privacy. This was a breach of Regulation 10 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 10.

- Staff told us they had received additional training help them meet people's needs in a person-centred way. One staff member told us, "We are doing a lot of training on different things, like how we approach [people] when they are in different moods, bear with them, talk to them, make them feel safe, gain their trust." This training had clearly helped to bring about improvement in the service and, overall, staff treated people with respect. However, we saw two occasions when a staff member spoke to people in a patronising way. The registered manager assured us they would address this. Other staff were respectful in the way they spoke with people.
- People made positive comments about the way staff treated them. People confirmed that they felt at ease with the carers and felt they were kind, thoughtful, patient and caring. One person said, "The staff are lovely, really kind and patient. I have no complaints." A relative told us, "[My family member] is always happy to come back after being at home for the day so that says everything to me. [My family member] is happy here."
- We saw numerous friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences. A visiting professional told us, "Staff are always very welcoming, very natural [and] kind with [people]. If someone unsettled, they seem to know how to comfort them, they treat them with respect."
- Staff noticed when people needed help to maintain their dignity. For example, we saw staff help a person to change their top after the person spilled food down it. One person said staff, "Cover me up and always shut the door and curtains when they help me get washed." Another person said, "The staff make you feel comfortable. They make it feel like home"
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. For example, giving people space to help themselves at mealtimes, but offering help when people were finding it difficult to manage. A relative described how a staff member was particularly encouraging with a person who finds it difficult to speak. They described the staff member as "the life and soul" of the service

and described the encouraging and jokey way the staff member spoke with people. They said, "The way she does it, no way is it rude. The staff have a nice way about them. They are there for the [people] and not themselves." Another relative told us, "My [family member] still has a sense of humour and the staff are always having a laugh with [them]."

- Relatives told us they could visit their family members as often as they wanted, and they felt welcomed. One visitor said, "The staff are first class. They treat me as part of the family. They always make me welcome and offer me a drink and biscuits as soon as I arrive."

Another visitor told us, "I often get fish and chips on a Friday and bring them here and we have them in the garden which is lovely. The staff bring us a drink out and it makes a nice change. I bring a can of beer in for [my family member] which [my family member] likes."

- All staff and a visiting care professional told us they would be happy with a family member receiving care at this service. One staff member told us, "Now? Yes. Last year? No. Staff morale is better, and the atmosphere is better."

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

- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them. One person told us, "I please myself when I get up. You can get your breakfast when you want, they don't make you have it at a certain time." We saw staff always asked people before they provided care.

- Staff recognised when people wanted to be alone and respected this. For example, a staff member explained that one person prefers to spend time alone in their room. However, the person occasionally uses the lounge and plays the piano. They told us, "If someone goes in there [the person] stops, so we leave [them alone to play]."

- People benefited from all staff interacting with people throughout the day. For example, ancillary staff told us how much they enjoyed helping one person to put away their clothes.

- When necessary, people had access to advocacy services if they required support making decisions. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

# 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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Support to follow interests and to take part in activities that are socially and culturally relevant

At our last inspection the provider had failed to ensure people receive personalised care that met their needs. This was a breach of Regulation 9 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.

- People and relatives told us staff supported people in a way that met their individual needs and preferences. Staff confirmed they had access to, and read, people's care plans and were aware of people's needs.
- The registered manager and staff had improved the quality of people's care records. Each person had a 'My Life' document that informed staff of important people and events from the person's life. These provided topics of conversation and sometimes helping staff to understand people's behaviours. People's care plans provided staff with guidance about what each person could do for themselves, and what they needed support with. Staff reviewed people's care plans and consulted people and, where appropriate, their relatives, about them. However, the registered manager recognised people's care plans needed further development.
- People received care that was more person-centred. Staff encouraged people to get up, socialise, and be more active. Staff told us of one person who had been cared for in bed. Slowly, they encouraged the person to get up into an armchair in their room and engage in one to one activity. After much support and encouragement, the person now often sat in the lounges, where they joined in various activities including armchair exercises and played cards games.
- The provider had employed an activities co-ordinator who also worked in the service as a care worker. They, and all staff, had worked hard to get to know people well and understand how they liked to spend their time. There were some opportunities for people to engage in activities of daily living, such as household chores and gardening. However, these were limited as were the resources available around the service to interest and occupy people who were living with dementia. The registered manager and staff recognised this could be developed further.
- The activities co-ordinator had developed a programme of activities to include some form of outside entertainment coming into the service each week. People made very positive comments about the range of structured activities staff supported them with. Some people enjoyed playing bingo on the morning of our inspection. One person told us, "I like the bingo, it is good fun." During the afternoon a variety of animals

visited the service. People responded well to the animals. Several people's faces 'lit up' when they saw and handled them. One person said, "That was amazing! I loved that. What an experience to see those animals so close-up. I have never seen anything like it before."

- People had regular opportunities to go out with staff and volunteers. Two people told us they had enjoyed visiting a local pub for a cup of tea. Staff said that 12 people recently went out for a pub lunch. Staff support those people who wish to go into the town every two weeks. The activities co-ordinator told us they were planning a visit to a nearby farm.

Supporting people to develop and maintain relationships to avoid social isolation;

- Staff supported people to develop new relationships. One person told us they had developed a friendship with another person who lives at the service. They told us, "This is my friend in here. We get on really well and it is nice to have a friend here." A staff member told us how her family member had visited the service and how they and one person often chatted on the telephone. Another staff member visited the service with their child during our inspection. People smiled and spoke with and about the child, clearly enjoying their company.

- Staff supported people to maintain existing relationships. For example, staff told us how they had liaised with one person's relative and supported them to telephone their relative regularly.

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.

- Most people using the service could communicate verbally with staff. The registered manager told us they would provide information in alternative formats if this was required to support people to understand it. This included using translation services to communicate with people who did not speak or understand English.

End of life care and support

- The service did not offer specialist end of life care. However, if people living at the service required support at the end of their life, staff supported them with the support of external health care professionals, such as GPs and community nurses.

- The registered manager recognised that staff needed training and additional support in this area and had arranged training for the week after our inspection.

- People's end of life care plans were incomplete and did not show that staff had supported them to express any end of life wishes they may have. For example, one person's care plan advised staff to 'Ensure any friends and family [person] wishes to be present, ensure any religious wishes are in place' but provided no further detail or guidance.

- Several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place. These documents set out the person's wishes or a decision made on their behalf by a medical doctor, in discussion with relevant family members that, in the event of a cardiac arrest, they were not to be resuscitated. We were concerned that these did not always contain the person's current address and therefore may not be valid. The registered manager agreed to follow this up as a matter of urgency.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and complaints about the service and were confident the registered manager and staff would address any concerns they had.

- Staff followed the provider's complaints procedure which was available in the service. The registered manager told us they had received one complaint since our last inspection. They had investigated this and shared their findings with the local authority and the CQC.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to have a robust governance system in place to find, monitor and improve any areas requiring improvement, in a timely manner, to ensure that a safe, effective and good service was provided. This was a breach of Regulation 17 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 our last inspection the provider had failed to tell the CQC of all the incidents they were legally obliged to notify us about. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

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

- People, relatives, staff, and the local authority told us how much the service had improved since the last inspection. A regular visitor to the service told us, "I'd put my name down for a bed. It's had a complete turnaround. I would say if [person] wasn't getting what [person] deserved."
- Since our last inspection the provider had appointed a new manager who took up post in December 2018 and registered with the CQC in March 2019. The registered manager held a management qualification and was experienced in working with older people and people living with dementia. We received positive comments about the manager. A visitor referred to the registered manager as, "The smiler" and said, "He's good at managing. He's accessible." A person told us, "The [registered] manager seems helpful."
- The provider had also appointed a new nominated individual. The registered manager described receiving "a lot of support which has been good" from the nominated individual. The nominated individual and the registered manager understood their legal responsibilities and had told CQC and other external organisations, such as the local authority, of any relevant events that had occurred.
- The nominated individual and registered manager had introduced comprehensive governance systems

that helped them identify and prioritise the areas of the service that needed improvement. The system included various audits that helped reduce the risks to people's health, safety and wellbeing and ensure staff effectively managed them.

- Whilst we could see the service had improved considerably since our last inspection, these improvements needed to be embedded into staff practice. During our inspection we identified areas which needed further improvement. The registered manager was aware of, and had plans to address, some of these areas, such as end of life care and staff awareness of the MCA and DoLS. However, we also identified two instances of potential risk when people were left unattended with drinks. The registered manager has told us they have taken immediate action to address these.
- Throughout our inspection the registered manager, nominated individual, and staff all expressed a strong desire to continue to improve the service. The registered manager repeatedly referred to making sure people's needs were met as, "important", "the priority", and, "the main thing". A staff member told us how some staff no longer worked at the service and new staff had started. They told us, "Since then the enthusiasm of the staff improved, they want to be involved and know what's going on. Their attitudes have changed, they want to be here and improve things."
- People's records were well organised and regularly checked to ensure that information was up to date and accurate.

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

- Staff encouraged people to regularly feedback about their care and support. They did this both formally, through meetings, and more informally on a day to day basis. A person told us the manager acted on their suggestions, "I asked [the registered manager] to put my heater on for me yesterday and he did." Other people couldn't think of anything they wanted done differently. One person said, "I feel at home here, I am quite happy. Nothing could be better here."
- The registered manager told us they planned to send a survey to people and other stakeholders asking for their views shortly.
- The registered manager hosted regular meetings for people and their relatives. Minutes showed the registered manager had consulted people about improvements in the service, such as the new décor.
- Staff attended regular meetings. Staff told us they felt well supported, valued, and encouraged to contribute to the development of the service. One staff member described the support they received from the registered manager and nominated individual as "Brilliant." Another staff member said they felt listened to when the registered manager changed a product they ordered at their suggestion.

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; Continuous learning and improving care

- Communication with people, their relatives, and professionals was open and transparent. An external care professional told us, "[The registered manager] often opens the door and he's there if there is a management issue and he's visible. There seems to be an 'open door'."
- The registered manager and staff had clearly defined roles and responsibilities which they understood. The registered manager and the nominated individual understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from this, and how they had put systems in place to reduce the risk of things going wrong again. For example, additional staff training and supervision.
- The registered manager promoted staff accountability at all levels. They had introduced a meeting each morning with staff from all areas of the service. This promoted good communication across the staff team, ensured any concerns were addressed quickly, and staff were aware of their responsibilities for that day.
- The registered manager had a clear action plan they were working to, to further develop the service. This included additional staff training and improving the environment. The local authority had recently lifted and

embargo on people moving to the service. The nominated individual was clear the number of people accommodated at the service would be increased slowly, to ensure the quality of the service was maintained and continued to improve.

Working in partnership with others

- The service worked well with external health and social care professionals who were involved in people's care. An external care professional described working closely with staff and good working relationships.