

Almondsbury Care Limited

Belmont House 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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Belmont House Nursing Home is a residential care home providing personal and nursing care in one adapted building. The service can support up to 40 people. At the time of this inspection there were 16 people living in the service. Though the service had three floors, only the ground floor was currently in use.

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

We last inspected the service in December 2021. At that time, there were continuing concerns regarding the management and operation of the service. The service was rated Inadequate and we took enforcement action. Since that time the management situation has improved. There has been a manager in post for several months. Senior management posts had been filled. There was improved oversight of the operation and management of the service. There is a requirement of registration for there to be a registered manager in post. The current manager had completed the necessary application records and checks ready to submit to the commission for registration.

At our inspections in November 2019, July 2020, November 2020, February 2021, May 2021 and October 2021 the provider had failed to establish satisfactory governance arrangements, to maintain an effective overview of the home or taken sufficient action to make the required improvements identified in the previous inspections. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made. However, more evidence was required to demonstrate the governance systems were embedded to drive improvement in order to meet this breach of regulation.

In general incidents were recorded and reviewed. However, in one incident there was a lack of records reporting the incident or action taken. This included, the person's daily care records, handover record and the specific behaviour reporting record for such incidents. We observed daily records had shown heightened behaviours which led up to this incident. We judged this had not had a negative impact on the person but had the potential to disadvantage staff in recognising future triggers. The recording systems were not operating effectively.

Staff had the correct guidance and training to support people with complex or challenging needs. However, where an incident occurred the care plan had not been reviewed or updated to support staff in identifying and responding to triggers.

At the previous two inspections we found there to be inconsistencies in staffing levels and there was a high use of agency staff. At this inspection we found improvements had been made for all levels of staff. There was a skill mix of staff on each shift. Recruitment for nurses and care staff continued, however agency staff had been block booked which meant it gave the provider the capacity to schedule regular shift patterns and enable the service to have continuity of staff. There were enough staff on duty to meet people's needs. The management team had the authority to cover for staff absences, and apart from the occasional short notice

absence, shifts were covered.

At the inspection in December 2021 the provider had not ensured the proper and safe use of medicines. At this inspection all areas of medicine management had improved.

At the inspection in December 2021 we found not all staff had completed training and professional development or received appropriate support. At this inspection all staff, including agency staff, had received and were continuing to receive training to support them in their individual roles. This included safeguarding people. The number of safeguarding referrals and notifications had reduced since the previous inspections and staff told us they felt the training had improved their responses to deter incidents occurring.

At the previous inspection staff had not received training for equality and diversity which had the potential to disadvantage people. At this inspection 86% of staff had received training and staff demonstrated they understood the importance of respecting people for who they were. For example, where a person's mood elevated, staff went over and asked if the person was alright and what could they do. Another person said they were cold, and staff responded by bringing the person a cardigan. Where a person got upset at some verbal communication a member of staff sat with them to comfort them holding their hand. In all these instances staff intervention had reduced the anxiety in people.

The premises were clean and since the previous inspection the environment had improved internally and externally. This was an ongoing programme where if faults or repairs were needed these were rectified in a timely manner. People had access to equipment where needed. People were offered a range of healthy meal choices.

Staff knew how to communicate effectively with people in accordance with their known preferences. For example, staff had guidance not to look at a person as they would feel this was a confrontation and would feel threatened. Also, staff were advised to, 'use simple short sentences and give me time to respond.'

A relative told us they were given information about how to complain and told us they would feel comfortable raising a concern. Another relative told us they thought the service was well managed and communication with the management was good. People were regularly asked for their views on the service provided and feedback was used to make continuous improvements.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 19 May 2022) and there were breaches of regulations. We required the provider to share monthly reports detailing actions being taken to meet those breaches. The provider was continuing to complete these monthly reports to show what they were doing to improve. At this inspection we found improvement had been made but the provider was still in breach of regulations.

This service has been in Special Measures since 11 April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 06 December 2021. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the provider to

take at the last inspection. This report covers our findings in relation to the key questions Safe, Effective, Caring, Responsive and Well-led which contain those requirements.

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection although improvements have been identified the service remains in breach of the regulations relating to failing to ensure staff had the necessary information to support people and embedding operational systems and practices into the governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

Follow up

The provider will be required to continue sending monthly reports to the commission to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe 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 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 ●

Belmont House 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by two inspectors a pharmacy inspector and an assistant inspector.

Service and service type

Belmont House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing as a single package under one contractual agreement dependent on their registration with us. Belmont House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 June 2022 and ended on 16 June 2022. We visited the location's service on 8 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We were unable to speak with people who used the service about their experience of the care provided due to their reduced mental capacity and clinical needs. We therefore made observations of interactions with staff throughout the inspection visit. We spoke with fifteen members of staff. This included the manager, three members of the senior management team, clinical lead, nurse, care staff and ancillary staff.

We spoke with one relative and received information from three professionals.

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

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

At the previous three inspections the provider had failed to consistently meet the criteria of Regulation 13(Safeguarding Service Users from Abuse and Improper Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the provider had taken action to mitigate risks to people whose behaviour had the potential to pose risks to others and was no longer in breach of this regulation.

- In general incidents were recorded and reviewed. However, in one incident there was a lack of records reporting the incident or action taken. This included, the person's daily care records, handover record and the specific behaviour reporting record for such incidents. We observed daily records had shown heightened behaviours which led up to this incident. This had not had a negative impact on the person but had the potential to disadvantage staff in recognising future triggers. The recording systems were not operating effectively.

The provider had failed to ensure staff had the necessary information to support people. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection in December 2021 there had been a reduction in notifications of incidents involving people's behaviour affecting others. We identified an incident in April 2022 where a person's elevated behaviour had affected another person with verbal and threatening actions. This had been reported to safeguarding and the Care Quality Commission. Staff understood how to respond to these incidents and mitigated risk to others.
- The service had taken steps to engage with a training company to assess the level of training staff required to support people whose behaviour and mood could challenge. Following assessment, the service was advised restraint was not a suitable form of management of these behaviours. A plan to deliver training to staff in de-escalation techniques had been agreed and delivery of this training was planned for the immediate future. In addition to this bespoke training, the service had delivered positive behaviour support training to 75% of staff; this included agency staff which continued to support the core staff team. The remaining 25% of staff had training dates identified.
- The provider was continuing to be supported by the local authority's safeguarding and quality assurance teams, as well as health professionals. There was regular monitoring and advice. There was now a larger senior management team supporting the manager of the service and general oversight had improved.

- Staff were observed responding positively to situations where people's behaviours and moods became elevated. A staff member told us, "The training has helped us, and I know there is more to come." We observed senior staff supporting junior staff to understand people's moods and behaviours and how to respond.

Assessing risk, safety monitoring and management

At the previous three inspections the provider had failed to consistently meet the criteria of Regulation 12(Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection action had been taken to ensure systems for assessing risk and monitoring had improved. The provider was no longer in breach of this regulation.

- At the December 2021 inspection we found people's care plans did not contain sufficient information for staff to be able to support people with their behaviours and were not updated after incidents had occurred. At this inspection we found improvements had been made to ensure information was in place to support staff to be able to respond to risk and events that occurred. However, where incidents had taken place staff had not always updated care plans in a timely way. This was not judged as having an impact on people, as staff understood people's changing needs. However, by not recording changes meant there was a risk staff might not have the necessary information to support people.

There was limited use of systems to record incidents. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the December 2021 inspection there was lack of oversight and management of safety checks for appliances and services in the home. There were now checks in place for all utility and fire safety systems. A maintenance employee was responsible for some of these checks and records showed they were taking place.

- At the December 2021 inspection people had been admitted to the service without any prior assessment. At this inspection there had been no admissions due to a suspension by commissioners. However, we were assured the service had systems in place to carry out assessments prior to any admission, in order to ensure the service could meet people's presenting needs.

- Risks were identified, assessed and monitored. Staff knew how to protect people from known risks while supporting their independence.

- At the December 2021 inspection there was concern that due to staff shortages, people who required additional observation and support had not received that support. At this inspection we observed staff were in place to support people who required additional support and observation. People did not have to wait for staff to respond to people's behaviours and needs.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

At the inspection in October 2021 the provider had failed to ensure sufficient employed qualified staff were available to provide consistent care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in December 2021 the situation remained the same. Not enough improvement had been made at this inspection and there was a repeated breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements in ensuring continuity in staffing levels and support was focused and person-centred and was no longer in breach of regulation.

- Staffing levels and the skill mix of staff had improved. The staff rotas showed staffing levels had increased since the previous inspection. They showed there were enough staff on duty and the skill mix to meet people's needs.
- During our inspection we saw staff were responsive to requests for assistance and call bells were answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way. A staff member told us, "We [staff] have time now we have a regular number of staff on. Before we were continually short staffed and we did not have the time to spend with people, but now we can a bit more. Especially people like [residents name] who requires more attention and reassurance, it just calms them down."
- At the previous inspection staff told us the constant changes in shift patterns and lack of staff had left them feeling undervalued. This had prompted a high staff turnover. At this inspection staff told us staffing was more consistent. They told us they were still forming a coherent team. Some staff told us it was difficult at times but that it was going in the right direction. A staff member told us, "Yeh, staffing levels have improved. When we are short we do our best and we work together to do all we need to."
- There remained a heavy reliance on agency staff. However, these staff were block booked meaning they worked solely for Belmont House Nursing Home thereby giving it continuity. A staff member told us, "Lots of changes, but it really is settling down now and we are a good team."
- The provider's recruitment practices were robust, and staff confirmed appropriate checks were undertaken before they supported people living at the service. References had been checked so they were satisfactory prior to people working in the service.

Using medicines safely

At the inspection in December 2021 the provider had not ensured the proper and safe use of medicines. Medicines administration records (MARs) were not always accurate. Medicine management systems were not safe and effective. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to ensure medicine systems were safe and effective and was no longer in breach of this regulation.

- There had been improvements in the way people's medicines were managed since our previous inspection. Some further improvements were still being completed.
- People received their medicines in a safe way.
- Nurses recorded on medicines administration charts (MARs) when people received their medicines. These showed that people were given their medicines in the way prescribed for them.
- There was a new system for recording creams and external preparations. Staff signed on separate MAR charts when each preparation had been applied. Staff had guidance with body maps to show them how to apply these correctly for each person.
- There were new systems to manage 'when required' medicines. Detailed and person-centred protocols were available to guide nurses as to when it would be appropriate to give a dose. The time of administration, the reason and effect of giving the medicine were now recorded on the MAR charts. This helped to show that people were given them appropriately.
- If medicines needed to be given covertly (disguised in food or drink) then we saw that a mental capacity assessment and 'best interest' decision took place. Staff were in the process of getting this reviewed and updated for one person. The nurse's handover sheet was not up to date as one person was noted to be

having their medicines covertly, although staff confirmed to us they were not. Another person was having their medicines mixed with food or yogurt to help them take the doses. Staff told us that they were checking with the pharmacy to make sure this did not adversely affect the medicine.

- There were suitable arrangements for ordering, storing and disposal of medicines, including those requiring extra security. Storage temperatures were monitored to make sure medicines would be safe and effective for people.
- Medicines policies were in place to guide staff. Regular medicines audits were completed, and a new system was being introduced for on-going monitoring of medicines. Any incidents or errors were picked up, reported and investigated to reduce the chances of them happening again.

Preventing and controlling infection

At the three previous inspections we found the provider was not ensuring all necessary actions were being taken to protect people from infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken action to ensure systems for preventing and controlling infection were effective. The provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "All the checks are done before I go and visit. It makes me feel safe."

Learning lessons when things go wrong

- At the previous inspection there had been concern at the high level of manager changes which had led to the service not being effective in its operations. Since that inspection the provider had employed a manager for the location and a senior management team with managers who brought a variety of knowledge and skills. This had led to continuity in the management team and a support framework for improvement. Staff were positive in their comments about the management team. They told us, "The management are OK and yes I feel I can talk to them. They listen to staff and they help us" and "The managers are nice people and they have been very friendly, and we are like family. They have been easy to talk to."
- The service had taken action to ensure staff had the necessary skills to respond to high levels of behavioural challenges. A training company had assessed what level of training needs staff required.
- Appropriate action was taken to learn from events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At the three previous inspections we found the provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements by ensuring all staff were receiving the appropriate levels of support, training and professional development and were no longer in breach of this regulation.

- Staff training had been developed since the previous inspection. We received evidence to demonstrate the training staff had completed and continued to undertake. The percentage of staff achieving training targets had significantly improved. For example, all areas of training averaged at 86% completed. There were plans in place for the remaining staff to achieve full capacity training in the immediate future. Staff told us, "In induction [the manager] introduced everything to us about the home and the equipment and the residents. Also, the fire procedures. We had an induction booklet to work through". and "We still have the ongoing online training. There is always something new to learn."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. Staff told us they felt supported and were given the time to understand their role and responsibility. A member of staff told us, "I don't feel pressured. I can shadow other experienced staff at my own pace."
- People received effective care and treatment from competent and knowledgeable staff who had the relevant skills to meet their needs. One member of staff told us, "I do my mandatory training and we are reminded when its due. We are also having training in other areas to help us."
- Staff supervision and professional development opportunities had improved since the previous inspections. All levels of staff told us they had received regular one to one support for their development in their role, training and wellbeing. One staff member told us, "It had got much better. We [staff] have regular meetings and the manager is always available if we need that extra support."

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

At the previous three inspections the provider had failed to consistently meet the criteria of Regulation 17(Good Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the service had taken action to ensure staff had the information to access health services and work with other agencies to support this. The service was no longer in breach of this part of the regulation.

- There has been a history of inconsistent managers and senior managers at the service. Relationships with other professionals had not always been positive and in the best interest of people using the service. At this inspection we found the service had developed positive working relationships with other professionals in the best interests of people using the service. Comments included, "They [managers and staff] have worked very hard to improve things for residents. They have come a long way" and "We have seen lots of positive changes and our working relationship has improved greatly. Regular communication at all levels."
- At the previous inspection people's health conditions were not always documented clearly or consistently. At this inspection the service had reverted from an electronic recording system to a paper system. People's access to health professionals were documented and where other professionals had been involved this was also documented.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

At the inspection in October 2021 and December 2021 the service was not meeting the requirement to maintain the environment to a suitable standard. This was a continued breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken, and was continuing to take, action to improve the environment and premises for people using the service. The provider was no longer in breach of this regulation.

- At the previous inspection we found outside areas strewn with rubbish and internally there was heavily stained flooring. At this inspection, external areas had been improved. Rubbish had been removed and the garden area had been maintained with improvement to fencing and planting. There were seating areas and access for people with mobility problems. Internally, flooring had been replaced in communal areas and there were plans for corridors to have replacement flooring. Decoration was ongoing.
- On the first floor, most rooms had been decorated and work was ongoing. The third floor continued to provide short term accommodation for staff until they secured external accommodation. Neither the first nor second floor were being used to accommodate residents.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Corridors were wide enough for wheelchair users and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.
- Signage to support people's movement around the service was continuing to be put in place as the refurbishment plan continued.
- Due to the layout of the building staff had been provided with walkie-talkies to enable better communication. Staff told us this had improved how they communicated and could alert staff if support was needed in other areas.

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

At the inspection of December 2021, the provider had not ensured people's preferences of their care were taken account of. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act

At this inspection the provider had taken action to improve its delivery of care and support in line with people's needs and preferences, and were no longer in breach of this regulation.

- During the COVID-19 pandemic the service had been unable to carry out their own assessments prior to admissions. Since the previous inspection the service had devised an assessment format to use, prior to a person being admitted. This ensured the service was satisfied they were able to meet the person's individual needs.
- At the previous inspection, people's choices had not always been respected. At this inspection we observed staff encouraging people to make choices. For example, asking people if they would like to move to a dining table for lunch or if a person wanted to go back to their room because they looked tired. Staff were able to tell us about people's personal preferences and this was cross referenced with their care plans. However, we found gaps in some care plans in respect of reporting on people's life histories which would support staff.

We recommend the provider continues to develop care plans to include personal life stories to support staff knowledge of a person's likes, dislikes and choices.

- Staff knew the people they cared for and were able to tell us about individuals likes and dislikes.

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

- People were provided with healthy meals which they enjoyed. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Staff supported people who required assistance in a kind, respectful and dignified way. They gave people time to eat and drink at their own pace. It was clear staff understood people's likes and dislikes. Some people were supported to eat and drink in their rooms and staff supported this.
- Where people required support to eat independently staff understood and supported this. For example, one person had a plate guard so they could eat meals independently. Another person chose to eat with their fingers, and this was managed sensitively by staff.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the previous three inspections the provider had failed to consistently meet the criteria of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to improve and were no longer in breach of this regulation.

- The provider and management team had significantly improved staff training in restrictive practices. 70% of staff had completed this training. Other staff had left the service but there was a plan and dates in place to support the remainder of staff to complete the training. In addition, the provider had introduced a training company to review the level of restraint training required in the service. It had been assessed that restraint was not applicable for the client group. De-escalation and distraction were found to be more appropriate. This training had been planned into the training calendar. This would enable staff to respond more effectively to challenges for people whose liberty may be restricted.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.

Is the service caring?

Our findings

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

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

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

At the inspection in December 2021 we found the provider had failed to ensure sufficient employed staff were available to provide consistent care. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken action to ensure there were enough staff skilled to support people and respect equality and diversity. They were no longer in breach of this regulation.

- At the previous inspection there were not enough staff available to ensure people received appropriate levels of care. People were left without interactions for lengthy periods of time. There was lack of stimulation and communication. People had to wait for assistance. At this inspection we observed positive interactions. Staff were visible in all areas of the service. Where people were supported in their room, staff ensured there were regular visits to check on people's care and wellbeing needs.
- At the previous inspection staff had not received training for equality and diversity which had the potential to disadvantage people. At this inspection 86% of staff had received training and staff demonstrated they understood the importance of respecting people for who they were. For example, where a person's mood elevated staff went over and asked if the person was alright and what could they do. Another person said they were cold, and staff responded by bringing the person cardigan. Where a person got upset at some verbal communication, a member of staff sat with them to comfort them holding their hand. In all these instances staff intervention had reduced the anxiety in people.
- Care plans had an area to record people's background information, including people's personal history. This would support staff to gain an understanding of the person's history to support engagement. However, those seen had not been completed. We raised this with the manager who agreed to ensure these records would be completed with immediate effect to support staff.
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.

Respecting and promoting people's privacy, dignity and independence

At the inspection in December 2021 we found systems in place were not robust enough to ensure people's privacy and dignity was respected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection action had been taken to improve this. The provider was no longer in breach of this regulation.

- At the previous inspection staff had not always acted in people's best interests or respected personal choices when providing personal care and support. At this inspection we found the provider had taken action to review the systems in place. People were being provided with care that supported their choices and wishes. For example, where a person wanted to return to their room this was supported in a sensitive and dignified way. We observed staff engaging with people who had limited ability to verbalise. They did this in a meaningful and dignified way, by sitting with them, gaining eye contact and using facial expressions. People responded positively to this approach.
- At the previous inspection we were informed a relative had been upset by hearing confidential information in the community. The provider had taken action to ensure all staff had training in confidentiality to reinforce the requirement that information about people's care and support was not spoken about outside the home. Staff told us they had received this training and how it had been reiterated by managers at meetings.
- People's personal relationships with friends and families were valued and respected. While still complying with infection control and COVID testing requirements, families were able to visit as often as they wished.
- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring, at all times, that doors were closed when providing personal care.

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

- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, encouraging people to make decisions about where they wanted to be. For example, staff were trying to encourage a person to go to the dining room for lunch. The person did not want to go. A staff member told them they could stay by them for lunch if they wanted to and the person said they would. People had the choice of having a clothes protector on at mealtimes. Most were asked but some were not. We discussed this with the senior care staff. They told us some staff were new and they needed to remind them the importance of giving people choice.
- People's rooms were personalised. For example, items of furniture, wall hangings and other personal items.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

At the inspection in December 2021 the provider had failed to ensure the care and treatment provided to people must be with their consent. This was a breach of regulation 11 (Need for consent) of the HSCA and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and while the provider was no longer in breach of this regulation we have made a recommendation to improve further.

- At the previous inspection care plans did not show evidence of consent for care and treatment. At this inspection we found care plans had been removed from the electronic system to a paper-based system. The service was working with families and those people who had capacity to provide written evidence of consent to care and treatment. A family member with legal authority, told us they had been asked for consent in respect of their relative's care and treatment.

We recommend the provider continues to demonstrate evidence of people being involved and consenting to their care and treatment.

- Since the previous inspection the service had changed the way it recorded people's care. It had moved from an electronic system to a paper-based system. We found not all information had been updated in order. For example, dates of assessments and reviews were not always in sequence. Some information was not clear to support staff. For example, a body map recorded bruises, but no date as to when the accident had occurred and what action was required. There was no evidence of a negative impact on people. Records did not always provide accurate information to support staff. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were responsive to people's needs and requests for assistance. Staff were visible in all areas of the service and people did not have to wait long for their calls to be responded to.

Meeting people's communication needs

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

- People's communication needs were identified and recorded in care plans. This included information about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively. A member of staff told us, "[Person's name] needs to be able to see my face when I speak, and this really helps [the person] understand."
- Staff knew how to communicate effectively with people in accordance with their known preferences. In another example, staff had guidance not to look at a person as they would feel this was a confrontation and would feel threatened. Also, staff were advised to use simple short sentences and 'give me time to respond.'
- The service was in the process of introducing talking books. This was based on current best practice to help support and act as a soothing prompt for people living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the previous two inspections we recommended the provider review guidance to ensure the provision of activities met people's needs and preferences. At this inspection we found the vacancy for an activity coordinator had been filled. However, they had yet to commence work. Members of the staff team were seen to be engaging with one person and small groups for activities, supporting people with little or no mobility. There was a dedicated room now available to support activities and crafts. We observed a large amount of resources available to staff. A staff member told us, "We have the time to support residents, but it will be better when the coordinator starts."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Records showed complaints were dealt with by the manager and overseen by the compliance manager.
- A relative told us they would be confident to speak to the management or a member of staff if they were unhappy anything relating to their family members care and support. They told us, "Things have got a lot better. They [manager and staff] are better at communicating."

End of life care and support

- The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.
- Where possible people's views, or their legal representatives' views, were sought in respect of the support they wanted at the end of their lives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

In the seven inspections since November 2019 the provider had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home or taken sufficient action to make the required improvements identified in the previous inspections. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made. However, more evidence was required to demonstrate the governance systems were embedded to drive improvement.

- The service had a history of inconstant management and leadership since 2019. This also included lack of senior management oversight since that time. This had led to a deterioration in systems and processes. At this inspection we found that since January 2022 there had been some stability in the management of the service and the development of a senior management team. Systems and processes continued to be developed and monitored. At the time of this inspection, while there had been significant improvement, these systems had yet to be embedded.
- At the previous three inspections the clinical lead post remained vacant. At this inspection this post had been filled. It was the clinical leads first week in a temporary three-month post, with the option of an extension. They were knowledgeable about systems and process and the improvements required. However, they were undergoing induction into the role and therefore we were unable to make a judgement as to the benefits of any changes at the time of the inspection.
- At our previous inspections we found audits were not always fully effective in identifying areas for improvement. At this inspection, we found a designated quality assurance manager had been appointed and improvement had been made to the auditing of operational issues and systems.
- The provider had recently engaged a quality assurance manager. They had commenced a full auditing programme including environment, care plans, accidents and incidents. Analysis was taking place to measure performance and risk. However, this was still being embedded and needed to continue to evidence its impact. Some audits had not identified areas for improvements, or where they had, actions had not always been taken to make the changes. This meant some improvements had not being actioned to ensure a safe and effective service.
- The provider had made improvements to systems and processes. However, more evidence was required to demonstrate the systems had been embedded into the governance of the service and that they were effective in measuring the quality of the service.

This is a continuing breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Clinical monitoring and personal information was held in people's rooms which were not secure. This meant there was potential for people's records to be accessed by people not authorised to see this information. We acknowledged the manager had been advised to do this by other professionals due to the high level of agency staff. It was thought this method would encourage staff to complete the information more accurately. We noted people, at the time of the inspection, were in the lounge and communal areas of the service, therefore staff would need to return to each individual room to complete the records.

We recommend the provider seeks to ensure clinical monitoring and personal information is kept securely.

- Improvements had been made to the assessment and monitoring of the safety and quality of the service. For example, improvements to the environment and external areas.

Continuous learning and improving care

In the seven inspections since November 2019 we found the provider had not ensured staff received appropriate support, training, supervision and appraisal. This is essential in enabling staff to carry out the duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had implemented staff support for training, supervision and appraisal and was no longer in breach of this regulation.

- Since the previous inspection the senior management team and the services manager had put in place training for all levels of staff. Staff told us they were receiving regular supervision from the manager. Comments included, "I feel very supported in my role now. It has got a lot better" and "Supervision and training has certainly improved. I feel supported by the manager and the training we get."
- The manager was responding to the local authority and commission about events and incidents. They used this for lessons learnt. This was then reflected on in meetings and systems were then put in place, if required, to mitigate risk. For example, recent safeguards for people whose behaviour that challenged. There were more staff in place to support people and mitigate events leading to incidents which required reporting.
- Systems used to assess and monitor the service provided were continuing to be developed and tested to ensure their effectiveness.

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

- The lack of consistent management for several previous inspections meant there had been an absence of vision and values. A deficiency of leadership had resulted in poor oversight and management. At this inspection we found the manager and senior management team were working together. Communication had improved and there was evidence of consistent leadership. Staff told us, "It's been so refreshing just having a manager you can talk with, listens, understands what it's like for us [staff] and does something about it" and "I had heard a lot of negatives about working here but I'm glad I came. It really is a supportive team. A relative told us, "I can't describe the improvement. It's a breath of fresh air," "I know [relative] is safe here now. I don't have any worries" and "I feel really good there is somebody at the helm."
- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences. For example,

where people became distressed or their mood changes, staff were quick to respond.

- The provider continued to work closely with other health and social care professionals to achieve good outcomes for people. Professionals told us, "They [managers and staff] are working hard to get it right," "They [managers] work closely with us and we have helped to access services that are helping staff support people in the right way" and "They [managers and staff] engage with us and this helps everybody. They have come a long way in the last six months."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

In the seven inspections since 2019 the provider had not assessed, monitored or improved the quality and safety of the services provided. This was part of a continued breach of continued Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken action to monitor and improve quality and safety of the service and were no longer in breach of this part of the regulation.

- At the last inspection the manager at the time had been reminded that no notifications had been sent to CQC in line with the regulations. This had since been actioned and completed notifications were now sent as required. However, back dated notifications recording the number of deaths due to COVID-19 outbreak were never received. At this inspection all the required notification had been received in a timely way by the commission.
- There remained a requirement for a manager to be registered with the commission to meet the condition of registration. The current manager had been in post for several months and confirmed they were at the point of submitting their application to the commission for registration.

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

At the previous three inspections the provider had failed to establish satisfactory governance arrangements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had improved engagement with all stakeholders and was no longer in breach of this part of the regulation.

- People confirmed communication and engagement had improved since the previous inspection. For example, a relative told us they had attended a meeting in February where the manager had introduced herself and explained the changes that were going to occur. They told them they had the opportunity to comment and engage. They told us, "I feel if I need to say anything it will be heard and acted on." Staff told us, "We have had regular staff meetings I think monthly. Yes they are helpful and we share our feelings and problems with our manager and she has been helping us and how to handle and manage the problems we have" and "Staff meetings happen now so information comes straight to us and what is expected of us and [manager] tell us what's ongoing and what training there is."
- Where possible, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about their care. A relative we spoke with confirmed this.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met and good practice was being embedded to make improvement to the delivery of care.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured there were accurate and complete records in respect of reporting on information for some service users.
Treatment of disease, disorder or injury	