

Holsworthy Health Care Limited

# Deer Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This comprehensive inspection was completed on 7, 13, 14 March 2018. The first day of the inspection was unannounced. At the last comprehensive inspection completed in June 2017, we rated the service as overall Requires Improvement with inadequate in Safe. This was because medicines were not always well managed and this resulted in people receiving their medicines much later than prescribed. We also found the deployment of staff did not always ensure people's safety. Further training was needed to ensure staff could fully action people's healthcare needs, including those who required specialist support to ensure adequate nutrition. Quality assurance systems and audits were failing to pick up on the various aspects of improvement the inspection highlighted. As a result we issued two warning notices. One in respect of safe care and treatment and the other in respect of good governance. Warning notices set out what the service have failed to do and gives them a date by which improvements need to be made. We also asked the provider to complete an improvement action plan following the last inspection. We met with the provider on 23 February 2018 where they shared their service improvement plan and actions taken to meet regulations. We found improvements had been made and the service had met the warning notices.

Deer Park 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.

Deer Park is a purpose built service on two floors which accommodates up to 56 people. Most people living at the service are older people with conditions associated with frailty and/or dementia. Some younger people live at the service that has complex nursing conditions.

Since the last inspection the registered manager had resigned but continued to work as part of the clinical team. The service's development manager had taken over the role as an interim arrangement, but has now agreed to register and was in the process of applying during this inspection. 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.

When we met with the manager and provider in February 2018 to review their service improvement plan, they gave us further assurances that the risks we had identified in June 2017 had been improved upon. This had been achieved by ensuring care plans and risk assessments had been updated with more detail and direction for staff. Training had been completed by nursing and care staff in core areas of ensuring people's healthcare needs were being met. The service had been supported by a senior community nurse from NHS who had been seconded for a three month period to assist them with making the right clinical improvements. They had also been supported by the Devon County Council Quality improvement team. They had also employed a clinical lead who had experience and knowledge of key nursing needs.

Improvements had been made to the way medicines were administered to ensure they were done in a timely way. However we found some areas of improvement were still needed in respect of the record keeping of some medicines. The provider gave assurances this would be actioned by the following day of inspection we saw what improvements had been put in place in respect of topical creams.

We made a recommendation in respect of ensuring staff had the right training in the electronic record keeping so accurate records could be maintained of when people had been checked and what actions staff had taken. For example if they had assisted them to move position to help with the prevention of pressure damage. We did not see any direct impact of this not being recorded, which led us to believe staff were taking the right actions but recording it incorrectly. The manager agreed she would complete an audit on this aspect of care.

There was sufficient staff with the right skills training and support to meet people's needs. People were offered a good variety and choice of meals to help them maintain good health.

Staff understood how to protect people from harm and safe recruitment practices ensured only staff who were suitable to work with vulnerable people were employed.

People's emotional, social and diverse needs were considered. There was a comprehensive activities programme which people said they enjoyed taking part in.

Improvements had been made to the quality monitoring systems. Systems and audits ensured the service was well maintained, safe and considered the views of people and their relatives. Complaints were taken seriously and investigated. People and staff were confident their views were taken into account in the running and development of the service.

## 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 mostly safe.

Improvements had been made to ensure medicines were given on time, but records still needed some improvement.

People said they felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

### Is the service effective?

**Good** ●

The service was effective.

People were cared for by skilled and experienced staff. Training was seen as key to ensuring people received the most effective care and treatment.

The design, layout and furnishing of the service were being considered the needs of people and staff to provide the most effective care.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible

### Is the service caring?

**Good** ●

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

### Is the service well-led?

Good ●

The service was well-led.

The management team led by example and promoted a strong sense of wanting to continually improve.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There were effective systems to review and improve on the quality of care and support, taking into account the views of people and staff.

# Deer Park Nursing Home

## 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 checked 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 7, 13 and 14 March 2018. The first day was unannounced. The inspection team included an adult social care inspector, pharmacist inspector, a specialist advisor on nursing and palliative end of life care and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

We spent time observing how care and support was being delivered and talking with people and staff. We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. We spoke with people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We spoke in detail to ten people about their experience of living at Deer Park. We also spoke with five relatives who were visiting the service.

We spoke with three nurses, eight care staff, the manager, registered provider, housekeeping staff and the cook. We reviewed five care plans and daily records, medication administration records, three recruitment files as well as audits and records in relation to staff training and support, maintenance of the building and safe safety records.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection we asked

for feedback from two health care professionals to gain their views about the service. We received feedback from one.

# Is the service safe?

## Our findings

When we inspected this key question in June 2017, we found a number of areas which required improvement and left people at potential risk. We therefore rated this area as Inadequate. We issued a warning notice in respect of regulation 12- safe care and treatment. This was because people were not fully protected against the risks of unsafe medicines management, risk of pressure sores, choking and risk of poor nutritional intake. Immediately following the inspection feedback the service made some improvements to ensure people's safety and mitigate some of those risks identified. This included changes to the way the morning routine was organised. Nurses would receive a written handover about people's changing needs from the night staff. This meant they could begin their morning medicines round by 8am therefore ensuring they would be completed by 10.30 at the latest. Nurse competencies were checked in respect of safe management of syringe drivers (These are specific syringes that allow people to have a continuous dose of pain relief). They also updated their end of life care plans to include what actions were being taken in resolving pain relief. Nursing staff had been reminded to ensure a sharps disposal box was always carried on the trolley to prevent accidents. Staff were reminded at each handover of shift about those people who were at risk of choking. Staff were asked to ensure they were assisting people to sit up to help with the prevention of possible choking incidents. This was also detailed in the written handovers.

When we met with the manager and provider in February 2018 to review their service improvement plan, they gave us further assurances that the risks we had identified in June 2017 had been improved upon. This was achieved by ensuring care plans and risk assessments had been updated with more detail and direction for staff. Training was completed by nursing and care staff in core areas so healthcare needs were being met. The service was supported by a senior community nurse from NHS seconded for a three month period to assist them with making the right clinical improvements. They also employed a clinical lead who had experience and knowledge of key nursing needs. The service had also been supported by the Devon County Council Quality improvement team.

At this inspection we found that improvements had been made in respect of safe medicines management. Plans for further improvements were also in place. Staff recorded medicines on medicines administration records (MARs). We checked 14 people's MARs which showed that people were given their medicines correctly and on time. At lunchtime staff gave people their medicines in a safe and caring way. No-one was looking after their own medicines at the time of the inspection, but there was a policy so that people could do this if they wished and if it was safe for them.

Staff recorded the administration of creams and other external preparations using an electronic device. However, these records did not always show which product had been used, or provide full directions for care staff. There were directions for medicines prescribed to be given 'when required' to guide staff, although we found one medicine where this was not recorded. A medicine which required frequent blood monitoring and dose changes was prescribed for three people. One person did not have written instructions from the prescriber with the MAR chart to confirm the current dose. One person was receiving their medicines covertly (without their knowledge) according to a 'best interest' decision, as they lacked the capacity to consent. This was recorded in this person's care plan, although the people involved with the decision had



not been noted. The provider told us that they would put systems in place to improve these recording issues.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.

There were policies to guide staff on looking after medicines. Staff had training and were checked to make sure they gave medicines safely. Audits were completed monthly and action plans had been completed following any issues that had been identified. There was a system to report any errors or incidents so that actions could be taken to prevent them from happening again. The clinical lead explained that nursing staff had either had or were having training in syringe driver training and pain management.

We found one window in an upstairs bedroom where the restrictor was not working. Records relating to the checking of these showed this had been checked the previous month and was working then. The provider assured us they would get a new restrictor fitted. They were in the process of renewing all old window restrictors with a new type, as part of their refurbishment plan.

During the first day of the inspection the fire alarm was tested as part of the services routine checks. One person's door which had been held open by a device connected to the fire safety system had closed when the alarm sounded. This was exactly what should have happened. However subsequently the door remained closed. The person using this room had no way of being able to use their call bell or alert staff. Their only way of getting staff attention was via having the bedroom door open. We fed this back to the service and the manager agreed she would ensure that as part of the fire check process they would ask to include the re-opening of doors for people who wished or required their door to be open.

Risk assessments were more detailed and gave clear instructions about how staff should provide care and support to ensure people's safety and comfort. For example, where people were at risk of developing pressure damage, risk assessments identified what type of equipment was to be used to mitigate these risks. It also gave staff instructions about ensuring that checks were made every 2-3 hours to help the person change position if needed. This helped to further reduce the risk of pressure damage. We checked records relating to visits to people's rooms. Staff recorded these visits using an IPod, but these records did not always show that staff were recording correctly that repositioning had occurred. Some staff had not recorded what task had been completed during the visit. We did not see any direct impact of this not being recorded, which led us to believe staff were taking the right actions but recording it incorrectly. The manager agreed she would complete an audit on this aspect of care.

We recommend that records relating to ensuring people are turned regularly to prevent pressure damage are reviewed. Where needed, check if staff require additional training on using the electronic recording system.

Where people were at risk of falls, staff were instructed to ensure they had the right equipment to support them, such as walking aids, and to keep the environment clutter free. We saw there were slings around the corridors hung up. These were not individually named. We fed back that people should have their own named sling kept in the own room, to help with possible spread of cross infection. By the third day of this inspection, people had individual slings.

Prior to this inspection, we had received some information of concern that staffing levels had been low. We asked the manager to send us their rotas. This showed on a small number of occasions staffing levels had

fallen below their preferred numbers, due to staff sickness. There was sufficient staff to meet the current needs and numbers of people living at Deer Park. Usually there was one nurse per shift plus eight to ten care staff. Since the last inspection there had been changes to some of the roles of staff. One of these would be senior and would help with medicines and management of the shift. They had also introduced the role of hostess. This was an additional staff member to the care staff team. This staff member remained in the main lounge area to ensure people had morning drinks and breakfast. Later they became the hostess in the dining room. This enhanced people's experience and always ensured there was at least one staff present to keep people safe.

During the first day of the inspection, we saw this in action. One person appeared to be coughing a lot. The staff member went quickly to them, offered them water and then called for the nurse to check them over as they appeared to be at risk of choking. The situation was quickly assessed and the person was not choking or at risk.

Some staff felt they could do with more staff to meet people's needs in a more timely way. When this was explored further, staff said there had been odd occasions when they had been lower than the expected number of staff due to sickness. The manager said that where gaps were anticipated, their own staff, bank or agency staff were used. She said there had been a few occasions when due to short notice they had been unable to get cover], but people's needs or safety were not compromised.

People said they felt safe and there was enough staff available to meet their needs. Comments included "We like the friendliness and the fact that everything is so safe and well organised." And "We love it here and are really well looked after." One relative said "When they are short everyone mucks in, even the owner. No one goes without."

Safe recruitment practices helped to protect people. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment histories were followed up during the interview process. No new staff were offered employment before all their checks and satisfactory references were received. We noted that although recruitment files stated various forms of identification had been checked, copies of these were not retained as schedule 3 of the regulations states they should. The manager who dealt with recruitment said she would ensure that copies of people's ID would be retained from now on.

Staff understood the types of abuse to look for and who and when they should report any concerns to. Staff said they had benefitted from additional safeguarding training. The manager understood their responsibilities in working with the local safeguarding team when needed. There had been one alert raised by the service since the last inspection. This was dealt with appropriately to keep people fully protected.

Emergencies were planned for. For example, each person an emergency evacuation plan and regular fire evacuations were done to check people understood about what to do if the fire alarm went off. During the recent heavy snow staff were willing to stay overnight to ensure there were sufficient staff available. There had also recently been a boiler failure which meant during the time when the weather was at its coldest, the home was without central heating. An emergency plan was in place. Portable heaters were brought in, doors and curtains kept shut and regular checks were made to ensure rooms and people were kept at an ambient temperature for their safety and comfort.

The service had a team of housekeeping staff who worked hard to keep the home clean and infection free. There was always a plentiful supply of personal protective equipment (PPE) such as gloves and aprons. Staff

were observed using these and hand washing. There was hand sanitizers throughout the building. There was an infection control policy and staff knew what to do to reduce the risk of infection.

# Is the service effective?

## Our findings

When we inspected this key area in June 2017, we found there was a breach in regulation 11- consent to care. This was because consent to the use of restrictive equipment such as pressure mats had not been recorded, nor had best interest decisions where people lacked capacity. At this inspection we found improvements had been made in relation to ensuring consent to care forms had been completed. Where people lacked capacity, a mental capacity assessment had been completed. Where equipment such as pressure mats and bed rails were in use, people had either signed to consent to these or the service had recorded a best interest decision meeting.

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. We checked whether the service was working within the principles of the MCA and found they were.

Care staff received mandatory training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. Staff were required to record they had gained people's consent on each visit. Where people lacked the capacity a best interest decision had been completed to decide about information which could be used in their care plans.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care 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 whether any conditions of authorisations to deprive a person of their liberty were being met. Two people had DoLS authorisations and there was a list of other people who had DoL's applications submitted. Staff understood what these authorisations meant and how to work with people in the least restrictive way.

At the previous inspection in June 2017 we were concerned that records did not show if people received effective care to meet nutritional and hydration needs. We issued a requirement in relation to regulation 14- meeting nutrition and hydration needs. Where a risk had been identified for people in relation to the food and fluid, there were clear improvements in in care plans, instructions for staff and records. Where risks had been identified around people's poor nutritional intake, records were kept of all food and fluid offered and their weights were closely monitored.

People were complimentary about the food and drinks they were offered. Comments included "We get proper farm food here, it's wonderful." And "I used to have a healthy appetite, but less so nowadays. I get what I need and the food is delicious." One relative said "My wife eats well and when I have eaten here I have enjoyed it." People were offered a good variety and choice of meals, snacks and drinks throughout the day

to help them maintain good health. Kitchen staff knew people's likes and dislikes as well as allergies and consistency of meals to keep those at risk of choking safe.

When we inspected in June 2017, we found clinical staff had not received training and supervision to ensure they could provide safe and effective wound care.

At this inspection we found that the previous registered manager had set up further training had been arranged for nursing and care staff. The new manager and clinical lead were taking a key role in ensuring staff had the right training and support to ensure they could meet people's needs. The service held a training matrix which showed all staff had training in core areas of health and safety, with annual updates. Staff confirmed they had good training opportunities. They also confirmed staff supervisions were occurring, which gave them opportunities to discuss their role and training needs. One staff member said "I have been on a train the trainer course and now help with training in moving and handling. I am really enjoying this. I think we get very good training here."

At the last inspection completed in June 2017 we found there was a lack of a proactive approach in dealing with people's healthcare needs. At this inspection we saw examples of how this had improved. For example where people had become unwell, the service ensured their GP was called and requested to visit. There had been a flu outbreak in the hospital and care homes and staff were quick to check people's symptoms to ensure they were not deteriorating. Where people had lost weight, food and fluid charts had been implemented. GP s were asked to review and consider whether people needed nutritional supplements. Daily records showed better recording of people's health and emotional wellbeing which was being more closely monitored. One visiting healthcare professional said "I think they work incredibly hard to ensure the residents are well cared for. They do refer appropriately and they listen to advice when I give it."

## Is the service caring?

### Our findings

When we inspected this key area in June 2017, end of life care was included within this domain. We found issues with the way end of life care was being planned and so rated this domain as requires improvement. Since then CQC have reviewed the assessment framework and end of life care is now inspected under the key question of - Responsive. We rated this key question as requires improvement because end of life care was not being well planned at that time. Improvements have been made, but we will detail these within the key question-Responsive.

People and their relatives expressed a high level of satisfaction with the caring and kind attitude showed to them by staff. One person said "Yes they are very kind, always asking if I need anything, very helpful. " Another said "They (staff) are lovely. I have no complaints, all very nice. They treat us well." One relative said "I feel like they have become friends. I am here most days and the girls always pop in and see if I need a cuppa and ask if I am okay. They are all very good."

We saw examples of staff showing compassion, kindness and respect throughout the day. For example, one person continually asked the same question, staff always answered and tried to involve the person in another activity to try and distract them. One person was seen to become a little upset. A member of staff put their arms around them and gave them a cuddle.

People were afforded respect, dignity and privacy in the way care and support was delivered by staff. Staff understood the importance of ensuring people were comfortable with their care and support and that this only occurred in the privacy of their own rooms. We observed staff knocking on doors and waiting before entering. When a community nurse visited, the person was asked if they would like to be escorted to their room so they could be seen in private. One male member care staff gave an example of good practice. They said person didn't like male carers and so, he limited/avoided the amount of interaction he may spend with them, "I don't give them their food tray, as I know they won't eat their meal if I give it to them, I don't want them to miss out on a meal and the nutrition." The rest of the care staff supported this preference and choice and were flexible with allocation of the work load.

People and their families mattered. Staff knew who was important to people and helped to ensure those relationships remained important. One relative said "(name of person) can't tell me much, but the girls keep me up to date with what been going on. They come up and have a chat with me, make me feel welcome. I know they look after (my relative) well." Staff welcomed visiting family and friends, offered them a drink and had a chat with them. Staff were proud to work at the service and all said they felt the environment was homely and friendly. One said "Lots of us are local and lots of our residents are local, so we know them and their families. There's a good link and that really helps at times. Another said "staff don't clock watch here, everyone pitches in and swaps around with their work to suit the residents. I love what I do. I love this place."

Staff understood the importance of offering people choice and respecting people's wishes. People were supported to enjoy time where they felt most comfortable. For some this meant spending most of their day in their own room. Staff said they would ensure everyone was checked to ensure their comfort but their wish

to have privacy was always respected.

The service had received many compliments and cards to thank staff for their caring and kindness. Comments included "Thank you for the love and kindness you all showed to my mother during her time with you." And "We all thank you so much for the kind, compassionate care all the staff at Deer Park gave to (name of person)."

## Is the service responsive?

### Our findings

When we last inspected in June 2017, we rated this key question as requires improvement. This was because care and support was not being well planned. Some people had little or no detail in the plans to guide staff how to respond appropriately to their needs. We issued a requirement under regulation 9- person centred care.

At this inspection we found improvements had been made in the way assessments and care plans were documented. All the care files we reviewed had detailed care plans which covered all aspects of people's needs, wishes and about people's preferred routines. One family had written to the service to say how pleased they were with the progress their relative had made. They described how prior to coming to the home they were unable to wash themselves and could barely walk. They said their relative can now wash themselves, take themselves to the toilet and walk around independently with their frame. They said "Since the last CQC inspection the provider and her staff have worked very hard to meet the regulations of the Health and social care Act. There has been an active recruitment drive and new staff being employed. There has been a lot of training. The communication has improved..." The person's plan showed how care and support was being planned to maximise the person's independence wherever possible.

Staff had received training in end of life care and ensuring pain relief was being administered properly. The clinical lead said they were now working more closely with the hospice and community nurse team to ensure staff had the right skills and carer and support was joined up when end of life care was needed.

Staff confirmed care plans were now more detailed and helped them to better understand people's needs and how to deliver care. Previously the development of care plans were the domain of the nursing team. The care staff team were now being asked to get more involved in the development and review of people's care plans. One said "We have a resident of the day to discuss (at huddle meetings and handover) and everyone is able to make their suggestions and ideas about how that person is doing and what works best for them."

One healthcare professional wrote "I have been working with Deer Park nursing home towards providing a nursing placement for our client. This has been such a positive experience that I wanted my feedback to be documented. During this process there have been some issues ...which I feel have been effectively resolved by the home's management team in an extremely person centred and proactive way. Communication has been open and honest and prompt..."

The service offered a comprehensive and responsive activities programme throughout the week. The activities coordinators were praised by people and their family members. One person said "They do their best to provide a range of activities and fun sessions to keep people occupied." Since the last inspection the service had employed a second activities person so more activities could be offered over the week. Regular sessions took place such as Yoga, quizzes, bingo, and art. Paid entertainers also offered singing and music sessions, which proved popular with people.



One activities co-ordinator said they were thinking about how they could include more activities which encompassed people's past hobbies and interests. They had just applied and been granted a fishing licence to take people out fishing in the milder weather. They were also planning a war museum visit. They had arranged visits such as a local farmer coming in to do a talk about their working life. They had also arranged for small mammals such as rabbits and owls to visit. At the time of the inspection, they were preparing for Easter and had a colourful Easter display in the main entrance.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included how staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. The provider was currently researching best practice in good accessible signage as the corridors had been refurbished and they wanted new clear signage to assist people to be orientated around the building.

The service had a complaints process with written details of who people could make their concerns and complaints known to. Relatives said they were confident any concerns they raised would be listened to and resolved. The complaints log detailed what actions had been taken following a complaint issue being raised.

## Is the service well-led?

### Our findings

When we last inspected this key question in June 2017, we found improvements were needed in the way the service monitored and reviewed the quality of care and support being provided. We issued a warning notice in respect of regulation 17- Good governance.

At this inspection we found the service had followed the direction and support offered by the quality improvement team and the community nurse seconded for a three month period. Together they had revised and developed the quality monitoring systems to ensure that key areas were checked weekly and monthly. This included risk assessments, care plans, medicines records and staff training. The service had also made some improvements to the environmental checks to ensure the environment and equipment was safe and well maintained. This improvement in their quality monitoring had impacted on better care and support being delivered to people. It reviewed the effectiveness of care plans and risk assessments and ensured people were receiving safe and responsive care, according to their assessed needs.

A detailed service improvement plan had been developed which outlined what needed to be done, by when and who had responsibility for each area of identified improvement. This had helped the service concentrate on the core areas of improvement to prioritise. For example allowing time for key staff to update and make improvements to care plans and risk assessments.

The service did not have a registered manager at the time of the inspection, but we were aware the manager had recently submitted her application. 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.

The service had bolstered the management team with the introduction of a clinical lead. They also had another manager who over saw recruitment and training part time. Another part time person managed the estate and purchasing on behalf of the provider. They worked closely with the home manager to ensure the service ran smoothly. The provider was also supporting the service on a daily basis. Their role had been to review the refurbishment programme. Communication had improved. This was confirmed by relatives and healthcare care professionals. The management team had introduced more family liaison meetings. They had also introduced a daily huddle meeting with all staff to talk about the service and to discuss the 'resident of the day.' This had really helped to involve staff more in quality planning for people. Staff agreed communication had improved and this has in turn improved staff morale.

Staff said the management team were open and inclusive. They felt their ideas and suggestions were valued and they were encouraged to develop their skills via learning and development programmes. Most care staff had either achieved or was competing national vocational qualifications in care. Nurses were being encouraged to enhance their clinical skills with regular meetings with their clinical lead but also with the opportunity to do training with the local NHS trust.

The service maintained good links with the local community. They ensured people remained part of their community with regular visits to the local market and town. People were supported to access the local facilities via one of the local vehicles and having a driver available at key times during the week.

People, their families and staff views were sought both via general day to day feedback but also via an annual survey. The last survey was sent out in March 2017 and the results of these were shared in a meeting held on 16 May 2017. The minutes gave examples of what had been actioned as a result of feedback. One simple request to have a dining room menu had been implemented. The feedback was his had proceeded to be a success for people.

The manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this. For example, where laundry had gone missing.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.