

# Cleveland Alzheimer's Residential Centre Limited

## Allison House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 25 April and 2 May 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming.

We last inspected the service on 16, 21 August, 18, 19 September and 2 October 2017 and at that time identified breaches in nine of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were related to safe care and treatment; person centred care; dignity and respect; safeguarding people from abuse and improper treatment; premises and equipment; good governance; fit and proper persons: directors; requirements where the service provider is a body other than a partnership and requirements relating to registered managers.

During this inspection we found improvements had been made and most of the matters we identified at the previous inspection had been addressed. As a consequence of these improvements the service remained in breach of only one regulation relating to good governance.

Allison House 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.

Allison House accommodates 38 people in one purpose built building. At the time of our inspection there were 29 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Regular checks were made of the premises and equipment to ensure they were safe to use. Accidents and incidents were monitored to see if improvements to people's safety could be made. Plans were in place to support people in emergency situations. Infection control practice had improved.

Policies and procedures were in place to safeguard people from abuse and any safeguarding referrals were now being made appropriately.

The registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

Systems were in place for the management of medicines so that people received their medicines safely. Arrangements were in place for recording the administration of oral medicines however, some further

improvements were needed in the guidance for covert administration and the records and guidance for medicines prescribed 'when required'.

A programme of redecoration and refurbishment had begun around the service. Improvements had been made to make the environment more suitable for people living with dementia.

People's nutrition and hydration needs were met and special dietary requirements were appropriately catered for. People were given more support to make choices at mealtimes. Staff plated up meal choices and showed these to people so they could make their choice.

The majority of staff were up to date with all mandatory training and staff were supported with regular supervisions and appraisals.

People were supported to maintain their health and wellbeing. People's care records contained evidence of visits and advice from a variety of health professionals.

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

Relatives were very happy with the care their loved ones received. Staff treated people with dignity and respect.

Care plans were based on people's assessed support needs and preferences. This included information on their background, families, hobbies and interests. Staff provided support in a way that reflected the information in people's care plans and people were supported to access activities based on their interests and preferences.

Policies and procedures were in place to investigate and respond to complaints and relatives were happy that their concerns were dealt with appropriately.

At the time of our inspection nobody at the service was receiving end of life care. The provider had a policy in place to provide this should it be needed.

There were still inconsistencies and gaps in some records. Work had been undertaken to improve the system of audits in place however they were still not identifying all of the issues we found during the inspection.

The provider and registered manager had worked together to make significant improvements at the service. Staff had been involved in the improvement process and feedback indicated that staff morale was high despite the challenges they had faced. Relatives had also been included and encouraged to become involved in monitoring of the 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 timeframe. 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were receiving their medicines as prescribed but medicines were not always managed safely.

Risks to people were assessed and acted on.

People were safeguarded from abuse.

The provider had safe staffing and recruitment processes.

### Is the service effective?

**Good** ●

The service was effective.

Improvements had been made to the environment to make it more suitable for people living with dementia.

Most staff were up to date with mandatory training. Staff were supported by a programme of supervision meetings and appraisals.

People's nutrition and hydration needs were met and special dietary requirements were appropriately catered for.

The provider worked within the principles of the Mental Capacity Act and people were supported in the least restrictive way.

### Is the service caring?

**Good** ●

The service was caring.

Staff supported people in a calm and patient way and there was a relaxed atmosphere.

People were treated with dignity and respect and could move around the service independently.

Relatives were able to visit at any time and were made to feel welcome by the registered manager and staff.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care.

Policies and procedures were in place to respond to complaints.

People were supported to access a range of activities.

Policies and procedures were in place to provide End of Life care.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

Although some improvements had been made there were still some inaccuracies or omissions in records.

The new system of audits had not picked up all of the issues we found.

Staff felt well supported and were involved in decisions about the running of the service.

Relatives found the manager to be approachable and supportive.

# Allison House

## Detailed findings

### Background to this inspection

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

This inspection took place on 25 April and 2 May 2018 and the first day was unannounced.

The inspection team consisted of two adult social care inspectors, a pharmacist inspector and one 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to the complex needs of some of the people living at Allison House we were not always able to gain their views about the service. We used the observations around the service to help us understand the experience of people who could not talk with us. We also spoke with six relatives.

We spoke with several members of the staff team including the registered manager, deputy manager, three nurses, two care staff, a member of the kitchen staff, a laundry assistant and a cleaner. We also spoke with two visiting health professionals.

We reviewed four people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection we found that risks to people were not effectively assessed or acted on. Some risk assessments were out of date or not in place at all. Other risk assessments had not been completed correctly. Medicines were not managed safely. The premises and equipment were not well maintained and several areas were dirty and untidy. Emergency plans were not always based on people's individual support needs. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were in place in a number of areas, including falls, pressure care, the use of mobility and nutrition. Recognised tools such as the Braden scale and Malnutrition Universal Screening Tool (MUST) were used to monitor risk. The Braden scale is used to assess people's risk of developing pressure sores. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Plans were in place to reduce the chances of risks to people occurring. For example, one person was identified as being at risk of behaviours that can challenge when they became anxious. Their care plan contained guidance to staff on how to recognise when the person was becoming anxious and steps they could take to reassure and comfort them. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Regular checks were made of the premises and equipment to ensure they were safe to use. This included checks of mobility equipment, pressure mattresses, window restrictors and bed rails. Required test and maintenance certificates were in place, including for gas and electrical safety. Improvements had been to the environment to repair or replace damaged equipment and furniture and remove visible trip hazards. When not in use equipment was safely and appropriately stored to allow people to move safely around the building.

Accidents and incidents were monitored to see if improvements to people's safety could be made. A monthly audit of these was also undertaken to see if any patterns were emerging that might require action to be taken. Where incidents occurred remedial action was recorded. For example, following an incident involving one person with behaviours that can challenge some additional training was arranged to help refresh staff knowledge in this area.

Plans were in place to support people in emergency situations. Regular checks were made of firefighting equipment and a monthly fire drill carried out. These included mock searches and evacuations of the building and detailed reviews after the drill to see how practice could be improved. Personal Emergency Evacuation Plans (PEEPs) were in place and were regularly reviewed. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The provider had a business contingency plan to help ensure people received a continuity of care in situations that disrupted the service.

Infection control practice had improved. When we last inspected the service we found there was a malodour in some areas, carpets were stained and worn, sluice areas were filled with unused furniture and not adequately secured and toiletries were being used communally. When we returned for this latest inspection we saw that a redecoration programme was underway. Carpets and furniture had been replaced and walls redecorated and brightened up. There was no longer a malodour in communal areas. The sluice room was secure and no longer used for storage. Communal bathrooms had storage drawers for people's individual toiletries. Lounges and communal areas were visibly cleaner and tidier. The laundry was clean and organised, with a system in place to separate and handle soiled and clean clothes.

Relatives told us they were happy with the cleanliness of the home. One relative told us, "It's always clean and tidy. Cleaners are around all the time."

At the last inspection we found that the provider was not making the necessary referrals to the local authority or notifying CQC when safeguarding incidents involving people using the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in this area and the service was no longer in breach of regulation.

Policies and procedures were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy, which detailed the types of abuse that can occur in care settings and steps staff should take to report it. Where issues had been raised records showed they had been dealt with under the provider's safeguarding policy. The provider had installed an internet connection to the service which meant that safeguarding referrals could be made immediately on the premises. One member of staff told us, "The internet has helped us make referrals to the safeguarding team. It has made life much easier."

Relatives we spoke with had no concerns about their family member's safety. One relative told us, "There has never been one point at which we've been concerned. If there are any issues measures are put in place immediately to address them. It gives us real peace of mind as a family." Another relative said, "I've never seen anything untoward."

The registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The registered manager told us staffing levels were based on the assessed level of support people needed. They said they knew what staffing levels were needed based on people's support needs but did not use a tool to calculate this. At our last inspection the registered manager said they were working on developing a dependency tool. At this latest inspection they said they were still working on this with support from the local authority.

Staff we spoke with said there were enough staff at the service. One member of staff told us, "I'd say there are enough staff on duty, we work well as a team and cover if people [staff] are sick." Relatives we spoke with had no concerns about staffing levels. One relative told us, "[Family member] is never kept waiting long." During our visit we saw staff supporting people in a timely and unhurried manner. Our judgment was that staffing levels were sufficient to support people safely.

The provider's recruitment process minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, written references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.



We looked at the medicine administration records (MARs) for ten residents across the home.

Arrangements were in place for recording of oral medicines. However, some medicines were prescribed with a variable dose i.e. one or two tablets to be given. We saw the quantity given was not always recorded meaning that records did not accurately reflect the treatment people had received. Also for one person the records made of stock carried forward from a previous supply was not accurately recorded. This is necessary so accurate records of medication are available and care workers can monitor when further medication would need to be ordered. We found that for two medicines, a mid-cycle stock check had identified discrepancies but the manager had not been notified so that an investigation could take place.

For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for one of the two people whose records we looked at the application site was not rotated in line with the manufacturer's guidance to prevent side effects. Systems were put in place to address this issue during the inspection.

We found the individual guidance, to inform staff about when medicines prescribed to be given only when needed, was not always available or was not person centred. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

We looked at records for residents who received their medicines covertly, hidden in food or drink. There was documentation in place however; some information was missing on how staff would do this and who had been consulted when making the decision to administer medicine in this way. There was also no information on when covert administration would be used. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

## Is the service effective?

### Our findings

At the last inspection we found that the home had not been adapted to cater for the needs of people living with dementia. As a result people living with dementia were not able to maintain their independence. We also saw people being supported at mealtimes in an undignified way. These were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

A programme of redecoration and refurbishment had begun around the service. We saw a number of dementia friendly sensory activities were available in different locations throughout the home. Corridors were being painted in a variety of bright cheerful colours and themed decorations were being introduced so that the different areas could be easily distinguished. Themes included holidays, the garden, and TV and films. There were also a number of murals around the service. For example the hairdressing salon had a realistic shop front mural. This made orientation around the service much easier. All hand rails were now painted in a contrasting colour to the walls so those people who needed to use them could easily identify where they were. Toilets had all been fitted with brightly coloured seats to contrast with the surrounding area, toilet door frames had been painted red to help them stand out and all the doors had appropriate signs.

The garden had undergone an extensive makeover and now provided an inviting outdoor space with shaded areas for people to sit in good weather. Further projects were underway to grow more plants and make further improvement to this area. Staff and relatives had been offered training by a local charity to help them maintain the garden. The garden was secure and had level walkways making it safe for people to access.

Large easy to read numbers had been placed on people's bedroom doors and there were also photographs and people's names on doors. A number of the photographs depicted people when they were younger which can help people with dementia recognise themselves more easily. These changes meant people had a greater chance of being able to find their own room when moving around independently.

The registered manager showed us a dementia friendly environmental assessment tool they had completed to identify those areas that still needed improvement. They spoke very positively and passionately about the progress they had made in this area and of the plans they had going forward.

Relatives were happy with the improvements that had been made. One relative told us, "The environment has certainly improved in recent months."

Staff also told us the improvement to the environment had made a positive difference to the service. One member of staff told us, "It's a massive thing. It is a brighter, cleaner, nicer place. It's not just a nicer place to live it's a nicer place to work."

Protected mealtimes had been introduced and there were notices on dining room doors asking people to respect this. Service in each of the three dining rooms had been staggered so there were more staff available at each sitting to support people in an appropriate and dignified way.

At the last inspection we found that people were not always being offered choice at mealtime and where choices were available staff were not providing people with sufficient support to make their choice. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

We observed the lunchtime meal experience and found it to be relaxed and pleasant. The dining rooms had been decorated with items that made it easy associate the area with food and mealtimes. Tables were set with tablecloths and place mats. Cutlery was provided when the meal was served and although condiments were not placed on tables we saw that people were offered these. Although picture menus had been introduced on the day of our inspection the pictures had not been updated to correspond with that day's choices. However, the menu options were plated and then staff showed and described the alternative dishes to people so they could make their choice. We also saw people being given alternative items when they did not want one of the two hot meals offered.

Staff were attentive, chatted with people and patiently provided assistance where needed. Staff gave people prompts to eat but nobody was rushed. People who preferred to stay in their rooms had their meals taken to them. A tea trolley also went round mid-morning, mid-afternoon and at suppertime ensuring people were offered drinks and snacks throughout the day.

The registered manager told us, "We have a new cook and the food is certainly better. The staggered mealtimes have made a huge difference. Everything stops now for mealtimes." Staff were also enthusiastic about the improvements there had been at mealtimes and told us about other ideas they were hoping to trial such as creating a snack station so people could have access to a variety of food items throughout the day.

All of the relatives we spoke with were happy with the food provided. One relative said, "It is very good, very nice and a varied selection." Another relative told us, "Staff are always bringing round snacks and popping in to bring drinks. My [family member] has to have their food pureed now but the food items are all pureed separately and presented nicely."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed that staff were asked about their support needs and given an opportunity to raise any issues they had. Training needs were also discussed and training priorities set.

We looked at the staff training matrix, a list of those training courses staff had completed and when refresher training was due. The majority of staff were up to date with all mandatory training. Mandatory training is training that the provider thinks is necessary to support people safely. For the small number of staff who had some training due we were given confirmation that this had been booked and the dates for upcoming courses. All staff had up to date dementia awareness training.

People's needs were fully assessed prior to them moving to the service and were monitored by regular reviews. People's relatives confirmed they were involved in this review process. One relative told us, "Yes they have involved me. Over time it has been discussed."

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 support and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in support homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and applying DoLS appropriately. Applications had been submitted to the supervisory body for authorisation when people were identified as being deprived of their liberty. At our last inspection we had found DoLS paper work to be disorganised. At this inspection we found the system for storing and monitoring DoLS had been greatly improved. Files were in order and a whiteboard monitoring system was clear and up to date.

Mental capacity assessments and best interest decisions were being undertaken for all aspects of care although some of the best interest decisions did not accurately record all those involved in the decision. For example the best interest decision to administer medicine to one person covertly did not list the health professionals involved in the decision.

Records showed the service supported people to access external professionals to maintain and promote people's health and wellbeing. For example, we saw records of visits from community psychiatric nurses, GPs, opticians and dentists. Relatives we spoke with were happy that their family members were appropriately referred to healthcare professional when they need to be. One relative told us, "Yes there is no delay with anything."

## Is the service caring?

### Our findings

Relatives we spoke with were very happy with the care their loved ones received at Allison House. One relative told us, "If I am away with work and can't get in to visit I never have to worry as I know [family member] is well cared for." Another relative said, "I can go home and relax. I know [family member] is cared for. They're in the best possible place." A third relative said, "There is always a happy atmosphere, it's a nice peaceful place."

The service had received a number of written compliments and thank you cards, which were stored and shared with staff. One relative had written, 'We gain great comfort from when thinking of the life [named person] was able to lead at Allison House.' Another card read, 'Thank you for all of your care.'

We spent time observing the way staff interacted with people throughout the day. Staff were kind and patient with all the people they interacted with and demonstrated a good knowledge of people's personality and individual needs. When a person became agitated at lunchtime they were supported in a calm, professional manner which minimised the impact their behaviour had on other people. One relative we spoke to was happy with all aspects of care delivery and told us their family member had a special bond with one particular member of staff. They said, "[Staff member] always has banter with [family member] and makes him laugh. It's really good to see that relationship."

We saw people were treated with dignity and respect. Everyone who used the service was appropriately dressed in clean clothing and looked well groomed. One relative told us, "[Family member's] nails and hair are always done and they're always nicely dressed." At mealtime people were offered aprons to protect their clothes and quickly cleaned if any food was spilt. Staff spoke to people in a respectful, friendly way and dealt with any personal care needs discreetly.

People were able to move around the service independently and spend time in a variety of different communal areas. Dementia friendly adaptations had been put in place to promote independence.

Relatives were welcome to visit at any time, join in activities or have lunch with their family member. One relative told us, "Everyone says hello. There are a couple of staff I don't know but they know who I am." We saw a small room had been set aside specifically for family use and this had been recently upgraded to include a sofa bed for relatives to stay overnight if necessary. One relative told us, "They [staff] even offered me a room over the Christmas period."

Relatives told us they were happy with the way the service communicated with them. One relative said, "When they have concerns they always ring me."

People's religious needs were taken into consideration as part of their care needs assessment. Church representatives and clergy were welcomed into the service and people were able to take Holy Communion if they wished.

At the time of our inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to support people to access this where needed, and advocacy services were promoted in communal areas of the building.

## Is the service responsive?

### Our findings

At the last inspection we found people were not receiving care that appropriately met their needs or reflected their personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in this areas and the service was no longer in breach of regulation.

Care plans were based on people's assessed support needs and preferences. One relative told us, "When [family member] came in they asked us about their likes and dislikes. They covered everything especially bathing routine." Another relative said, "[family member] becomes anxious about particular things and there is clear guidance for staff on how to distract and reassure them."

We saw that plans now contained detail on people's individual care needs and how they could be met, which included the wishes of people and their relatives. For example, one person who could not communicate verbally had a care plan in place to deal with pain management. This included a detailed description of the facial expressions the person might make if they were in pain and how staff should respond to this to ensure the person was comfortable.

People's life histories were also recorded in their care plans. This included information on their background, families, hobbies and interests. We saw that relatives had been involved in producing these life history documents. One relative told us, "[Family member] has a reminiscence book in his room." This meant staff had information on the person as a whole and not just their current support needs.

During the inspection we saw staff providing support in a way that reflected people's care plans and care preferences. For example, one person who was unable to communicate verbally had a care plan in place in which staff were encouraged to involve them in conversations as much as possible even though they could not participate as this helped to reduce their anxiety. Throughout the day we saw staff speaking with the person and involving them in conversations. The person looked relaxed and content during these conversations.

People were supported to access activities based on their assessed interests and preferences. The provider employed an activities co-ordinator who worked at the service for two days a week. An activity timetable had been produced by the co-ordinator, which included reminiscence sessions, games, arts and crafts and a visiting zoo. Some people had been supported to visit a local theatre to watch a pantomime. Another person was supported to enjoy regular walks along a local riverside.

The activities co-ordinator carried out a monthly review of activities which looked at levels of participation, whether people had enjoyed them and any improvements that could be made. They recognised that this was important as people could not always tell staff whether they enjoyed activities. This meant procedures were in place to help ensure activities responded to people's interests. When the activities co-ordinator was not working other staff carried out some activities with people. They made a record of these to help the activities co-ordinator in planning future activities.

All the relatives we spoke with confirmed regular activities did take place. One relative told us, "I have seen entertainers but [family member] is not really interested." Another relative told us, "I always find [family member] in one of the lounges. There is lots of interaction with staff and [family member] has buddied up with some of the other people living here. It's nice to see them making new friendships."

Policies and procedures were in place to investigate and respond to complaints. There was a complaints policy in place, setting out how issues could be raised and how they would be investigated. No complaints had been received since our last inspection but the registered manager said any issues would be investigated in line with the policy. Relatives told us that any concerns they had raised had been dealt with quickly. One relative said, "From day one if I have a concern I have no hesitation to mention it and I know [registered manager] will respond."

At the time of our inspection nobody at the service was receiving end of life care. The provider had a policy in place to provide this should it be needed and was accredited to the Gold Standard Framework (GSF). The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives.



## Is the service well-led?

### Our findings

At the last inspection we found effective governance arrangements were not in place and records were not accurate or up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we returned for this latest inspection we found that improvements had been made in some areas. However, there were still issues with people's care plans, medicine records and the effectiveness of audits.

Work had been undertaken to improve the system of audits in place. A quality and safety dashboard monitored the checks to be undertaken, record when they had been done and flag up any areas of concern. This was a useful tool to help the registered manager to monitor the audits being done but we found that audits were still not picking up all areas of concern.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found medicines records were not always accurate. Staff completed regular audits but these had not identified the issues found during our visit.

Care plans were regularly reviewed to ensure they reflected people's current support needs. However, we saw that some care plans had inconsistency of information and other plans had some gaps in information. For example one person's pre-admission assessment stated they had diabetes but this was not mentioned anywhere else in their care plans. Information contained on the 'Daily Plan of Care' which summarised people's care needs did not always match the information within their full care plan. Conversations with staff identified a good knowledge of people's individual needs but records did not always fully or accurately capture this.

A new system for care plan audits had been introduced and regular audits were being conducted but had not identified the issues we found.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At the last inspection we found notifications of safeguarding incidents were not being sent to us. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we returned for this latest inspection we found that improvements had been made in this area. Notifications had been sent to us where required and in a timely manner. The service was no longer in breach of regulation.

At the last inspection we found the provider had failed to ensure the directors responsible for carrying out regulated activity had taken reasonable steps to ensure people were receiving safe care and treatment. This was a breach of Regulation 5 and Regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we returned for this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

There had evidently been commitment from the provider to improve the environment of the service and a significant financial investment to enable the improvements to take place. The registered manager told us they felt there had been a significant level of support from directors and trustees and staff confirmed this was the case. One member of staff told us, "Management have been there for us, more so now than they've ever been."

At the last inspection we found the provider had failed to ensure the manager was demonstrating compliance with the fitness requirements for registered managers. This was a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we returned for this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

We saw evidence of actions taken by the registered manager to implement the necessary changes to meet our regulatory requirements. The registered manager told us they were very pleased with the progress they had made and had plans for continued improvement. For example, they intended to introduce a staff awards scheme to acknowledge staff that had gone the extra mile. They told us, "We had let things slip and never want to be in that place again. With hard work and determination we're getting there." They welcomed the inspection team in a very enthusiastic and positive way and were eager to show the positive changes they had made.

Staff spoke very positively about the registered manager. One member of staff told us, "[Registered manager] is so nice. They always help if they can. It has been a tough few months with all the changes to be made and if [registered manager] had said they couldn't do it we'd have sunk but they've just got on with it. They really lead by example." Another member of staff told us, "[Registered manager's] loyalty towards the place is amazing. We're so lucky to have them as a leader. They have never once said they can't do it."

People's relatives spoke highly of the registered manager. One relative told us, "[Registered manager] is very obliging, considerate and has a lot of patience." Another relative said, "[registered manager] is lovely." A third relative said, "I get on really well with [registered manager]. They are always so good with [family member] and always approachable."

Relatives had been encouraged to become involved in monitoring the quality of the service. They had been invited to undertake a walk around checking standards around the home and complete a feedback form with their findings. We saw records of these checks that showed a number of relatives had taken part in the process.

Formal residents and relatives meetings had not been taking place regularly but the registered manager did hold a drop in surgery every Wednesday afternoon and told us they spoke with relatives on a regular basis when they came to visit their family members. We observed friendly interaction between relatives and the registered manager during our inspection. One relative told us, "I know there are regular Wednesday meetings but I speak with [registered manager] all the time."

Relative's surveys were conducted to monitor the quality of the service. Relatives confirmed they had received questionnaires to complete and return and we saw the results of the most recent survey. An action plan had been drafted in response to the points raised in the most recent survey which indicated an intention to use the feedback to make positive changes.

Staff meetings were taking place every two months. The registered manager had also introduced a 'team briefing' once a week. They told us this took approximately 20 minutes and got the whole team together

including housekeepers, nurses, care assistants and activities co-ordinator to discuss any issues or changes. We were told that this was a way of ensuring things were picked up and acted upon quickly in between more formal staff meetings.

Staff surveys were conducted and the most recent survey had just reached the closing date for responses.

Staff had been involved in developing new working practices since our last inspection. The registered manager told us, "Staff have been really keen to get involved and share ideas. Nurses have thought of a lot of things, like the extra checks with medicines. Nurses are more involved in the audit process now." A member of staff told us, "I'm extremely happy with where we are now. We're bringing new things in and always thinking of how we can improve."

Staff we spoke with told us morale was good. One member of staff told us, "It's amazing the way everyone has pulled together at a difficult time."

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 system of audits in place had not been effective in identifying all issues. Regulation 17(1)
Treatment of disease, disorder or injury	Records relating to the care and treatment of people were not always up to date or accurate. Regulation 17(2)(c)