

A.V. Atkinson (Fourways) Ltd

Fourways Residential Home

Inspection report

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28 October 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Fourways Residential Home is a care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 20 people in one adapted building split over two floors.

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

People experienced safe care and treatment, delivered in accordance with their care plans, which met their individual needs. People were involved in developing and reviewing their care plans, which ensured their preferences were always being taken into consideration.

People experienced care from staff who were aware of people's individual risks, which had been carefully assessed and managed safely. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse, including how to report concerns internally and to external bodies. The provider completed robust staffing needs analyses, to ensure enough suitable staff were consistently deployed with the required skills and knowledge to meet people's needs safely. Staff followed the provider's policy, current guidance and regulations to ensure people's medicines were managed safely. Staff maintained high standards of cleanliness and hygiene within the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene when preparing, serving and handling food.

People experienced effective care and support which consistently achieved successful outcomes. Staff were enabled to deliver care in line with people's support plans and best practice, through a framework of effective training, competency assessment, supervision and appraisal. People were supported to eat and drink enough to maintain good health. The service worked well with other organisations to ensure prompt referrals to healthcare services when people's needs changed. The provider had completed a comprehensive programme of improvements and refurbishment, focused on making the environment safer and more suitable for people living with dementia.

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 human rights were protected by staff who had a clear understanding of consent, mental capacity and DoLS legislation and guidance.

The registered manager and deputy manager provided clear and direct leadership, which had cultivated a positive and open culture within the home.

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

Rating at last inspection

The last rating for this service was inadequate (published 7 May 2020) with multiple breaches. At this

inspection we found improvements had been made and the provider was no longer in breach of regulations 9 (person centred care), 11 (need for consent), 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment), 15 (premises and equipment), 17 (good governance), 18 (suitably qualified staffing) 20 (duty of candour) and 16 (registration regulations)

We did not focus on the domains of caring and responsive, however we found there to be sufficient improvement within regulation 9 (person centred care) for the service to no longer remain in breach. We found the service had adopted our recommendation and had sought guidance from a reputable source and implemented best practice on ensuring that the privacy, dignity and respect of people was always maintained (regulation 10). As the key lines of enquiries related to these domains were not inspected against, we are unable to comment on the entire domains.

This service has been in Special Measures since publication of our last inspection report (published 7 May, 2020). During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led, which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fourways Residential 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.

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

Inspection Team

This inspection was completed by two inspectors on 27 October 2020 and one inspector on 28 October 2020.

Service and service type

Fourways Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced 24 hours in advance, to ensure the service was able to accommodate our visit, amidst the Covid-19 pandemic. We provided the registered manager with a list of documents we would be seeking to look at during the inspection. Any information that could be provided electronically for review was to be sent.

What we did before the inspection

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 reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, nominated individual, the chef, the activities coordinator, four care staff and a member of housekeeping. The nominated individual is responsible for supervising the service on behalf of the provider.

We reviewed six people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We observed the deputy manager administering people's morning medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven professionals who regularly visit 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 now been rated as good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we were not assured people would experience proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) 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 12.

- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Medicine administration records (MARs) had been reviewed to ensure they displayed people's photographs and other important information required to keep people safe, including any known allergies.
- MARs demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- The management team and staff had embraced the guidance and training provided by the medicine's optimisation in care homes pharmacy team.
- Staff were trained to administer medicines safely and their competency to do so had been checked since our last inspection. The provider had established an ongoing training system which had scheduled six monthly staff competency assessments, to ensure staff knowledge and skills were maintained.
- The provider had introduced a process of reflective accounts in relation to their medicines training, where staff highlighted what they had learned and how the training would change or improve their practice.
- The deputy manager completed rotas which ensured there were always suitably qualified staff on duty to administer people's prescribed medicines.
- We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines, given time to take them without being rushed and repositioned to ensure they could take them safely.
- People prescribed high risk medicines were protected by detailed management plans, providing staff with the required guidance to follow, to keep people safe. For example, where people were prescribed blood thinning medicines, comprehensive management plans provided staff with the required information to mitigate the risks of potential harm. Staff understood the risks associated with people's high-risk medicines and how to manage them safely.
- People diagnosed with epilepsy had individual epilepsy medicine management plans to ensure these were administered safely.
- Where people had medicines prescribed 'as required' (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use.

- The deputy manager consistently checked that the reason for administration of PRN medicines was valid and recorded. When PRN medicine was administered the effectiveness of the medicine had been recorded.
- We observed medicine administrators consistently asking people who appeared to be in discomfort whether they were in pain and required pain relief, and where appropriate when people had a choice, what type of pain relief
- Staff regularly monitored and recorded temperatures where medicines were kept, ensuring they were stored safely.

Assessing risk, safety monitoring and management

At our last inspection we found the registered provider had failed to ensure care and treatment was delivered in a safe way and to suitably assess and mitigate risks to people. This was a continued breach of Regulation 12 (Safe Care and Treatment) 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 12.

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had comprehensive management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas.
- Staff had completed further training in relation to falls management. Highly visible posters were prominently displayed throughout the home clearly detailing the provider's falls management protocol. Staff understood how to support people to mobilise safely and action to take should they experience a fall.
- The registered manager and deputy manager were able to demonstrate that all falls were thoroughly investigated, and any lessons learned were shared with staff.
- Where people had developed pressure sores, staff worked closely with district nurses, following their guidance to achieve good outcomes.
- People's care plans had been reviewed to ensure that where people had been diagnosed with specific health conditions, there was clear guidance for staff to follow to support people safely. For example, care plans provided guidance for staff about how to support people living with epilepsy, if they experienced a seizure. Staff had also completed additional training in relation to supporting people diagnosed with epilepsy.
- We observed staff completed comprehensive handovers during which staff effectively shared important information about changes to people's needs and risks to ensure they received the correct care and treatment. For example, we confirmed that referrals to relevant healthcare professionals were made promptly.
- Since our last inspection, the provider had appointed the deputy manager as the oral health champion, who had reviewed people's care plans. Staff followed people's oral health plans, which ensured they maintained good oral health.
- Most people had appropriate evacuation plans in place in the event of an emergency. One person's personal emergency evacuation plan had not been transferred onto the provider's electronic records system, although this information was contained in the emergency grab bag. This plan was immediately transferred onto the electronic records system.
- Safety equipment was tested regularly including alarms, firefighting equipment and emergency lighting.

Staffing and recruitment

At our last inspection we found the provider had failed to deploy enough suitably qualified, competent, skilled and experienced staff. This was a continued 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 was no longer in breach of regulation 18 (Staffing).

- The provider had ensured sufficient suitably qualified and competent staff were deployed to meet people's needs in a safe way. We found that staff were consistently rostered for all shifts who were trained to administer medicines. This meant people received their medicines as prescribed or when needed.
- The registered manager and deputy manager were able to demonstrate an effective system was now in place to ensure enough suitably qualified staff were deployed to consistently meet the needs of people and ensure their safety.
- Rotas identified that additional cleaning staff had been deployed on the weekends. This meant that care staff could be released from cleaning tasks and be more available to support people. Rotas also identified that an activities coordinator had been recruited who was working three days per week. This meant that care staff had more time to engage in more meaningful one to one interaction with people.
- The management team told us that increased staffing had enabled them to focus on the management of the home which had improved their oversight of the service.
- People consistently told us there was enough staff, who met their needs promptly. People told us they enjoyed the activities being provided by the new activities' coordinator.
- Staff consistently told us they felt the increased staffing, recruitment of the activities' coordinator and addition of the weekend cleaning staff meant they had more time to deliver quality, person centred care to people.
- The provider operated safe recruitment procedures to ensure only staff who were suitable to work with people living at the home were employed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to ensure people were not deprived of their liberty without lawful authority. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13 (Safeguarding service users from abuse and improper treatment).

- The registered manager had developed a tracking system, which ensured that lawful authorities detailing restrictions on people's liberty to support them to remain safe, were updated expeditiously before they expired.
- People were not deprived of their liberty without lawful authority.
- People, their families, staff, visiting professionals and the commissioners of people's care consistently told us they felt the service was safe. One person told us, "I feel very safe here, the staff are wonderful. They're all so kind." Another person said, "They [staff] always come quickly when I need them."
- People were consistently protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse, including how to report concerns internally and to external bodies. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Learning lessons when things go wrong

- Staff consistently recorded incidents or events which could affect people's health or wellbeing, such as falls, infections or when people became agitated. These were documented with possible causes and actions taken.
- There were daily reviews of incidents to highlight any themes or trends, such as particular people involved, or with the timing or location of people's falls. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.

- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in team meetings and handovers and were kept up to date with information relevant to them, such as changes in people's support plans.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff implemented effective measures to prevent relatives, friends, professionals and others from spreading infection when visiting the service. For example, the provider's infection prevention and control procedures were explained, visitor's temperatures were taken, and they were invited to complete a health questionnaire before being allowed entry to the home.
- One person was being supported to self-isolate in their room for 14 days after their initial admission.
- Staff had completed face to face training provided by the local Clinical Commissioning Group in the correct use of personal protective equipment, which we saw being followed during the inspection.
- Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed.
- Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

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 this key question was rated as requires improvement. At this inspection this key question has now been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we found that people were supported by staff who had not completed training required by the provider to safely and effectively carry out their duties. This was a continued breach of Regulation 18 (Staff training, skills and experience) 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 18.

- People were supported by staff who had up to date training, which enabled them to effectively carry out their duties, delivering care and support to people safely, in accordance with their care plans.
- The provider had reviewed their induction programme and mandatory training to link it to the Care Certificate. The Care Certificate sets out 15 national outcomes, competences and standards of care that care workers are expected to achieve.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia or epilepsy. Staff consistently told us their training was "very good" and had significantly improved since our last inspection. One staff member said, "The new manager and deputy are really supportive and encourage you to do the training and will always show you how to do things or explain things if you don't understand."
- New staff worked with experienced staff to learn people's specific care needs and how to support them, before they were authorised to work unsupervised. New staff were signed off to be competent before commencing work independently. New staff told us they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- The registered manager used training, competency assessments, supervision and appraisal meetings to ensure staff developed and maintained the required skills and knowledge to support people according to their needs.
- Records confirmed that staff had regular meetings with their supervisor. Staff confirmed that supervision allowed them to discuss their work, resolve concerns and plan for future training.

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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found 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 provider had failed to obtain lawful consent to care and treatment from the relevant person, which was a breach of Regulation 11 (Need for consent) 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 11.

- At the last inspection a professional told us they were concerned that the management had, "Limited understanding around DoLS and when the home need to apply." The new registered manager demonstrated a clear understanding of the DoLS process and when applications were required. The registered manager was acting as a mentor for the Deputy Manager in this respect, to ensure their training and knowledge had prepared them to deal with DoLS lawfully in their absence.
- The registered manager had established a tracking system to ensure that DoLS authorities were reviewed regularly and did not expire.
- During this inspection we found people were not being deprived of their liberty without appropriate assessments of their mental capacity and the required authorisations from the funding authorities or the court of protection.
- People's human rights were protected by staff who had completed relevant training and demonstrated a clear understanding of consent, mental capacity and DoLS legislation and guidance.
- People's consent to care and best interest decisions was consistently obtained in accordance with legislation and guidance, and was appropriately recorded.
- Staff were able to tell us how they ensured they sought consent and offered choices to people daily, which we observed in practice. One staff member told us, "It's about involving them [people] in making all the choices they can, and listening to what they want, not what you think might be best for them."

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

At our last inspection the provider had failed to ensure people's needs were fully assessed in line with best practice, national guidance and legislation. 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.

- People consistently told us the standard of care they received was good.
- People had been actively involved in creating and developing their care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required. One person told us, "They [registered manager and deputy manager] came to see me and went through everything again to make sure everything was how I wanted it."
- People and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- An assessment of people's needs had been completed that identified their specific requirements and individual preferences.
- The registered manager and deputy manager had reviewed each person's pre-admission assessments, needs assessments and risk assessments in consultation with staff, to ensure they had been

comprehensively completed. This meant that the service had developed a full understanding of people's needs and had established what was important to them, before they began to receive care and support at the home.

- Care plans were person centred and comprehensively detailed how the person wished to be supported. For example, where people had limited verbal communication, care plans provided information about how to communicate effectively with the person. This enabled staff to establish and meet people's needs. Other care plans detailed how people wished to be supported with their oral hygiene in the way they preferred.
- The management team had completed and embedded new records that focused on establishing people's likes and dislikes, as well as gaining their social histories.
- Staff used nationally recognised tools to assess and monitor risks to people and then effectively managed them. For example, people at risk of developing pressure areas experienced appropriate support from staff and were provided with right equipment to prevent them.

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

At our last inspection the provider had failed to ensure that the premises and equipment were suitable for their purpose and were properly maintained. This was a breach of Regulation 15 (Premises and equipment) 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 15.

- Since our last inspection the provider had completed a comprehensive programme of improvements and refurbishment, focused on making the environment safer and more suitable for people living with dementia. For example, the flooring on both floors had been replaced, significantly reducing the risks of trip hazards, malodours and enabling improved infection and prevention control. Improved lighting, extensive signage, colour coded toilet seats and grab rails had enabled people with visual impairment to orientate themselves and promote their independence. The provider had also established dementia friendly areas with rummage boxes for stimulation and woodland walkway for peaceful contemplation or engagement with the outdoors if preferred.
- On 2 October 2020 the provider had completed a recognised environmental assessment tool, in consultation with people and staff, to evaluate the impact of recent improvements for people living with dementia, and to identify areas and ideas to drive continued improvement.
- The provider had engaged an external contractor on 24 October 2020 to ensure that all risks from hot water and surfaces were managed safely, particularly protecting people from the risk of scalding.

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

- The chef placed a strong emphasis on the importance of eating and drinking well and spoke with people daily. People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.
- People consistently praised the commitment of the chef and their staff to provide healthy meals and drinks of their choice. One person told us, "[The chef] is wonderful. He comes to see me everyday to ask me if I am happy and whether there is something special, I would like. Nothing is too much trouble. It is a lovely start to my day when he comes to see what I want for breakfast."
- We observed staff regularly encouraging people to have their preferred hot or cold drinks, to protect them from the risk of dehydration. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation and discrete support when required.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the

importance of remaining well hydrated.

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

- Staff effectively monitored people's daily needs and well-being to ensure they were supported appropriately.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.
- Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs. We observed staff make prompt referrals to GPs, specialist nurses and other relevant healthcare services, in response to people's changing needs.
- Visiting healthcare professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance.

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. We have not changed the rating of this key question, as we have only looked at the recommendation within the domain.

At our last inspection the provider was not consistently ensuring people were treated with dignity and respect, maintaining their privacy.

We recommended the registered provider sought guidance from a reputable source and to implement best practice on ensuring that the privacy, dignity and respect of people was always maintained.

At this inspection enough improvement had been made following our recommendation.

- The provider had ensured that staff had the training, knowledge and expertise to understand how to maintain people's dignity and independence, in accordance with their needs.
- The registered manager and deputy manager had developed a competency and supervision framework, which assessed and monitored staff practice.
- People consistently told us staff treated them with dignity and respect, which we observed during their day to day care and support.

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. We have not changed the rating of this key question, as we have only looked at the breach within the domain.

At our last inspection the provider had failed to ensure care was person centred, met people's health and social care needs and records failed to reflect how people wished to be supported. 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.

- We found sufficient evidence that care was delivered in line with people's preferences and needs. Care plans and risk assessments were reflective of people's individual health, social and care needs. For example, people were now supported effectively to maintain their oral health.
- People could now choose when and whether they wished to have a shower or bath.
- The provider had appointed an activities coordinator. Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance. People consistently told us the provision of stimulating activities had improved since the appointment of the activities' coordinator.

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 been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was a manager registered with the CQC, which is an offence under section 33 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer committing an offence.

It is a condition of the provider's registration to have a manager in post who is registered with the CQC. A new manager was appointed in March 2020, after our last inspection, who became registered with the CQC on 25 August 2020. The provider demonstrated their commitment to ensure that good service leadership, management and governance sustained high quality, person-centred by appointing a new regional manager and deputy manager to support the registered manager.

At the last inspection we found that the registered provider had not ensured that processes and systems were effective or established to ensure compliance. Audits were not completed, and risks were not mitigated. This was a continued 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.

- At the last inspection the provider had failed to submit an action plan following the concerns identified in the previous inspection. At this inspection we found the provider had completed a comprehensive action plan and had taken the required action.
- All support plans had been reviewed to ensure they reflected the changing needs of people being supported.
- The homes dependency tool had been utilised to ensure that there were enough qualified and experienced staff to meet the needs of the people being supported.
- A review of staffing needs identified the necessity to appoint an activities coordinator and weekend cleaning staff, which had been addressed.
- A comprehensive refurbishment programme had been introduced and completed, to ensure that the building reflected the changing needs of the people being supported.
- The home's furnishing and décor had been reviewed, in line with current guidance on supporting people with cognitive impairment, including dementia.
- At this inspection we found that the registered provider had made the required improvements identified in

their action plan and the service was no longer in breach of the regulations.

- The new management team had established and effectively operated systems to assess, monitor and improve the quality and safety of the services provided.
- The new management team had established and effectively operated systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.
- Records contemporaneously reflected people's needs and consistently demonstrated that risks to people were being mitigated safely.
- Investigations into incidents were comprehensively recorded and the registered manager had established a robust system to learn from incidents.
- The management team operated a system to identify any near misses in order to improve safety.
- We reviewed feedback from people and staff and found the provider had taken prompt action to address the concerns or make the necessary improvements.

At our last inspection the registered person failed to notify the CQC of notifiable events without delay. This was a breach of Regulation 16 (Notification of death of a service user) of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Services registered with Care Quality Commission (CQC) are required to notify us of significant events, or other incidents that happen in the service, without delay. During this inspection we found that the registered manager had consistently notified CQC of reportable events such as a person sustaining a serious injury during a fall. This meant we could check that appropriate action had been taken to ensure people were safe.

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

At our last inspection the registered person had failed to always act in an open and transparent way with relevant persons in relation to care and treatment provided to people in carrying on a regulated activity. This was a breach of Regulation 20 (Duty of candour) 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 20.

- The management team understood their role in maintaining the Duty of Candour. They were open and honest when things went wrong. When people or relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern. For example, when incidents or accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.
- The registered manager was passionate about ensuring staff fully understood their collective responsibility in relation to the duty of candour. The registered manager had reviewed incidents which occurred before their appointment and our last inspection to ensure the provider's duty of candour had been met. People told us that the registered manager had spoken with them individually about raising concerns and the provider's duty of candour to be open and honest.

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

- The registered manager and deputy manager had established effective systems to promote person-centred care, which achieved good outcomes for people.
- People and staff described the registered manager and deputy manager to be caring and committed to the

people living in the home, who led by example and provided good role models for staff.

- People and staff described the service as well managed and organised.
- The registered manager had cultivated an open and inclusive culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people.
- Staff felt they were provided with improved training and support that enabled them to deliver care and support to a high standard. This was reflected in the provider's training and supervision records.
- The provider had ensured they had improved the environment to support people living with dementia, reducing the risk of people being isolated, confused and disorientated by their surroundings.

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

- The registered and deputy manager were highly visible within the service and readily approachable. The registered manager spent meaningful time with people, relatives and staff. People and relatives told us their views were listened to by the registered manager and were acted upon.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and deputy manager. The registered manager recognised and praised good work by individuals in supervisions and team meetings.
- Staff consistently told us that the provider encouraged them to share their ideas to improve the quality of care people received. For example, some staff were being supported to develop within the provider's 'Champions' programme.
- Quality assurance surveys were used to obtain the views of people, their relatives, staff and professionals. Plans were developed in response to these surveys to ensure action was taken to drive improvements.
- The provider and regional manager had suitable arrangements to support the registered manager through informal daily meetings and regular governance and quality assurance reviews.
- The provider had begun to develop good links with local community resources and organisations that reflected the needs and preferences of the people living in the home.

Working in partnership with others

- The registered manager worked effectively in partnership with health care professionals from multi-disciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.
- People, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.