

Castle Meadows (Dudley) Limited

# Castle Meadows 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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Castle Meadows Care Home provides personal and nursing care to older and younger people who may live with dementia or physical disabilities. Castle Meadows is registered to accommodate 51 people. There were 30 people living at the home at the time of the inspection.

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

People felt safe and supported by a group of staff who knew them well. Staff were aware of the types of abuse people were at risk of and their responsibility to raise concerns to the appropriate authorities. Staff had failed to recognise the risks to one individual who was at risk of choking; management had responded to these concerns to ensure the person was safe.

People were supported by a group of safely recruited staff. A dependency tool was now in place to assist the manager in ensuring people were supported by sufficient numbers of skilled staff. Improvements had taken place in the administration and storage of medicines and people received their medication as prescribed. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff felt supported and well trained. New staff benefitted from an induction that included shadowing more experienced members of staff. Staff were keen to develop their skills and were confident the manager would provide them with opportunities to do this. Staff supported people to access a variety of healthcare agencies in order to maintain good health.

Care plans and risk assessments had been reviewed and re-written, but work was still required in this area. Care plans included what was important to people and their individual preferences. People were supported to maintain a healthy diet and had access to drinks and snacks throughout the day.

Staff were seen as kind, caring and compassionate and had positive relationships with the people they supported. Families felt welcomed and listened to and were positive about the care their loved ones received. On the whole, people were treated with dignity and respect but some concerns remained regarding confidentiality and the use of appropriate language when speaking to people and describing them.

People were supported to take part in activities that were of interest to them, but not everyone in the home benefitted from these experiences and the manager was looking at employing another activities co-ordinator.

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

People's opinions matter and they were given the opportunity to raise any issues or concerns they may have through meetings or surveys. People had no complaints but were confident that if they did raise an issue it would be dealt with appropriately.

Staff were highly complimentary of the manager and the deputy manager, who had worked together to improve the delivery of care following the last inspection. Actions had been taken to immediately reduce the identified risks to people relating to medication management, staffing levels and learning lessons when things went wrong. The manager had a plan for action to continually improve the service and staff were on board with the plans for improvement.

A variety of audits had been introduced to provide the manager with oversight of the service, more but more was required to ensure improvements were embedded and sustainable.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 6 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations found at the previous inspection. However, we found the provider was in breach of one regulation.

This service has been in Special Measures since 29 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider still needs to make improvement. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Meadows on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. The provider responded to the concerns on the day of the inspection.

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

#### Follow up

We will request an action plan from the provider 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

**Requires Improvement** ●

# Castle Meadows 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not currently have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager in post confirmed they would be applying to become registered manager of the service.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of care staff, a nurse, the manager [who was also the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider], the deputy manager, the administrator, the activities co-ordinator and the cook. 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 reviewed a range of records. This included six people's care records and 21 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 a training matrix, records of accidents and incidents and audits.

After the inspection –

We contacted two relatives and spoke to them over the phone to obtain their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- We witnessed an incident during the inspection where a person appeared to be choking on a piece of food. Staff supported the person safely, but then offered the person another meal which included food which could have placed the person at risk of harm. Staff had failed to recognise the risk the person was at and did not report this to the manager or record it in the daily notes that were seen on the day. We raised this with the manager as there was some confusion amongst staff as to whether or not this person was at risk of choking. The person's nutrition care plan stated they could eat a 'normal diet'. However, we also found reference in the person's care records to a Speech and Language Assessment Team [SALT] assessment in October 2018 which stated the person should have a normal diet but be offered 'soft options' and listed a number of foods they should not be given. There was no record of this in the person's care record or risk assessment and staff, including the cook, were not aware of this. Further updated information from the SALT team dated November 2018 was found which had been archived by mistake.

We found no evidence people had been harmed, however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people at the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded to the concerns during the inspection. A safeguarding concern was raised, new referrals to SALT were completed and all care staff and the cook were made aware of the changes to the person's care needs and dietary requirements.

- Staff told us they were aware of the risks to the people they supported and were able to provide us with examples of how they managed those risks, for example a member of staff told us, "[Person] is at risk of pressure sores and needs to be turned every couple of hours; the paperwork [care plan] tells us how often to do it."
- We saw people's care plans held information on how to support people safely in line with their care needs, but more work was needed to be done to highlight the risks to people.
- Staff were aware of their responsibilities to keep people safe from harm and were able to describe the types of abuse people living at the home may be at risk of. A member of staff told us, "If someone raised a



safeguarding concern, I would raise it with the senior or the nurse. I'd also look out for any changes in mood which may show someone had been abused."

- People told us they felt safe. One person told us, "I feel safe here I like to be on my own and they don't interfere they do check on me though. I am quite ok here as long as they leave me to do my own thing." A relative said, "Yes I do think [person] is safe and they [staff] know how to meet their needs."

At our last inspection processes in place did not ensure safeguarding concerns were escalated to external organisations. This was a breach of regulation 13 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Where safeguarding concerns had been raised, they had been responded to and acted on appropriately.

Using medicines safely; Staffing and recruitment; learning lessons when things go wrong

At our last inspection people were not supported to have the medicines they needed, safely. Systems in place for managing risks to people were not working effectively. There was no dependency tool in place to ensure staffing levels met people's needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to the concerns raised at the previous inspection.

- Records of medicines administered by nursing staff demonstrated people had received their medicines as prescribed. For example, systems were in place to ensure people received their pain relief in the form of a patch as prescribed.

- Medication administration charts [MARS] seen had a front sheet with a current photograph of the person, allergy information and a support plan for how they like to take their medication.

- Where people were prescribed medication on an 'as and when required' basis, there were clear and comprehensive protocols in place.

- Effective systems were in place to manage the safe storage and disposal of medicines.

- We saw staffs' competency levels were regularly assessed and staff spoken with confirmed this.

- We noted some areas still required improvement with regard to medication management. For example, one person had been given an 'as required' medication for seven consecutive days without review or consideration whether the medication had been effective. We also noted that charts which identified when creams had been applied were inconsistently completed. We spoke with the manager and the deputy manager who were aware this was an issue which they were addressing with staff.

- We observed medication being administered to people. The nurse explained to people what each medicine was for. When satisfied that the medicines had been taken all items used to support the administration were cleared away. The whole process was unhurried and the nurse also washed her hands in between each preparation.

- A dependency tool had been introduced to assess the number of staff required on shift. This was reviewed on a monthly basis or if people's care needs changed. Staff were allocated people to support on each shift to ensure people's care needs were met in a timely manner. A member of staff said, "The nurse decides who works where and does what." However, not everyone felt staff responded quickly enough and one person said, "If you ring the bell you have to wait about 20 minutes". A relative commented, "I do think there are

enough staff to meet people's needs; there's always a good number of staff about." Another relative said, "I notice without prompting that staff seem to be on hand and attending to [person] quite frequently and that's a good thing." We observed staff responding to call bells and the manager had a system in place to monitor this.

- Staff told us they felt there were enough staff to meet people's needs but did raise some concerns regarding staffing levels on the first floor. One member of staff told us, "We have three staff in the morning upstairs and two in the afternoon. I have expressed my concerns to management. They have explained and it's due to the numbers of people using the service."
- Any staff absences were covered by the existing staff group. A member of staff told us, "We have a group messaging system just for covering rotas and it works really well." Other staff spoken with confirmed this.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.
- Systems were in place to learn lessons when things went wrong. We saw where accidents and incidents had taken place, the manager had been made aware, action had been taken and the information analysed for any lessons to be learnt. The manager told us, "We keep a tracker and do analysis. Whoever sees the incident or is involved is responsible for completing the paperwork and the senior or nurse will oversee it. I think the system we have is quite robust now." We saw this information was analysed for any trends by the manager and also checked by the operations manager.

#### Preventing and controlling infection

- On arrival at the home, we noted night staff had failed to secure and remove several bags of clinical waste and these were left open in a toilet that was accessible to people who used the service. We raised this with the manager who advised this was the responsibility of night staff to ensure the clinical waste was disposed of safely at the end of their shift.
- Staff had access to equipment they needed to reduce the likelihood of the spread of infection and we observed staff using this.

# Is the service effective?

## Our findings

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

At the last inspection on 20 and 21 February 2019 we rated effective as requires improvement. At this inspection, we found improvements had been made but further work needed to be done and the rating remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, there were insufficient staff to meet people's care preferences. Staff were not consistently trained in order to provide good care. This was a breach of regulation 18 (Staffing) of the health and social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they felt well trained and were supported to access additional training in order to develop their skills. One member of staff said, "We have had more training online and people coming in [to do training]. I have asked for more end of life training and [the manager] has agreed." We saw a training matrix in place which provided the manager with oversight of staff training.
- At the previous inspection, staff raised concerns they had not received training in how to support people to manage their anxieties. At this inspection staff told us about recent training they had received to support people living with a diagnosis of dementia. They said this had improved their understanding of dementia and how to support people. One member of staff told us, "The training was interesting" and went on to describe how they had put into practice their learning when supporting a particular person living at the home. They said, "I sat with them and went through the black country book, to take their mind off what they were anxious about."
- We spoke with a new member of staff who told us their induction provided them with the information they needed prior to working on shift. They told us "I shadowed staff to get to know how they work with people, who needs to be hoisted and who needs thickened fluids [to reduce the risk of choking] and got to know people as well.. They told us they had been allocated to work with experienced colleagues on supporting people who required two care staff to provide their personal care. We were shown induction paperwork had been sourced on the day of the inspection, but was yet to be completed.

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

- From care records seen, we could see people had been involved in conversations regarding their needs. People's needs were assessed to ensure the service was able to support them effectively and safely. We

found that protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.

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

- We observed mealtimes and saw that people were offered a choice of meals on the day. Staff plated people's meals according to their individual preferences and checked with people which condiments they preferred to accompany their lunch. A relative said, "[Person] is generally happy [here], people are kind and the food is ok."
- We saw a variety of hot and cold drinks were made available to people throughout the day and fresh fruit and snacks were also on hand for people to help themselves. The cook told us, "There is mousse available for people who can't have cake or fruit and also milkshakes."
- Where people required assistance at mealtimes, this was provided. We observed a member of staff assist a person into an appropriate position to take their meal and sat next to them. They described the meal, enquired as to the temperature of the food and whether the person liked what they were eating. They gently stroked the person's hand to keep their attention and coaxed them gently to eat, giving plenty of time to finish each mouthful.

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

- Care records seen demonstrated the service responded to changes in people's physical and mental health with involvement of other professionals, for example, dieticians, GPs and opticians.

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

- The home was not dementia friendly and whilst there was directional signage to communal toilets, there was no directional signage to bedrooms to promote independence in moving around the home. There were no memory boxes or items of interest outside people's bedrooms to orientate people to their personal space. Walls, doors and door frames were all painted a similar grey colour making it difficult for people to identify their location in the home.
- People did not have free access to a secure garden as the current garden was not level and trip hazard.
- During the inspection, the temperature was recorded at 26 degrees at one point in the main lounge. Air conditioning was switched on but was constantly having to be switched off as the direction of the air flow was focussed on one person who complained of being cold. We discussed this with the manager and how the re-positioning of furniture in the main lounge may alleviate this problem. We also saw another small lounge was available in the home but was not currently in use. This lounge was much cooler and would offer people another choice as to where they would like to sit during the warm weather. The lounge had a broken window and needed more furniture. During the inspection arrangements were made for the window to be replaced.

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

- We saw people had oral health assessments in their care records, but where the assessment indicated that action was required this was found not to be followed through for one person and no review date had been set. We saw for two individuals where oral health was of particular importance due to other healthcare needs, charts had not been consistently completed to demonstrate the appropriate oral health care was given. We raised this with the manager to look into to ensure the appropriate action was taken.
- People were supported to maintain good health and access healthcare services. Two people told us they saw a chiropodist and an optician, and another person said, "District nurse comes every Monday [to change dressings] and no one else touches them."
- A nurse told us they had attended in-house training in the management and prevention of pressure ulcers and that care staff were very good at alerting her to any 'red areas' that may require further attention. A

relative commented their loved one was receiving support from a tissue viability nurse and that staff were, 'Following the care plan and there is improvement.'

- Relatives told us they had no concerns regarding their loved one's health care needs being met. One relative told us, "In the last few months [person] has gone downhill, but I think the care they have been getting in the last few months has been very good, and I can't fault the care."

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At our last inspection the manager told us they had identified a number of people who required a DoLS to be applied for and gave us assurances these applications would be done without delay. We saw that a number of DoLS applications had been submitted to the appropriate authorities and the manager had a chart in place to identify when applications had been authorised, the date they needed to be reapplied for and any conditions.
- We found some of the information held on the chart was incorrect. For example, it failed to list a person who had an application in place.
- We saw where conditions were in place in respect of the DoLS, these were adhered to. Staff told us they had received training in MCA and DoLS but not all staff spoken with were aware of who had a DoLS in place and what it meant for that person on a daily basis. Further, care records seen failed to highlight the fact that people were being deprived of their liberty. We raised this with the manager for them to look into and discuss with staff.
- People told us staff obtained their consent prior to supporting them and we observed this. A member of staff told us, "I always say, 'good morning, are you ready to have a wash?' I don't just presume people are ready; just because I am doesn't mean they are."

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, we found improvements had been made but further work needed to be done and the rating remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; Respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were supported to maintain their privacy and people's records were not securely stored. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us there were enough staff to meet their needs and respond to their requests for support. They told us they could have a bath or shower when they wanted and get up and go to bed at times that were preferable to them.
- The provider had increased staffing levels and a dependency tool was in place to review existing levels and make adjustments as and when necessary. Staff told us the increase in staffing numbers had made a difference and we observed staff taking the time to talk to people and pass the time of day with them.
- People's care records were kept locked in the nurses' office, ensuring people's confidentiality was respected. However, we noted on two occasions folders containing people's charts were left out in communal areas for anyone to access. We also noted inappropriate language was used to describe a person's medical condition in their care records and hospital passport. We also overheard a member of staff use inappropriate language when speaking to a person [talking to them in a childlike manner]. We raised all of the above with the manager and the deputy to ensure appropriate action was taken.
- People spoke positively about the staff who supported them, many of whom had been in post for a number of years and knew people well.
- We observed many acts of kindness between staff and people. For example, we observed one person's mouth was extremely dry at breakfast. The carer noticed this and sat next to the person to encourage them to eat and drink their tea. The person told us, "It's nice here, the girls are lovely." A relative commented, "Staff on an individual basis are very good and considerate" and another relative said, "Yes, staff are kind and compassionate."
- We observed as people were hoisted, staff spoke to them, offered words of reassurance and adjusted their clothing during the process to respect their dignity. Staff were observed and heard to be discreet when

people needed assistance. They provided reassurance to people whilst supporting them. Staff provided us with many examples of how they maintained people's dignity when providing personal care, for example by checking with people first if they were ready, ensuring doors and curtains were closed and using a towel to cover people.

- Staff knew people well and we observed them speaking to people in a respectful way using their names and people responded to them with smiles. People were supported to express their views and were involved in making decisions about their care.
- For those people who required the support of an advocate, arrangements were put in place.
- People told us staff respected their dignity when supporting them and we observed this. For example, we noted a mealtime people were offered the option of wearing a clothes protector before they ate their lunch. One person accepted the offer and said, "Oooh it makes me look lovely" and the member of staff agreed and said, "Yes you do look lovely" and the person responded with a smile.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, we found improvements had been made but further work needed to be done and the rating remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people's health and social needs were not consistently met. People's preferences were not always responded to. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Work was underway to review all the care plans and risk assessments that were in place. Not all records had been transferred on to the new format, but staff were aware of the changes that were being made and their individual responsibilities to complete this work.
- Where new formats had been introduced, they held more detail regarding each individual, what their preferences were and how they wished to be supported. However, it was acknowledged this was a work in progress and we noted some inconsistencies in the records held in some files. For example, for one person their care plan stated they 'maintained a good sleep pattern' when they were prescribed medication for disturbed sleep.
- At our last inspection, staff could not tell us when one person's catheter required changing. At this inspection, staff were aware of people's care needs regarding catheter care and guidance for staff to follow was in place. However, for one person their care plan stated, "staff to monitor and encourage fluids" but records seen were inconsistently completed and could not demonstrate this monitoring was taking place as directed. We raised this with the manager, who informed us they were aware of issues regarding staff not completing charts and were working to address this.
- At our last inspection, care plans did not always provide the guidance staff needed to support people with diabetes dietary needs. At this inspection we found the information required was available and people with diabetes and receiving insulin were having their blood glucose levels monitored and insulin was adjusted prior to administration when indicated.
- Staff confirmed systems were in place to ensure they were kept up to date with changes in people's care needs, for example, at handover.
- Our conversations with staff demonstrated they knew people well, what was important to them, their individual routines and likes and dislikes. A member of staff told us, "You have to know the people really well as some can't tell you what is wrong, but you can tell by little changes in their behaviours that something is



not right."

- People and relatives told us they could not recall being involved in recent reviews of their care but had no concerns discussing any issues they may have with care staff, the deputy or the manager. One relative told us, "When [person] first came in, it was all a bit of a rush, but [manager's name] has said they had noted this and it would be worth us having a chat about [person's] care."
- People told us they were happy with the care they received. A relative told us, "I don't think [person] could be looked after any better. The carers are all good. They let me know if I ring how [person] is and I can visit anytime they don't mind especially as I have to get the bus now. I don't know the manager but they [care staff] involve me in the decisions. I have no problems at all."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who were aware of their communication needs and communication care plans were in place providing staff with guidance on how to converse effectively with people.
- We observed staff speaking to people at eye level, talking clearly and listening to people's responses.

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

- People were encouraged and supported to take part in activities that were of interest to them. The activity co-ordinator had spent time getting to know people and trying to find things that were of interest to them, particularly people who were nursed in bed who were at risk of social isolation. A relative described how the activities co-ordinator had spent time with their loved one and the difference this had made to them. They told us, "[Person] has an inquisitive mind and is an intelligent man. They have always been fascinated by [activity co-ordinators name] lap top and they spend time with them showing them how it works and looking at things that interest them". However, not every person living at the home had this information recorded in their care plan and for one person who's care plan stated, "staff to ensure my radio is on and music playing through the day" on two occasions we visited the person in their room, this instruction had not been followed.
- We observed a small group of people enjoy a game of bingo and win prizes. Another person was knitting scarves and told us a carer got the wool for them. People were supported to access the community and go shopping on a weekly basis to a local shopping centre. One person described the trips and told us how much they enjoyed them. We saw people had been involved in debating politics and the two candidates who were put forward to be prime minister. Their views had been recorded and put on display for others to see.
- Staff had raised concerns that not everyone in the home had access to activities [particularly people on the first floor] and the manager advised they were looking at recruiting another activities co-ordinator to address this.

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

- People told us they had no complaints regarding the service. They told us they if they had any concerns they could raise them directly with any member of staff or the manager. We saw information was on display alerting people how to raise any concerns they may have. The manager told us if people required the information in a different format, for example, large print, this could be accommodated.
- One complaint had been received and it had been recorded and responded to appropriately.
- We noted a thank you card on display, thanking staff for the care and support provided to a loved one,

adding, 'you have always shown kindness, care and thoughtfulness to both [person] and their family for which we are most grateful'.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- A relative, who's loved one was receiving end of life care told us their loved ones wishes regarding this were being respected and that they had both been involved in conversations regarding different options that were open to them and other areas of support that were available. They added, "They [care staff] have been very sensitive when talking to me about that."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the service needed time to embed the systems that had been put in place, to monitor staff and ensure the improvements introduced were sustainable. For that reason, we require the manager to continue to provide us with a monthly action plan to demonstrate improvements are ongoing and sustainable.

- Following the last inspection, the regional manager had stepped into the role as manager of the service and was applying to become registered manager. They told us they felt supported by both the operations manager and the provider in their efforts to bring about improvements to the service.
- Staff were overwhelmingly positive about the impact the manager had on the service and the changes they had introduced. Staff were onboard with the manager's vision for the service. A member of staff told us, "Since [manager's name] has been here, the atmosphere is better, the whole place is running smoother and he has made all the difference. It's a lot happier place to work." Staff told us morale was good and we observed the shift to be well organised as staff were going about their duties clear about what was expected of them.
- Staff were equally as positive about the deputy manager and the contribution they had made to the changes to the running of the home. One member of staff told us, "[Deputy manager's name] is a good nurse and you can tell her anything and it's private."
- We were told by staff and relatives that the manager's door was always open. Staff told us the manager was approachable and they felt well supported, providing us with examples of the support they received. When the manager came into in March 2019, they arranged meetings with all staff to share with them what was happening and how they intended to address the concerns raised at the last inspection. The manager

told us, "We did a lot of auditing, looked at the inspection report openly and honestly and went from there. We spoke with staff and relatives and got their opinions. Main thing was I had an open door and did not berate staff."

- Staff told us they were confident people were well cared for and would recommend the service. They told us they felt listened to and were given the opportunity to voice their concerns or ask questions at team meetings. Staff told us they were aware that plans for one-to-one meetings were in place, but if they needed to speak to the manager or deputy before then, they were able to do so.
- The manager was aware of their responsibility to report and act on any concerns that came to their attention. We saw where safeguarding concerns came to light they were responded to appropriately. Accidents and incidents were reported and acted on and analysed for any trends. Where mistakes had been made, the manager had been open and honest about the events and had put in place actions to address the concerns. For example, following a recent safeguarding concern, the manager followed the provider's disciplinary processes. A relative told us they had been informed of events by the manager, who had reassured them that the appropriate action was taken following the concerns raised.
- The manager and care staff were clear about their roles and responsibilities. Following the last inspection, the manager had worked alongside the deputy to address the immediate concerns raised, including medication management and staffing levels. They told us "There's been so much here [to do] and the issue has been deciding what to prioritise; in my mind getting medication right was the priority and systems back up and running. I know some things aren't as they should be but we are working through."
- We saw a variety of audits in place, many of which had been established since the last inspection in order to provide the manager with oversight of the service. These audits identified a number of actions which fed into an action plan which was colour coded and provided the manager with an instant picture of progress against each point.
- Not all issues highlighted during the inspection had been identified by the manager's own audits. We saw the manager had introduced a daily allocation list for staff which included a number of responsibilities for staff to ensure the shift ran smoothly and effectively. This included ensuring all charts relating to people's care needs were completed. We found not all charts being completed consistently. The manager told us the system they had introduced had worked well for the first two weeks and they felt they could 'leave staff to get on with it' without being 'micro-managed' whilst they looked at the next area for improvement. However, staff had failed to continue to consistently complete the forms which meant the manager could not be assured that people were receiving their care as required. The manager advised they would be introducing a number of checks and balances to provide them with continual oversight of the service.
- Relatives told us they had confidence in the manager and that if they had raised any issues or suggestions, they were listened to and where appropriate actions were taken. For example, a relative had made a suggestion that staff receive training in how to apply hearing aids and replace batteries and the manager had taken this on board and was looking at arranging training in this area. A relative told us, "If I have asked for something to be done, it has been, not necessarily straight away, but it has been done."
- Residents meetings were planned with the activities co-ordinator arranging to speak to people in small groups. We saw surveys had been given to people living at the service and their views were sought. The information was collected and put on display for all to see, detailing any actions that were being taken.
- Staff told us they worked alongside other professionals, such as GPs, and SALT [speech and language therapists] in order to ensure people's care needs were met. However, we found one person's file did not reflect the most up to date information received from SALT, placing the person at risk of harm. The manager advised the paperwork had been misfiled and archived and added this was another area of work that had been identified for improvement in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate risks to people at the home.