

Devaglade Limited

# Two Acres Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**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: Two Acres Care Home is a residential home that provides personal and nursing care for up to 115 people aged 65 and over. Accommodation is provided in four separate buildings on the site. At the time of our inspection 61 people were living there and one of the four units was closed.

People's experience of using this service:

This service has been in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this time frame. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

Some improvements were still required to records, quality monitoring systems and health and safety checks, however overall, we found significant improvements to the quality of the care provided.

The provider had implemented a number of wide-ranging changes across the service which had improved the quality of the care provided. These included changes to the management team, the introduction of an electronic care management system, an increase in staffing levels, a reduction in the use of agency staff, and changes to the quality monitoring processes in the home.

People using the service were safe. Risks to people were monitored and responded to. Systems to safeguard people were in place and concerns were reported appropriately.

Staffing levels in the home had been increased and people were supported by staff who knew them well. Regular audits of medicines were made and improvements had been made regarding their management and administration.

Improvements in how people were supported at meal times had been made. People had choices in relation to the meals on offer and were more involved in discussions regarding food options.

Staff sought people's consent regarding the care provided and their ability to make individual decisions was assessed and recorded.

Positive outcomes were achieved for people through staff working effectively with others.

There was good training and support for staff to help them understand and meet the individual needs of people using the service. This included regular competency checks and observations of staff practice.

The provider had implemented a programme of refurbishment across the home. Environmental improvements had been made. The design and decoration of the building met people's needs.

Staff were kind, caring, and supported people's dignity and independence.

Systems had been improved to ensure people and relatives were engaged and involved regarding decisions about their care and support.

Improvements had been made to people's care plans and their involvement in them. The care provided met people's individual preferences and needs, this included in relation to the provision of activities.

Positive comments were received regarding the manager, their openness, and their proactive approach.

Improvements had been made to the involvement of people, relatives, and staff in the running of the service. People and relatives felt listened to and staff morale had improved.

Rating at last inspection: Inadequate; published 22 November 2018.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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** ●

# Two Acres Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of three adult social care inspectors, a pharmacist inspector, a nurse specialist advisor, and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Two Acres Care 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. Two Acres Care Home Care accommodates up to 115 people across four separate buildings. At the time of our site visit a registered manager was not in post. The current manager had taken up the post in November 2018 and had submitted an application to register with CQC. They become registered shortly after our inspection visit. It is important for a manager to be registered with CQC so 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:

The inspection was unannounced on the first day. The provider and manager were informed we were to return on 17 April 2019.

#### What we did:

We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers 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. We used all this information to plan our inspection.

During the inspection we spoke with seven people and six relatives to ask about their experiences of the care provided. Not all people in the service were able to provide detailed verbal feedback. We also observed the support staff provided. We spoke with 14 members of care staff. This included; two care assistants, one senior care assistant, two team leaders, one apprentice, two nurses, two clinical leads, a unit manager, the training co-ordinator, the manager, the company secretary, and the director. We also spoke with two professionals visiting the service.

We reviewed a range of records. This included 13 people's care records and 18 people's medicine records. We also looked at three staff files, records relating to training and supervision of staff, and records relating to the management of the service.

Following our site visit we reviewed additional information we had requested the registered manager send to us.

# Is the service safe?

## Our findings

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

Requires Improvement: This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

At our last inspection on 15 August 2018 we rated this question as inadequate. We had identified concerns in relation to medicines, risk management, safeguarding, and staffing. At this inspection we found actions had been taken to address these concerns and improvements had been made.

### Assessing risk, safety monitoring and management

- At our last inspection on 15 August 2018 we identified concerns regarding the management of risks to people in relation to wound care, falls, nutrition, and the environment. This had meant the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.
- Some improvements were needed for health and safety checks. For example, whilst spot checks of bedroom water temperatures were being carried out, there was no system in place to ensure all bedrooms were checked on a regular and systematic basis and regular checks on some areas of fire safety were not being undertaken.
- People and relatives told us they felt people were safe using the service. One person told us, "I don't have to think about being safe, it just happens." A relative said, "My [family member] loves it here and I always feel [family member] is safe because people keep an eye on them all the time."
- Risk assessments were in place and contained specific guidance for staff on how to manage individual risks. Risk assessments were reviewed regularly and updated when the level of risk changed. This included in relation to falls where we found preventative actions had been taken such as referrals to other professionals such as a falls team and reviews of the equipment in place.
- Improvements to the assessment and management of wounds had been made and were effective in ensuring people living in the home did not have any significant or concerning wounds. Regular audits on wounds were carried out. Nursing staff had a good knowledge of how to manage wounds and the preventative actions required.
- The provider had introduced an electronic care management system. Staff spoke positively of this and how it had allowed them to better record and monitor changes to the level of risk for people. One staff member said, "I think the electronic notes are a good thing, you can print off for example bowl charts for the whole unit and see who might need medication." Another staff member told us, "[Staff] save a lot of time with [electronic system]. They prefer it and its more accurate than paper."
- We saw staff could input on hand held electronic devices information regarding people's care. This included logging people's weights and dietary and hydrational intakes. Staff were consistently and accurately recording this information which allowed them to monitor and respond to any identified risks.
- Nutritional risks to people were monitored and managed appropriately. For example, staff were monitoring the weight of one person and had reviewed concerns with the person's G.P. We observed

another person who had been identified as losing weight sitting with a staff member who was gently motivating and encouraging them to eat more of their meal. Where people were on restricted diets we saw staff ensuring the correct meals were given and supporting people appropriately.

- The provider had undertaken a refurbishment plan. Improvements had been made to the general safety of the environment. Regular maintenance and safety checks were in place.

#### Learning lessons when things go wrong

- A reporting system for accidents and incidents had been implemented.

- The manager reviewed events that happened in the home, discussed these with staff, and analysed these for any root causes or themes. For example, we saw where someone had been having repeated falls the manager had analysed the person's hydration and nutritional intake to see if this might be contributing. For another person we saw the service had referred them to the falls team and had ordered equipment to reduce the risk of falls.

- Some minor improvements were needed in the recording of analysis of accidents and incidents. Whilst the manager was keeping an analysis of falls in the home there was no similar analysis of other incidents such as episodes of behaviours that others may find challenging.

- We were confident from speaking with the manager, staff, and reviewing records that all incidents in the home were reviewed, discussed, and acted on. It was apparent that the manager had a good overview, understanding of, and analysed incidents that occurred.

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

- At our last inspection on 15 August 2018 we found safeguarding concerns had not been identified or reported to the relevant authorities as required. This had meant the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Staff had a good knowledge of safeguarding which included how to report concerns both internally and externally. One staff member told us, "You know any little change, anything that I notice is strange I would report it."

- Staff told us that the number to externally report safeguarding concerns had been displayed in different locations throughout the home.

- The manager had made some changes to how systems operated in the home. This had helped to ensure they were aware of any concerns in the home and that these had been reported appropriately.

- Records showed that any safeguarding concerns had been responded to and reported appropriately to the relevant authorities.

#### Staffing and recruitment

- At our last inspection on 15 August 2018 we found issues with the assessment of staffing levels for the home and issues with staffing levels in the home, which had compromised the quality of care for people. This had meant the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- The provider had closed one of the nursing units in the home. This had meant that the use of agency staff had greatly decreased and the remaining staff had been consolidated and allocated to the remaining three units. Staffing numbers had been increased on each shift and two supernumerary clinical leads appointed to work in the home full time.

- The manager had implemented a staffing assessment tool to help them assess if staffing levels were adequate within the home. Records showed staff were consulted and staffing levels discussed at regular staff meetings.

- Staff told us staffing levels had improved and this had impacted positively on the quality of the service provided. One staff member said, "[Staff have] time to spend with the residents as part of activities, that is really nice for us as well as before we were feeling like robots. Now we take a bit more time with the residents."
- Checks to assess the suitability of staff employed to work in the service had been carried out, however there was no written record of interviews with prospective staff. The manager told us they would ensure these were in place following our inspection.

#### Using medicines safely

- At our last inspection on 15 August 2018 we identified concerns regarding the safe management and administration of medicines. This included concerns relating to the timeliness of medicine administration, poor medicine records, inconsistent reporting of medicine errors and poor auditing of medicines. This had meant the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.
- People were now receiving their medicines on time and in a way they wanted because medicine rounds were no longer delayed.
- The provider had reviewed the medicine audits and training for staff. They had also undertaken regular competency checks for staff who administered medicines.
- We observed that staff followed safe procedures when giving people their medicines.
- Improvements had been made in the recording of medicine administration. Records were accurate and showed medicines were given to people as intended by prescribers.

#### Preventing and controlling infection

- The environment was clean, pleasant smelling, and well maintained. People and relatives told us they were happy with their environment and the level of cleanliness in the home. One relative said, "There is always someone around cleaning and there are never any smells here."
- Staff followed infection control procedures and regular infection control audits were undertaken.

## 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection on 15 August 2018 we rated this question as requires improvement. This was because we identified concerns in relation to consent and nutrition. At this inspection we found that actions had been taken to address these concerns and improvements had been made.

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

- At our last inspection on 15 August 2018 we found concerns regarding how people were supported with their diet, this included a poor meal time experience and a lack of involvement and choice around food options. This had meant the service was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.
- People and relatives were positive about the food, the support from staff, and confirmed they got a choice of food. One person said, "I like the food and we do get a choice." A relative told us, "My [family member] has to be assisted to eat and they take their time with them and [family member] eats really well."
- The provider had made changes to how meal times ran in each unit and undertaken regular meal time audits.
- We observed the lunch time meal across all units and found this much improved. Lunch time was relaxed with a pleasant atmosphere. Staff sat with people supporting them where required and engaged in positive social interaction whilst doing so. We saw people who required specialist and restricted diets were provided with these.
- Written and pictorial menus were on display and we saw these being used to help people make decisions about the food on offer.
- Staff offered choices of drink and food throughout the day. On one unit we found staff needed to be more proactive in explaining and labelling the food being offered. However we observed staff reacting positively to one person by offering them a selection of foods when they said they were hungry.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection on 15 August 2018 we found staff did not always seek consent and there was a lack of documented assessments about people's ability to make decisions. This had meant the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.
- The provider had implemented an electronic records system which included records regarding people's ability to make decisions. They had reviewed people's ability to consent to their care and support and clearly documented the outcome. This had included carrying out and documenting formal mental capacity assessments and best interest decisions where people could not consent to aspects of their care.
- DoLS had been applied for where appropriate. One of the clinical leads had been delegated the responsibility for making these applications and overseeing them.
- Staff had a good understanding of MCA and how to support people with decision making. Records showed staff had adhered to the MCA code of practice.
- Throughout our inspection we observed staff seeking consent from people, involving them in decisions, and clearly explaining to people how they would be supporting them. For example, we observed two staff assisting one person to move using a hoist. We saw the staff clearly and gently told the person what they were doing and encouraged the person to work with them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- People, relatives, and professionals told us they were happy with the care delivered and that it met people's individual needs. A health professional told us staff followed their recommendations. They provided us with an example which demonstrated a marked improvement for one person, who they had known when they lived at a different service. The health professional told us since the person had come to live at Two Acres Care Home the person had started to interact with people and mobilise again. They told us the change had been, "Amazing."
- For another person, since our previous inspections, outcomes for them had improved significantly. The person's mobility had improved following staff working with physiotherapy services, their nutritional intake had increased, and they were accessing the community with support.

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

- People and relatives told us they were supported to access health care services. One person said, "You just speak to the staff and they organise for you to see the GP. The doctors come every so often but if you need them quicker the staff phone up the surgery." A relative told us, "When I came the other day I noticed my [family member] had a [possible infection]. Within 10 minutes a nurse had a look at [family member] and got some antibiotics on order. It was all very efficient."
- Records showed people had access to a range of health care services. Staff made appropriate and timely referrals to other health care professionals.

Staff support: induction, training, skills and experience.

- People and relatives spoke positively overall in relation to staff competency and knowledge. One person told us, "Without any doubt, yes. The staff are excellent." A relative said, "Oh yes, the staff are well-trained. I hear the staff talking about attending training days." One relative had raised some concerns about how well staff were supporting a specific health need. They told us they had spoken with the manager about this who had arranged for additional training on this specific area to be put in place.
- Staff were positive about the training and support they received. One staff member told us, "[The training] is one of the things I love about this place."
- The service had an in-house training co-ordinator who provided face to face training as well as overseeing

and co-ordinating the training needs of staff.

- Following the last inspection specific staff had received additional training to deliver moving and handling training to colleagues. Staff were able to identify areas of poor practice and act to change this.
- Additional and regular competency checks had been carried out on the nurses clinical skills. Care staff also had regular competency checks, which included observations of their work on shift and reflective discussions about their practice.

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

- Following our last inspection, the provider had implemented a refurbishment of all the units in the service. There were pictures and photographs of previous activities on display, that could be used as talking point for people. One unit had a themed corridor of film and music memorabilia. A reminiscence room had been created which was impressively furnished and decorated in 1960-1970's style. The provider was also planning to create a vintage tea room for people to use particularly with visitors. People and relatives told us they were looking forward to this.
- Pictorial signage was in place and people had personalised and pleasant rooms.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection on 15 August 2018 we rated this question as requires improvement. This was because we found people were not always treated with kindness or respect. At this inspection we found that actions had been taken to address these concerns and improvements had been made.

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

- The closure of one of the units had a positive impact on the how well staff knew people and an increase in the amount of time they could spend talking to people. One staff member told us, "Everyone [staff] knows the residents, it's one of the reasons its better now."
- A key worker system had been introduced so people had a named staff member they could talk to about their care. Photographs of the person's key worker were displayed in people's rooms.
- Monthly review meetings had been implemented with people and relatives to discuss their care.
- People and relatives said they felt involved and consulted regarding their care. One person said, "You can see what's in the [care plan] anytime. My [relative] talks to them about that." A relative told us, "Oh I'm very involved. Parts of [family member's] care plan didn't make sense. I had a meeting with the new manager and we overhauled it together. I like it that [manager] manages in an open and honest way and care plans can now be looked through at any time."

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

- People and relatives told us staff were kind, caring, and respectful. One person told us, "The staff are nice, so kind and patient with everyone." A relative said, "The staff speak to [family member] as if they are a human rather than a number."
- One professional told us, "I think the care is very good here. Earlier I saw a carer kneel down and kiss a resident's hand to reassure them."
- Throughout our inspection we observed kind, caring, and positive interactions. For example, we observed a person complaining they were cold. A staff member responded quickly offering them a jumper or a blanket and then ensured they were comfortable.
- Following our last inspection in August 2018 the provider had implemented daily walk round audits which included observing staff interactions and helped ensure these were positive and respectful.

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

- People told us their dignity and independence were respected. One person said, "Oh yes, definitely. I still shave myself with a wet razor. They [staff] hold the water for me while I do it. Some of the young staff have only ever seen people shave with an electric razor so they are quite fascinated. I try to do what I can for myself." Another person told us, "I'm very independent and the staff respect that."
- Staff had a good understanding of how to uphold people's dignity and promote their independence. On

one unit we observed a staff member encouraging a person to help them fold napkins ready for lunch. A staff member told us, "I always make sure their hair is done nice, perfume on, all the things I would like done for myself."

- Care plans had been amended to contain additional detail on the level of support people needed and how staff could involve and support them with care tasks.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

At our last inspection on 15 August 2018 we rated this question as requires improvement. This was because we identified issues with people's care plans, a lack of activities, and how complaints were dealt with. This had meant the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

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

- The provider had implemented an electronic care records system and rewritten people's care plans using this system. Staff had also been given additional support to understand the type of information that needed to be included.
- Care plans were improved, regularly reviewed, and updated when people's needs changed. They contained specific and individual guidance for staff on people's needs and preferences. People and relatives confirmed that they had been involved in discussions about the care provided and were able to see care plans.
- The service identified people's information and communication needs by assessing them and recording these in their care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, a relative told us how staff always made sure they communicated with their relative in a manner which took in to account the person's sensory impairment.
- Additional information had been included which covered people's personal history, hobbies, interests, and likes and dislikes.
- People and relatives confirmed that the support met people's preferences and they had choice and control over the care provided. One person told us, "Now I feel we're listened to. The chef certainly listened to us. Being in this unit is like being amongst friends and family."
- Increased staffing levels meant staff were able to provide more social stimulation. We observed throughout our inspection that staff had the time to interact and chat with people.
- The provider had appointed an additional activities co-ordinator to the service. There were planned activities each day and staff supported people to be involved in these.
- There were regular planned excursions from the home and themed events with co-ordinated themed meals that relatives could attend.
- One person said, "I like to be part of the unit, so I often join in with the activities. The staff work very hard providing entertainment and things to do." A relative told us, "[Family member] enjoys any music events and we always put our names down for the outings like the Broads trip that's coming up soon. I like to contribute to the craft materials. It's marvellous how the staff include everyone here even if they're unable to communicate."
- Staff supported people with their religious and cultural needs. A professional told us, "Several of the residents come to the Church service on Sundays. We are trying to get them back on Wednesdays and I

know the staff are looking at this to see if they can sort this. The staff seem keen to continue the link with the Church."

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

- The manager had developed a system that ensured there was an overview of complaints or concerns raised. This allowed them to follow these up and ensure they were resolved.
- Staff meetings had been implemented which provided a forum in which any themes or concerns could be discussed.
- We reviewed formal complaints and saw the manager had responded robustly. For example, we saw the manager had received a complaint from a relative which involved an external service. The manager had facilitated and supported the two parties to discuss and resolve this.
- Where relatives had raised concerns, they told us these had been promptly responded to.

#### End of life care and support

- Where people were at the end of their life, care plans were in place to provide guidance for staff and to document their wishes on how they wanted to be supported.
- Staff liaised with health professionals to ensure they had planned to meet any rapid change in needs, for example by ensuring anticipatory medicines were in place.
- We saw the home had recently received a compliment from a relative on how they had supported their relative at the end of their life. They had written, "Each and every one of you worked tirelessly to ensure [family member] was kept comfortable at all times. [Staff] all worked so hard to carry out the aims of the care plan."
- A staff member told us how the management team recognised that supporting people at this stage could be emotionally difficult. They said, "If they know you have been attached to the resident, they give you a little time to yourself, they are very supportive in that case."

# 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

Requires Improvement: Quality assurance frameworks and the governance of the service did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 15 August 2018 we rated this question as inadequate. This was because governance systems and quality monitoring was not robust. In addition, the provider had failed to make the improvements to the quality of the care delivered. This had meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Working in partnership with others.

- Some improvements were required to the quality of records in the service. There were no clear records kept of job interviews and we did not always find robust recording of follow up actions in response to concerns or incidents in the home.
- Some improvements were needed in relation to the recording of some people's care. However, this was not a widespread issue or of a level that compromised the quality of the care provided. Changes to how care plans were written had been developed and rolled out in two of the three units and had had a positive impact.
- Some further work was needed to ensure that all areas of the service were being sufficiently monitored and issues identified. For example, there were no audits and analysis of people's nutritional intake in the home. The registered manager was carrying out detailed analysis of falls but had not applied the same level of detail to the analysis of incidents of challenging behaviour.
- The manager and provider were open and transparent during the inspection. By the end of our inspection they had already formulated a clear action plan to amend their audits, so these issues would be addressed.
- Whilst some improvements were required we recognised that the provider had made significant improvements to the quality of the service provided. This was reflected in the comments we received from people, relatives, and staff regarding the care provided. One relative told us, "I think [the service is] very good, dementia is a cruel thing, its heart-breaking, the nurses here are fantastic, they do a wonderful job, its not easy, they are special kind people." Another relative told us, "Definitely [would recommend the home]. The welcome you get when you come here, and the care of the residents and their relatives is second to none."
- The provider and management team had worked closely with several other stakeholders and external resources to identify key issues and trends within the four units. This had resulted in the closure of one of the units in the home, the consolidation of the staffing group, a drive in recruitment and a reduction in the use of agency staff.
- Quality assurance systems and processes had been reviewed and an electronic care management and

audit system had been introduced.

- The manager had implemented additional quality monitoring checks, such as informal daily walks around the units. They ensured they collected and reviewed daily information regarding people's care needs. A staff member told us, "It's nice to have [a manager] that comes out on the units, is down to earth, speaks to staff, listens and acts on things. It's a really nice difference."
- The manager and clinical leads had a good oversight of the quality of the service and how they would continue to drive improvement.
- Staff were positive and committed to making improvements in the quality of care. Morale was high. Staff were supportive of each other and proud of what they had achieved. One staff member told us, "Everything has been done for the better, we've worked really hard to get it there." Another staff member said, "If we worked with anybody we didn't think was up to it we'd be in the office to tell them, we've made sure we've got the team we need."
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. A relative told us, "I like [manager]. [Manager] looks you in the eye. I like that, honest and open."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was not in place at the time of our inspection visit, however they become registered shortly after.
- The provider had made changes to the operation of the management team. A new manager had been appointed in November 2018. The provider had appointed two additional clinical leads. Staff were positive about these changes and the impact this had had. One staff member told us, "When its tighter at the top it filters down."
- People and relatives were also positive about the changes. One person told us, "It feels better here with the new manager." A relative told us, "[Manager] has made such a difference here. [Manager] is providing good leadership and is clear about the standards [they] expect. [Manager] is improving things here all the time."
- Communication within the service had improved. There was a clear staff structure in place and staff understood their roles and responsibilities. A staff member told us, "We all know what we are doing and where we are going."
- The manager understood their responsibilities for reporting to the CQC and their regulatory requirements.

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

- People, relatives, and staff were positive about how the service engaged and involved them. Regular meetings had been set up to discuss the service and consult people on any changes. One person told us, "We have meetings now and they have given me purpose, as I try to be helpful to everyone. We talk about the food and what outings and activities we want to do. The new manager listens to everyone, that's why [manager] brought the chef to the meeting to listen to what we thought of the food and to make suggestions." A relative said, "I feel the home is listening now."
- Staff spoke positively about the support they received and their involvement in the service. One staff member told us, "With this manager now, there has been a lot of difference, with a lot of support to the staff." Another staff member said, "If we need help [manager] is always listening to us, and not only us the families and the residents, [manager] speaks to them."
- The manager had started to explore, with the involvement of people and relatives, how they could engage more in the local community. An action plan was in place to develop these links. Examples of these actions included hosting community events and accessing other community resources, such as asking a local ice

cream van to visit the home.