

Veecare Ltd

High Meadow Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

High Meadow Nursing Home is a 'care home' and at the time of this inspection was providing personal care, nursing care and accommodation to 22 people. Most of the people using the service were older people with varying needs including dementia. No new people had been admitted to the home since our last inspection, the home is registered to support up to 34 people. The home is a large detached and extended house. Accommodation was split over three floors with lift access to each floor.

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

People and visitors were positive in their feedback. Their comments included, "I would recommend this home, I feel its turned the corner, it's much better now," and, "I am happy, comfortable and contented." A relative, speaking about their mother, told us, "There are always staff around. She has all new furniture. She's always clean and everything is together and nice, her clothes are always clean and washed." Another relative told us, "The staff have been amazing, we think they are fantastic."

The service had improved considerably since our last inspection. There were enough staff to provide the care people needed, care staff were deployed on each floor and were attentive to people's needs. No new people or staff had joined the service since our last inspection; staff were familiar with people and knew their needs well.

The laundry was appropriately staffed, there were supplies of clean bedding and towels, many of which were recently renewed.

People were safeguarded from abuse, staff showed a good understanding of what was meant by abuse and knew how to report any concerns. The registered manager worked closely with people and their relatives and encouraged them to report any issues or concerns. The complaints process was updated and accessible.

Risks to people were known, assessed, up to date and well managed. There was clear guidance for staff to follow. Improvements to the environment had been made, it was safe and regularly maintained, problem flooring had been replaced and dementia friendly improvements made. Equipment had been serviced and maintained, where needed people had their own wheelchairs and lifting slings.

There was always a nurse on duty at the service. People received their medicines on time and as prescribed. When people were unwell or needed support from a health and social care professional they received this. People were supported to eat and drink safely. Where people needed support to maintain their weight or eat a specialist diet, this was in place.

Staff worked hard to support people to maintain their dignity, this had improved with revised staffing availability. The support people received was personalised, people and their relatives were positive about

the support they received and told us it met their needs. People and relatives were complimentary about the activities offered at the service and the enthusiasm of staff.

Staff understood people had the right to make choices about their care. Where people were not able to make decisions, these were made in their best interests. 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.

Staff had the skills and experience they needed to support people well. They were more positive about the training they received and felt well supported by the registered manager.

People and relatives told us they found the registered manager, nursing and care staff dedicated, approachable and friendly. Improvements had been seen across the service since our last inspection. The provider, registered manager and staff had worked hard to make sure people received better quality care and support.

Management systems to provide ongoing oversight of the service had improved, records evidenced where follow up action had been taken as the result of checks and audits. However, due to the extent of change and history of decline after inspection, management systems needed time to embed to ensure they were fully effective to continuously monitor and improve the quality of the service.

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

Rating at last inspection and update

The last rating, following a full inspection, for this service was Inadequate (published 02 May 2019). There were eight breaches of regulation. The provider had failed ensure safe care and treatment was provided. The provider had failed to ensure there were enough staff on duty to provide service users with the support they needed to meet their needs. The provider had failed to ensure the building was properly maintained and suitable for the purpose for which it was being used. The provider had failed to ensure the quality and safety of the service provided was appropriately assessed monitored and improved or that improvements made were sustained. The provider had failed to ensure care was person centred and that care provided reflected service users preferences. The provider had failed to operate an accessible system for identifying, receiving, recording, handling and responding to complaints. The provider had failed to ensure notifications had been submitted to CQC submitted without delay. The provider had failed to ensure service users were treated with dignity and respect.

An additional focussed inspection also rated this service as Inadequate (published 26 July 2019). The focussed inspection did not look at each key question and was carried out in response to concerns received about the service. This inspection found there was one new breach and three continued breaches of regulations. The provider had failed to protect service users from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse. The provider had failed to ensure there were sufficient numbers of staff to meet people's needs. The provider had failed to take reasonable steps to mitigate known risks to people. The provider had failed to effectively assess, monitor and improve the quality and safety of the service.

The provider completed an action plan after both inspections to show what they would do and by when to improve, they provided updates to this action plan each month.

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 02 May 2019. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

High Meadow Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager 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 on the first day and announced on the second day.

What we did before the inspection

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in April 2019. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with nine people, six relatives, three healthcare assistants, two nurses, kitchen, cleaning and maintenance staff as well as the registered manager and the provider.

We reviewed a range of records based on the history of the service. This included five people's care and medicines records as well as some risk assessments for other people. We checked all of the nurses were registered and not barred from practicing. We reviewed records about the management of the service, quality assurance records and a variety of policies and procedures. We also looked at other records such as minutes of resident and staff meetings where they had shared their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received confirmation that an ongoing repair at the home had been completed.

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 now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was some limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection on 16 April 2019, the provider had failed to ensure that there were sufficient numbers of staff to meet people's needs. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18. However, as no new people had moved into the service since our last inspection, we could not be certain that processes to assess staffing against people's needs were fully embedded. We will review the impact of new admissions and staffing levels at our next inspection.

- After the last inspection, the provider wrote to us. They told us they had reviewed and increased staffing levels; there were now eight care staff in the morning and five care staff in the afternoon. There were two domestic staff, whose hours had increased from five to six hours daily. There was a member of staff responsible for the laundry, their hours had also increased from five to six hours daily. The activity coordinator no longer undertook health and safety duties and their hours had increased from five to eight hours daily.
- At this inspection we found there were sufficient staff to meet people's needs. The registered manager reviewed people's support needs monthly. The previous needs assessment tool was no longer used. The registered manager was enabled to use their professional judgement based on experience to set staffing levels.
- Staff were deployed on each floor of the home. They now had walkie talkies to enable them to call for assistance if they needed another member of staff to support them to provide care. This meant staff were able to respond to any requests for support more quickly. People told us their call bells were answered quickly.
- Staff felt they had enough time to spend with people but commented staffing would need to be reviewed when empty rooms began to be occupied. The registered manager confirmed that was their intention. There was now a member of staff specifically to undertake laundry duties. They said, "Things are much better now. I now have time to keep on top of everything and put things away rather than them building up."
- No new staff had been recruited since our last inspection. Nurse registrations continued to be checked and were valid.
- No new people had been admitted to the service since our last inspection. Given the previous concerns about staffing levels, we could not be wholly confident that assessment of staffing levels will meet needs when, potentially, 12 new people are accommodated at the service.

Assessing risk, safety monitoring and management

At our last inspection on 16 April 2019, the provider had failed to take reasonable steps to mitigate known risks to people. Equipment used by the service was not always safe. Risks associated with the control of the spread of infection were not managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's care records contained risk assessments to keep people safe and action was undertaken to mitigate risks to people. Risks to the environment had been considered and addressed as well as risks associated with people's health needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people. The risk assessments had been regularly reviewed and updated. Staff followed the risk assessments and guidance. Where people had specific health care needs, for example with epilepsy, diabetes, hydration or skin care, specific risk assessments were in place. Staff were aware of the risk assessments and knew the support people needed.
- Hydration and nutrition records were completed meaningfully and acted as a basis for staff intervention and referrals to other healthcare professionals.
- The safety of the environment was risk assessed, hazards and repairs were appropriately managed. For example, gas, electricity, water and fire systems were tested. Equipment such as hoists had been serviced and checked to ensure that they were working correctly.
- Each person had a Personal Emergency Evacuation Plan. These had been updated to include information about how to evacuate people who were cared for in bed and unable to mobilise. Fire drills had taken place.
- Improvement had been made to prevent and control the risk of infection. Further supplies of slings used to support people use the toilet had been purchased. This allowed people not to have to share slings. People now had their own wheel chairs which are kept in their own room when not in use. Everyone's calls bells were in reach, and we saw all call bells were clipped in position.

Preventing and controlling infection

- All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and odour free. One person said, "The place is spotless, the cleaners do a good job."
- People's slings used for hoisting them were now stored in their own room reducing the risk of cross contamination. People had two slings each and there was a rota in place for laundering slings to ensure they were clean.
- Staff followed good hygiene procedures, there were sufficient stocks of personal protective equipment, such as disposable gloves and aprons, which staff used. Food Safety training was provided for catering staff.
- Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included emergency and routine deep cleaning of higher risks areas.
- Red bags were used for soiled laundry and there was a red laundry bin to separate these from other washing. This helped to reduce the risk of cross contamination.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again. Proactive measures were discussed with staff, such as, ensuring people had walking aids to hand when they needed them and closely observing people who they had mobility concerns about.
- Action had been taken in response to incidents were needed. For example, following an incident of

behaviour that challenged, one person was referred for support with their mental health. There was information in the person's care plan to enable staff to support them and staff were aware of this guidance.

- The registered manager used opportunities to learn when things go wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans, providing any useful equipment and reviewing room layouts and beds heights for some people to minimise risks of injury.
- When concerns had been identified, these were discussed at shift handovers and at staff meetings to inform learning and improve the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection on 16 April 2019, the provider had failed to protect service users from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse of service users. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Staff were clear about their responsibility to safeguard people and knew about different types of abuse. All staff had received safeguarding training and told us what signs to look out for. Their comments included, "I would tell the registered manager and they would deal with it and call the person in and speak to safeguarding."
- Staff were confident the manager would listen and act on any concerns they raised. They told us they were aware of how to blow the whistle.
- The registered manager and staff were aware of local authority safeguarding protocols. Since our last inspection, there had not been any incidents that needed to be reported to the local authority.
- Information was displayed around the service telling people about how to keep safe and how to report abuse. This information was displayed in a larger print easier to read format.

Using medicines safely

- Medicines were stored securely and given safely. Appropriate processes were observed for ordering, stock control and disposing of spoiled or unwanted medicines.
- People received their medicines when they needed them and as prescribed by their doctors. One person told us, "I always get given my tablets as regular as clockwork."
- Medicines required 'as and when' (PRN) were administered safely, staff followed guidance given by GPs and the providers procedures. Staff recorded how much medicine they gave people, the time they received it the reason why it was given.
- Where people needed creams for their skin, there was guidance in place to show how and where the cream needed to be applied and staff recorded that they had applied it. Positions of transdermal patches (skin patches) and insulin injections were recorded. This enabled staff to use different places to administer the medicines which helped to prevent people's skin from becoming sore and possibly breaking down.
- Staff who gave medicines were trained and their competence in administering and managing medicine was regularly checked.
- Equipment associated with medicines, such as a syringe driver and blood monitoring devices were checked and calibrated as needed. This helped to ensure they worked effectively and as intended.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our inspection of 12 and 13 March 2019, the provider had failed to make appropriate adaptations to the premises and had failed to ensure that the building was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At our inspection of 16 April 2019, some improvement had been made. Following assurances from the provider, we decided to review the impact of these changes on people at our next inspection; they therefore had remained as areas requiring improvement.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Holes in the ceilings, following the replacement of fire alarm sensors, were repaired and exposed redundant wiring had been removed.
- Dementia signage has improved, there were more picture signs on doors. Toilets door frames and seats were in contrasting colours; in line with best practice guidelines.
- A door stop, which had presented a potential trip hazard, was still there but was made more visible by covering it in high visibility tape.
- Water had been leaking into the building; above the doorway to the conservatory there was staining, flaking and displaced plaster. Repairs to the leaking roof were in hand and we received evidence from the provider after the inspection that this work had been completed.
- Worn and uneven floor coverings had been replaced and potholes in the car park repaired. One visitor told us they took their relative out in a wheelchair and commented, "The car park is much easier to negotiate without so many potholes in it."

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

- Although no new people had moved to the service since our last inspection, the registered manager confirmed that assessment processes included asking people about their religion, specialised diets and other life choices. They also considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected.
- People, where possible, and their relatives told us they were fully involved in assessment processes to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.

- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition, nutrition and hydration. The service used nationally recognised assessment tools to monitor people's health, these were reviewed and updated monthly or sooner if a concern was identified.
- There was a process in place to ensure that nursing staff reviewed updated NICE guidance and the service was signed up to receive patient safety alerts. This is a system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about if people had specific healthcare needs that may need attention from healthcare professionals such as a GP, occupational therapists or the mental health team.
- People's care plans set out for staff how specific healthcare needs should be met. People had access to health care services where appropriate. For example, one person had a skin condition which could cause them discomfort and lead to infection. When this condition flared up staff had contacted the GP to address this concern.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after one person expressed a wish to drink alcohol. Other people had received support from the speech and language therapist team about some difficulties in swallowing.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively.

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

- People enjoyed the food provided, one person commented, "I enjoy the choice of food, I can't fault it." Another person told us, "If you have a favourite meal you can ask for it to be added to the menu."
- Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake.
- There was a daily menu which included pictures of the food offered. Staff asked people what they wanted to eat and explained what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided.
- People were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.
- Staff ensured any special health or dietary requirements were met, such as providing softened foods or thickened drinks as recommended by healthcare professionals. Staff told us about a person who did not have a good appetite, they found they preferred small meals and snacks rather than three conventional main meals and provided the person with this support.
- Some people enjoyed cooking and preparing food and were supported to do this as part of the services activities.

Staff support: induction, training, skills and experience

- Staff received the training and updates they needed, training was up to date and a schedule of refresher training was in place. Staff told us training was effective, which enabled them to carry out their roles.
- Training was provided mainly in DVD tutorials, which was raised at the last inspection. However, this time staff were more positive having received additional face to face training in subjects such as end of life care, deprivation of liberty, mental health and pain and symptom management. A member of staff commented, "The training gives us more knowledge. It is good, I learn from the training, it helps me to do a better job."

Staff felt less pressurised and commented that they had time to talk about training with each other which had helped to develop a collective understanding. For example, care staff appreciated the importance of making sure people drank enough and understood the need to encourage people to drink steadily throughout the day.

- Staff had started the care certificate where they did not have a higher qualification. This is a set of standards staff should adhere to in their working practice. Experienced staff were supported to undertake diplomas at various levels.
- Staff had supervision meetings with the registered manager as well as an annual appraisal of their work performance. This provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.
- Nursing staff, including the registered manager had completed their revalidation. This is a process to affirm or establish the continuing competence of health practitioners, whilst strengthening ethical and professional commitment to reducing errors, keeping to best practice and improving the quality of care. Medical practitioners, nurses and midwives practicing in the UK are subject to revalidation to prove their skills are up-to-date and they remain fit to practise medicine.
- Nursing staff, including the registered manager had also kept up to date by attending NHS care home training sessions. Training had included wound care, dementia, EOL, Parkinson's, medication and flu jabs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when reviewing people's needs. This occurred regularly, so staff could provide information to health and social care professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, specialist nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed them.
- The registered manager had developed a good working relationship with the local dentist, who visited people in the home when needed. Registered staff had received training about mouth care and incorporated this into their duties.

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

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

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

- Staff had received training and demonstrated a good understanding of the MCA and DoLS. They were aware any restrictions in place for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened.
- The registered manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection, 15 DoLS applications had been sent to the local authority and seven had been authorised. There were no specific conditions attached to the authorisation.

- Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made.
- Staff understood decisions should be respected, even if they appeared unwise. Staff gave an example of supporting a person with capacity to make decisions to smoke.

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 now 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

At our inspection of 12 and 13 March 2019, the provider had failed to ensure that people were treated with dignity and respect and their privacy was maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. This key question was not reviewed as part of the focused inspection which took place on 16 April 2019.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.
- People told us their dignity was protected and gave examples of staff closing doors for personal care and covering people with towels, only leaving the area exposed which was being washed. One person told us, "I am a private person, but staff are sensitive to my feelings and gentle, I don't mind the help or feel embarrassed."
- Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. People told us they received the support they wanted.
- Some people carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.
- People's records were now kept securely and could not be viewed by people who were not authorised to see them.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. Communication plans

were in place and staff were aware of people's communication needs. For example, one person expressed their likes and dislikes through body language: if they did not like the food, they kept their mouth closed. Another person was able to press the call bell but did not always remember why, so staff supported them using short sentences to establish why they had requested assistance. Another person stuck out their tongue if they were unhappy.

- Information about advocacy services was available, which some people told us they had used. Advocates help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People's comments included, "They do me alright" and "You couldn't get better staff. They make time for me and come in to say hello." Visitors were complimentary about the staff telling us, "We are always made to feel welcome," and "We are very happy. They treat her so well. The staff look after her really well and are kind to her."

- The deputy manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.

- Staff were positive and encouraging when they interacted with people. Staff spoke kindly with people, they were enthusiastic and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff. One member of staff commented, "I want to make every day they have with us the best it can be."

- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes.

- Staff helped people to keep in touch with their family and friends and organised social events in the home. There were many visitors throughout the day.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our inspection of 12 and 13 March 2019, the provider had failed to ensure that the care provided to people was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. This key question was not reviewed as part of the focussed inspection which took place on 16 April 2019.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care provided to people was now person centred. Care delivery reflected the needs of people, rather than the availability of staff. Staff told us, "We have enough staff now it is easier for us to help the client on time" and "We now have staff on each floor which means we can look after people better and it is easier for staff to support people." One person told us, "I am looked after just as I like to be." Relatives were equally complementary about care delivery, describing it as, "Reassuring and just right".
- Our observation found staff had more time and often interacted with people, other than when meeting their support needs. For example, staff stopped and chatted with people, took an interest in what they were doing, how they were and asked if they wanted anything. People responded positively, often smiling. Where people preferred to, or were unable to leave their rooms, staff looked in on them regularly ensuring call buttons were in reach and that people were comfortable and had drinks. Where people had greater support needs, care records detailed the support provided, for example, repositioning of people, pain assessments and completion of food and fluid charts.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred their meals.
- People and family members or friends were involved in developing and reviewing care plans. This provided opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Daily care records kept by staff were clear and included personal care given, well-being and any activities people may have joined in. Religious and cultural needs were documented. Some people identified with a specific religion and went to church or place of worship. A local priest visited the home.
- Activities were led by a fulltime coordinator. People could join in group activities or have a one to one activity. People had been asked what they wanted to do and were happy with the activities offered, resident and relative meetings provided an opportunity to make suggestions and provide feedback. Feedback had been positive and an ongoing evaluation of people's enjoyment and engagement in activities ensured they were relevant. A newsletter and noticeboard informed people about upcoming activities; people told us

they knew about the activities provided and made their own choice whether to participate or not. Where people enjoyed personal interests, such as listening to classical music and knitting, staff ensured they were able to do this.

- During the inspection, there were varied activities. Some people were having their hair and nails done, other people were colouring in and some people played armchair bowling in the lounge. A singer visited the home in the afternoon. They focused on getting people to move to music, arm chair exercises and encouraged people to sing. It was lively, and people enjoyed it. The signer knew who everyone was by name and the music was varied. The activities seen were fun, engaging and the people taking part clearly enjoyed them. People who stayed in their bedrooms told us staff often checked on them and our observation found this was the case. Staff knew people's interests and were able to engage in conversation with them easily.
- People's communication needs were identified. The registered manager understood the Accessible Information Standard. People's communication needs were met. For example, information at the service was displayed in pictorial and easy to read formats.

Improving care quality in response to complaints or concerns

At our inspection of 12 and 13 March 2019, the provider had failed to operate an effective, accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- The provider had revised their complaints policy. It was now worded more positively and encouraged people to raise concerns. The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern. There were forms available for people to take if they want to write complaints themselves.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as, social services and the local government ombudsman.
- People and visitors confirmed they were aware of how to complain if they needed to. Verbal complaints were also recorded, investigated and responded to. Two complaints logged were made verbally and had been responded to appropriately.

End of life care and support

- There was end of life information in people's care plans. This included information on whether the person wanted to remain at the service or not at the end of their life. There was also information about whether the person was to be resuscitated in the event that their heart stopped. There was information on what the person wanted to happen to their body and possessions after their death.
- Care plans included details about how the person wanted to be cared for as they were reaching the end of their life. For example, whether they wanted music, if there were possessions they wanted with them at the time.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services and GPs for anticipatory medicines. These are medicines people may need towards the end of their lives, for example to help to control pain. They are prescribed and held in stock at the home before they are needed so there is no delay in getting them when they are needed.

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.

- Information in the service was available in a variety of formats to meet people's communication needs.
- Accessible documents such as advocacy information, complaints information, staying safe from abuse information was on display around the service.
- Staff were understood people's communication needs and spoke with them patiently and using short sentence structures that people would best understand.

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 now 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

At our inspection of 12 and 13 March 2019, the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At our inspection of 16 April 2019, a continued breach of Regulation 17 was found.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. However, as the service had not operated at full capacity since our last inspection, we could not be certain that processes to effectively assess, monitor and improve the quality and safety of the service were fully embedded. We will review the effectiveness and embedding of governance processes at our next inspection.

- People and visitors said they had seen improvement in the service and felt it was well led and would recommend it to other people. Comments included, "I think the home has improved," "It feels like the owners are now investing in the home" and "The manager and staff have worked very hard to improve the home, they are very dedicated. Communication is much better now as well."
- Since our last inspection, the registered manager had completed an action plan setting out what they had done to address the areas of concern. They had worked with the local authority, specialist health and social care professionals and the local fire authority to ensure changes introduced were effective and met with best practice. For example, people's needs and risks, including the layout of the building were now clearly understood and factored into staff deployment. The provider had ensured physical improvements required to the service were completed within an acceptable timescale and to the required standard.
- The provider, registered manager and key staff completed checks to review the quality of the service. These included reviewing care plans, incidents and accidents, medicines, safeguarding, maintenance, room audits and health and safety. Where actions were identified these were recorded and signed off when completed.
- Concerns about the care and treatment some people received, and the effectiveness of systems intended to monitor and support people were addressed. For example, one person's care documentation audit identified that a DNAR needed updating. This was completed quickly and the new DNAR was in the care plan.

- From September the person responsible for provider audit changed. Their most recent audit identified a member of staff needed to complete the care certificate. Our review of the training matrix found the member of staff was on the list for having commenced this course.
- There had been no incidents since the last inspection that should have been reported to CQC. The registered manager was clear about this requirement and understood what needed to be reported.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and copies of the report were available in the hallway.
- Staff told us they felt listened to now and confident that the registered manager would deal with concerns raised.
- The provider visited often and took an active interest in the running and development of the service. The registered manager told us if staffing needed to be adjusted or equipment needed to be bought or replaced, the provider supported their views. However, previous oversight and actions by the provider had not always resulted in positive outcomes to improve the quality of the service. We could not therefore be wholly confident that the service would continue to improve or sustain the improvements made. We will review the impact of their oversight at our next inspection.

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

- Communication was good, staff and people told us there were regular meetings. These included, staff and resident meetings. People told us they were asked if they wanted to be included in meetings but were not pressurised to be.
- The service provided a plan of upcoming events and news to keep people and relatives informed of what was happening. People commented they found this reassuring.
- There were systems in place to gain feedback about the service including an annual questionnaire, and a suggestion box. Responses were positive; people were satisfied with the service provided.
- Feedback we received about the service was positive, comments included, "I really can't fault the support my mother has received", "The home has definitely improved" and "I am pleased the manager has retained all of the staff through the troubles of the home. The staff have been excellent."
- Visitors told us communication was good and gave examples of receiving telephone calls if their relative was not well.

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

- There was an effective and visible management team at the service. The registered manager was supported by a deputy manager, key staff were given other delegated responsibilities. The service provider visited regularly, they provided support to the registered manager.
- The culture of the service was open and honest; staff knew what was expected of them. They now understood if they did not flag up problems within the service, it was more difficult to get them resolved.
- People who we spoke with knew the registered manager and members of staff by name. They found them approachable and had confidence in them.
- Staff found the registered and deputy manager supportive and approachable. Some staff, people and visitors commented that they now found the provider more approachable and said that he sometimes attended the resident and relatives' meetings.
- Staff told us they felt valued and appreciated by the registered manager, describing her as determined and committed to improve the home.

Continuous learning and improving care

- The registered manager and staff team were committed to ensuring that people received improved experiences and high-quality care; and that lessons were learnt from the previous inspections. The manager received support from the provider.
- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager belonged to the local registered managers forum but had not attended recently as they had been focused on driving through changes and improvements to the service.

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 provider had a duty of candour policy, which outlined how they should respond when something went wrong.
- The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have gone wrong.
- The registered manager had discussed the last two inadequate inspection ratings with people and relatives at regular meetings. They had done this so people and visitors were informed of the actions taken and required to improve the service. Some relatives told us, "The manager and team have been tremendous, we are encouraged to raise any questions or concerns with the manager or provider. We know about the complaints system and the manager has told us how to raise a complaint outside of the home if we have any concerns which we don't feel are listened to or addressed properly. At the moment I can see improvement in the home, especially with the number of staff and don't have any complaint."
- When accidents and incidents happened, reports were completed and families were informed.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support. For example, following a visit from the community nurse, GP or dietician.
- The management team worked with funding authorities and other health and social care professionals such as specialist nurses to ensure people received joined up care.
- Handover records evidenced that staff communicated with each other effectively. The records enabled the provider and the management team to have clear oversight of the service.