

# Shaw Healthcare Limited

# The Martlets

## Inspection report

Fairlands  
East Preston  
West Sussex  
BN16 1HS

Tel: 01903788100  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

Date of inspection visit:  
17 September 2018  
18 September 2018

Date of publication:  
18 October 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 17 and 18 September 2018. The first day of the inspection was unannounced, on the second day of inspection the manager, staff and people knew to expect us. The Martlets 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 Martlets is situated in East Preston in West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. The Martlets is registered to accommodate 80 people. At the time of the inspection there were 58 people accommodated in one adapted building, over three floors, which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. These units provided accommodation for older people, those living with dementia and people who required support with their nursing needs.

The home did not have a registered manager. A registered manager is a '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 home is run. Since the previous inspection on 29 and 30 January 2018, the registered manager had left. A manager from one of the provider's other homes had been managing The Martlets for six months and was in the process of applying to become registered manager. The management team consisted of the manager, a deputy manager, a clinical lead and team leaders. An operations manager also regularly visited and supported the management team.

At the previous inspection on 29 and 30 January 2018 the home received a rating of 'Requires Improvement' for a third consecutive time. The provider was found to be in breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, the provider completed an action plan. This informed us of what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good.

There were concerns with regards to the management of medicines. There were sometimes insufficient stocks of medicines. People, who required their medicines to be administered at specific times, consistently had their medicines late. There was a lack of guidance and inconsistent information to inform staff's practice in relation to when to administer 'as and when required' medicines.

Records for people who had been assessed as being at high-risk of developing pressure wounds and those that required their fluid and food intake to be monitored, were not completed accurately. It was not evident if people had received appropriate care or if staff had failed to document their actions.

Assessments and reviews, to ensure that the guidance provided to staff was up-to-date and met people's current needs had not always been completed in a timely way.

There was a lack of understanding about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People had mixed experiences with regards to stimulation and meaningful activity to occupy their time.

Complaints that had been raised had not always been dealt with in accordance with the provider's policy. There was a lack of stimulation, interaction and engagement to occupy people's time.

There were concerns about quality assurance procedures and oversight. Feedback about the leadership and management was poor. Audits had not always identified the shortfalls that were found at inspection. When these had been identified, there had not been sufficient action to ensure improvement.

At this inspection, it was evident that the management team and staff had worked hard to implement improvements. Feedback about the leadership and management of the home was overwhelmingly positive. There was a positive, welcoming atmosphere. The management team strived for improvement and people's experiences were more positive than at the previous inspection. There were however, further areas that needed to be improved, embedded and sustained in practice. These areas related to the management and oversight of DoLS authorisations. Guidance to inform staff's practice, in relation to risk and people's specific healthcare conditions, was not always sufficient. Reviews of people's care had not always been conducted. These were areas of concern.

People did not always have access to stimulation and interests that were meaningful to them. We made a recommendation in relation to person-centred care and people's access to meaningful activity, stimulation and engagement to occupy their time.

People received support from sufficiently trained and experienced staff. There were sufficient staff to meet people's physical needs. People were protected from harm. Staff knew the signs and symptoms of abuse and knew what to look for if there were concerns about a person's care. The manager had worked with the local authority when there had been concerns about people's wellbeing. Reflective practice ensured that lessons had been learned when care had not gone according to plan.

Risks were managed and people received safe care. Medicines management had improved and people received their prescribed medicine on time. People were protected from infection and staff demonstrated correct techniques to ensure that cross-contamination was minimised.

People's needs were assessed in a timely way. People had access to healthcare professionals and told us they had faith in staff's abilities to recognise when they were not well. There was a coordinated approach to people's healthcare. People's hydration and nutrition was maintained.

People were involved in their care; their consent was gained and their preferences respected. People were aware of how to raise concerns and complaints. 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 supported this practice.

People told us that staff were kind, caring and compassionate. People's privacy and dignity was maintained. People were supported to remain comfortable at the end of their lives.

People had access to a purpose-built building and told us that they liked the layout of the home. Communal spaces as well as private rooms enabled people to choose how they spent their time. Signage and colours enabled people who were living with dementia to orientate and navigate.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The home was safe.

There were safe systems to manage people's medicines.

There was sufficient staff to ensure people's safety and meet their physical needs.

People were protected from the spread of infection.

Staff knew the procedures to follow if there were concerns regarding a person's safety.

### Is the service effective?

Good ●

The home was effective.

People's needs had been assessed to ensure they received effective care. People's nutrition and hydration was maintained.

People were asked their consent before being supported. The provider was working in accordance with legislative requirements.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care. People had access to healthcare services to maintain their health and well-being.

### Is the service caring?

Good ●

The home was caring.

Staff and management were kind and caring.

People could make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity were maintained and their

independence promoted.

### Is the service responsive?

The home was not consistently responsive.

Not all people had access to activities and stimulation. People were not always supported to engage in meaningful activities.

People and their relatives were made aware of their right to complain.

People could plan for their end of life care. They were supported to have a pain-free and comfortable death.

**Requires Improvement** ●

### Is the service well-led?

The home was not consistently well-led.

Improvements that had been made needed to be further embedded in practice and sustained.

Records to document the care that people required were not always completed sufficiently.

Quality assurance processes, although improved, had not always identified the shortfalls found at the inspection.

Significant improvements had been made. Feedback about the leadership and management of the home was positive.

**Requires Improvement** ●

# The Martlets

## 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 17 and 18 January 2018. The first day of the inspection was unannounced. The inspection team consisted of two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the experts-by-experience had experience of older people's services. On the second day of the inspection the inspection team consisted of two inspectors.

Before this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications and an action plan that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). This was because the inspection was unannounced and we were inspecting the home to ensure that the concerns found at the last inspection on 29 and 30 January 2018, had improved. A PIR 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.

During our inspection we spoke with 13 people, three relatives, 10 members of staff, two visiting healthcare professionals, the deputy manager, the manager and the operations manager. Prior to the inspection we contacted two social care professionals from the local authority to gain their feedback.

We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for eight people, four staff records, quality assurance audits, incident reports and records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support people

received as well as the lunchtime experience and the administration of medicines.



# Is the service safe?

## Our findings

At the previous inspection on 29 and 30 January 2018 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regards to the management of medicines. There were sometimes insufficient stocks to ensure that people had access to their prescribed medicines. One person who had a health condition that required their medicines at specific times, frequently received their medicine late. Guidance for staff on 'as and when required' medicines was not consistent and there was a potential risk that people may not have had access to their medicines when they needed them. Records to document the position of trans-dermal pain patches were not completed. There was a potential risk that people would not have their medicines applied to alternate areas of their body as was advised in the prescribing guidance. At this inspection the management of medicines had improved and the provider was no longer in breach of the regulation.

At the previous inspection on 29 and 30 January 2018, reviews of people's care in relation to their weight, skin integrity and risk of falls had not always been completed in a timely way to ensure that the care they received met their current needs. Staff were not always provided with clear guidance when supporting people who were at risk of developing pressure wounds. Records to document the position and frequency of repositioning, to minimise their risk of pressure damage, had not always been completed. It was not evident if people had received the care they required or if staff had failed to document their actions. One person who had been assessed as being at high-risk of sustaining a pressure wound did not have access to pressure relieving equipment. At this inspection it was evident that improvements had been made and the provider was no longer in breach of the regulation. People who had been assessed as being at high-risk of developing pressure wounds had access to pressure relieving equipment.

There were areas that needed further improvement in relation to the recording of reviews of people's care, as well as guidance and records to document the frequency of repositioning for people who were at risk of pressure wounds. More information about these can be found in the well-led section of this inspection report.

The management of medicines had improved. There was effective oversight to ensure that there were sufficient stocks of medicines to ensure that people had access to their prescribed medicines. Appropriate action had been taken to ensure that when people required their medicines at specific times, these were administered. Guidance to inform staff of when to administer 'as and when required' medicines was consistent and had improved. There were clear guidelines for staff to follow. These identified people's needs and preferences and informed staff of how to administer people's medicines safely. Records to document the administration of medicines were completed.

There were safe systems in place with regards to the storage, administration and disposal of medicines. People were supported to take their medicines by registered nurses and trained staff. Staff were respectful when administering medicines and involved people in the process, explaining their actions and respecting people's wishes when they refused medicines. People told us, and our observations showed, that when people experienced pain they had access to regular pain relief.

Risks to people's safety were identified and assessed. These were person-centred and enabled people to remain as independent as they wished. Staff were made aware of risks to people's safety through verbal handovers, handover records and meetings, as well as having access to documented risk assessments. Staff showed a good awareness of people's needs and preferences and supported people safely.

There were sufficient staff to meet people's physical needs. People told us that when they required assistance that there was staff available to assist them. Observations showed that when people called for staff's assistance they received this in a timely way. The home was at decreased occupancy, yet staffing levels had remained the same. This was because people's needs had increased and more staff were required to enable their physical needs to be met. The manager constantly reassessed people's needs. Consideration of people's needs was made prior to them moving into the home. Their needs were then considered alongside the needs of people who were already residing in the home. This enabled the manager to monitor the level of support people might need and ensured that they balanced this with the needs of others to ensure that there was sufficient staff. A relative told us, "There is always someone not too far away if support is needed. I don't feel my relative is vulnerable from lack of care".

The provider ensured that people were supported by staff who were safe to work within the health and social care sector. Pre-employment checks had been conducted as well as staff's employment history and references obtained. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

People were protected from harm. Feedback from people and their relatives was consistent. People felt safe, secure and protected. One person told us, "Yes, I suppose I do feel safe because of all the things that they do". A relative told us, "Without doubt my relative is safe here. It's the care given here that makes me feel that they are safe". Staff were provided with guidance to inform them of how to keep people safe. They had attended training on safeguarding adults and knew the signs and symptoms to look for as well as the action to take if they had concerns. People told us they felt comfortable to raise concerns about their safety without the fear of repercussions.

Staff ensured that practices that restricted people's freedom were minimised. When people demonstrated signs of apparent anxiety or distress, staff supported them appropriately, using distraction techniques and engagement, to manage potentially challenging situations. When there had been concerns about people's wellbeing, the manager had either raised these to, or worked with, the local authority to ensure people's safety and wellbeing was maintained.

Accidents and incidents that had occurred had been recorded, monitored and analysed to identify trends. Information from the analysis was used to minimise potential risks and avoid reoccurrence. For example, when accidents had occurred risk assessments and care plans had been updated to reflect changes in people's support requirements and needs.

Environmental risks had been assessed and safety measures implemented. People had personal emergency evacuation plans to guide staff on how to support people to evacuate the building safely in the event of an emergency. Regular checks on equipment ensured that people were supported to use equipment that was safe. Infection control was maintained.

The home was clean and staff had access to personal protective equipment when supporting people with their personal care needs. Waste was disposed of appropriately to minimise the risk of cross-contamination. A relative told us, "It's spotlessly clean. There are no odours. It's one of the things that struck me when I first came in here".

# Is the service effective?

## Our findings

At the last inspection on 29 and 30 January 2018, the provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regards to the assessment and review of people's needs to ensure people received person-centred care. This related to falls, nutrition and skin integrity. At this inspection it was evident that improvements had been made. People's needs were assessed when they first moved into the home and when changes in their needs occurred. People's skin integrity and their risk of developing pressure wounds was assessed. For people who had wounds, regular monitoring took place and appropriate treatment was provided by both registered and community nurses. Equipment to relieve pressure to people's skin, such as specialist cushions and air mattresses were used, as well as regular support from staff to frequently reposition. Referrals had been made to external Tissue Viability Nurses (TVN) to ensure people received the most appropriate care. The management, monitoring and oversight of this, to ensure that changes made were embedded in practice, needed further improvement. More information about this can be found in the well-led section of this inspection report.

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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

An area identified as needing improvement at the previous inspection, on 29 and 30 January 2018, related to staff's understanding of MCA and DoLS. A number of people, who had a condition which might impair their judgement and decision-making ability, had not always had their mental capacity assessed when making specific decisions. Staff had sometimes involved people's relatives in the decision-making process without assessing if the person themselves lacked the ability to make decisions about their care and treatment. Some relatives had signed consent forms on people's behalves, however, it was not evident if they had a Lasting Power of Attorney (LPA) and therefore had the legal right to make decisions on people's behalves. Applications to the local authority, to deprive people of their liberty, if they were unable to consent to receiving constant support and supervision, had not always been made.

At this inspection, it was evident that improvements had been made. The manager and staff understood MCA and DoLS. When people had a health condition that had the potential to affect their decision-making ability, MCA assessments for specific decisions had been conducted. Staff had ensured that relevant people involved in people's care had been included in the decision-making process. This ensured that any decisions made were in people's best interests. When people had LPAs that had been appointed to make decisions on their behalf, this was clearly documented in people's care plans and copies of these obtained. When people required full support and supervision from staff and did not have the capacity to consent to this, the registered manager had made appropriate DoLS applications to the local authority. The

management, monitoring and oversight of DoLS, however, needed to be embedded into practice. More information about this can be found in the well-led section of this inspection report.

People's health was maintained. Timey referrals had been made to GP and other external healthcare professionals when there were concerns over people's health. Registered nurses provided nursing support to those residing on the nursing units. People told us that they had faith in staff's abilities to recognise when they were not well and to seek appropriate assistance. For people who had been assessed as being at a higher-risk of developing health complications, technology was used to monitor their health. The manager had worked with the local NHS Foundation Trust to implement a tele-health scheme. A machine was used to measure people's vital signs and these were monitored remotely by external health care professionals who looked for trends to identify when people's health was likely to deteriorate. Appropriate interventions could then be implemented before such a decline occurred.

Staff were competent and had the appropriate experience to meet people's needs. Training which the provider considered mandatory to staff's roles had been completed. Distance learning courses that were more specific to people's individual needs, had been sourced and completed. Some staff held diplomas in health and social care or were encouraged to work towards these. People and relatives told us that they had faith in staff's abilities. One person told us, "They're very good. They seem to know what they are doing". Comments from relatives included, "They are confident and give confidence" and "The permanent staff are very good. When they take on a trainee they shadow another member of staff".

Links with external healthcare professionals were maintained to provide additional learning and development for staff. Registered nurses were provided with appropriate courses to maintain their competence and to ensure their knowledge and skills were current to support people with their nursing needs. A clinical lead registered nurse ensured that registered nurses had access to clinical supervision and support. Staff told us that they felt well-supported by the management team. They described them as approachable, helpful and knowledgeable. Staff received regular supervision meetings to receive feedback on their practice and enable them to identify any learning and development needs.

The home was designed in such a way that provided people with communal areas as well as their own private rooms. Communal areas were decorated and painted in colours that were suitable to meet people's differing needs. For example, in the areas where people who were living with dementia lived, efforts had been made to use bright, stimulating colours to create a more sensory experience. There were plans to improve the communal areas even further to ensure that the décor was meaningful to the people that used the space. Signs were displayed informing people of the name of units in the building as well as the location of bathrooms so that people could easily orientate and navigate.

People could choose to socialise with other people, enjoy one of the activities or events, receive visitors and enjoy the communal gardens in warmer weather. People and their relatives were complimentary about the layout of the home. A relative told us, "I really do think it is well-laid out here. My relative has a lovely big room and bathroom". Another relative told us, "I looked at a couple of others but this home struck me as light and bright. Its purpose-built. My relative can go all around, in fact there's much more freedom for them here than our own home".

People's nutrition and hydration needs were met. People had access to food and drinks throughout the day and night. There were neutral responses in relation to the food. People could choose what they had to eat and staff respected people's wishes when people changed their minds. People could choose where they ate their meals, some choosing to eat in their bedrooms, whilst others enjoyed socialising in the communal dining areas. Adapted equipment was supplied for people who required assistance to eat and drink. Staff

supported people appropriately, with patience and sensitivity.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind, caring and compassionate. Comments from people included, "The staff are really lovely. They are very good. They go over and above the call of duty sometimes", "The staff are supreme" and "They are very kind and it's nice to know someone cares. It makes me feel I can talk to them if I needed to".

People were treated with kindness. People and their relatives could express their needs and wishes. People's life history, their hobbies, interests and preferences had been gathered and recorded in people's care plans. Staff were provided with guidance as to how to support people according to their expressed needs and wishes. Regular resident and relative meetings, as well as surveys, enabled people and their relatives to make suggestions and have an input into their care. Staff adapted their communication to meet people's differing communication needs and levels of understanding. People were made aware of advocacy services when they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

People were treated with respect and their privacy and dignity were maintained. Staff took time to explain their actions before offering support and fully involved people in their care. People could choose the gender of the staff that supported them and confirmed that this was listened to and respected. Staff were discreet and sensitive when assisting people with their personal care needs. One person told us, "They are respectful. I prefer to have ladies attend to me and they make sure that happens". Comments from relatives included, "My relative is cared for with total compassion, dignity and respect" and "My relative is treated brilliantly. I couldn't wish for a better place".

People who demonstrated signs of apparent anxiety were supported appropriately by staff. Staff were aware of distraction techniques that could be used with one person when they showed signs of distress.

People's privacy, with regards to information that was held about them, was maintained. Records were stored in locked cabinets and offices and conversations about people's care were held in private rooms.

Independence and the retaining of skills was valued and promoted. People were encouraged and able to continue to do as much as they could do for themselves. One person accessed the local community on their mobility scooter, whilst others were observed independently moving around the home.

People's diversity was respected and staff adapted their approach to meet people's needs and preferences. People could maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them.

People could maintain relationships with those that were important to them and could invite their relatives to enjoy meals with them. A relative told us "Everyone knows me by my first name and I know them. It's like an extended family and I am made to feel very welcome".

## Is the service responsive?

### Our findings

At the previous inspection on 29 and 30 January 2018, the provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always have access to stimulation and meaningful activity to occupy their time. At this inspection, it was evident that efforts had been made to increase the stimulation, both through the environment and available resources. There were more planned, group activities as well as external entertainment. Although the provider was no longer in breach of the regulation, this is an area of practice that needs further improvement.

The provider, management team and staff had worked hard to ensure that people had access to sources of stimulation to occupy their time. Sensory lights and equipment had been purchased to offer stimulation. The environment had been decorated with stimulating colours, art work and items of interest. There had been numerous events such as a summer fair, celebrating Easter, St Patrick's day and the Royal wedding. Planned, group activities had been provided such as baking and arts and crafts. External entertainers such as singers and musicians had entertained people. Local play-schools and schools had visited the home to enjoy time with people. It was evident that this had made a difference to people's experiences. Photographs showed people engaging in these activities and they were observed to be smiling, laughing and having fun. People's access to this type of stimulation had greatly improved.

At the previous inspection staff were not provided with information about people's preferences. At this inspection efforts had been made to gather information about people's life history, backgrounds and interests. People and their relatives told us that they had been involved in discussions about their care and had contributed to the care planning process. People's needs were assessed and documented in care plans to guide staff's practice. It was not apparent, however, how people were able to maintain their interests in topics that were meaningful to them. For example, using information about people's past interests and hobbies to offer specific pastimes that they might enjoy.

At the previous inspection observations showed that some people, particularly those who were less independent, spent large amounts of their time in the same position, with little stimulation or interaction from staff other than to provide for their basic care needs. Although there were sufficient staff to meet people's physical needs, the provider had not ensured that there were sufficient staff to spend time with people interacting and engaging in conversation, to meet people's emotional and social needs. Staff were busy and task-focused and there were, at times, missed opportunities for conversation and interaction with people. At this inspection, this continued to be an issue.

The provider had employed two activities coordinators who worked six days per week. Specific training had been provided to ensure that people had various sources of stimulation such as activities that promoted physical and emotional health. On the day of the inspection the activity plan showed that during the morning people could have their nails painted and in the afternoon, they could make lavender bags. One person was observed to have their nails painted and several people enjoyed making lavender bags. However, this was not sufficient to occupy people's time. Observations continued to show most people



spent large amounts of time unoccupied. Most people were observed to be unengaged, walking around or sleeping.

Some people told us that they enjoyed the planned, group activities, whereas others told us that they were lonely and bored. Comments from people included, "I get bored. I've got a magazine that I pick up so that I can do the crosswords. Sometimes they take you downstairs so you can watch a film. I did do that one day for a change. There's not really much going on", "I'm just left on my own most of the time to get on with things. People just sit around here all the time and fall asleep. I'm not like these other people. I can't just fall asleep in a chair. I need someone to talk to who can hold a conversation" and "I get bored seeing and doing the same things all the time. I get up, I eat, I go to bed. I could do with walks. I watch television but a lot of the time I just sit here".

We recommend that the provider seeks information and guidance from a reputable source to improve person-centred care and people's access to meaningful stimulation and engagement to occupy their time.

At the previous inspection on 29 and 30 January 2018, an area identified as needing improvement related to the provider's responsiveness to dealing with people's concerns and complaints. At this inspection, it was evident that improvements had been made. Regular meetings provided a forum for people to make their feelings known. People told us and records confirmed, that people could speak freely and air their views and concerns. Posters were displayed and people had been made aware of the complaints procedure when they first moved into the home. People and their relatives were made aware of how to make a complaint and told us that they would feel comfortable doing so. Most people told us that they did not feel the need to complain and were happy with their care. When people or their relatives had minor concerns, they told us and records confirmed, that the provider had taken appropriate and timely action to deal with these.

At the previous inspection on 29 and 30 January 2018, not all people's end of life care plans were up-to-date to reflect their current situation and preferences. One person's care records had not been updated following a move from a different care home. At this inspection, improvements had been made. People could plan for their end of life care and had chosen their preferred place of care, who they would like with them at the end of their lives and their funeral arrangements. Some people did not want to discuss this and staff had respected their wishes. Records for one person, who had recently passed away, showed that they had been supported according to their previously expressed wishes and had passed away comfortably.

People were provided with a call bell so that they could call for assistance from staff. One person who independently accessed the local community had a mobile phone that they could use in case they needed staff's assistance. For people who were unable to use a call bell, due to their capacity and understanding, pressure mats or sensor beams were used so that when people mobilised staff were alerted and could go to people's aid. Regular checks were also undertaken to ensure people's safety when they were in their rooms.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 25 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured people's communication needs had been identified at the initial assessment and formed part of their care plans. These documented the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way to meet their needs and in accessible formats to help them understand the care available to them. There were plans to use photographs or objects of reference when supporting people who were living with dementia to choose the type of food they wanted to eat.



## Is the service well-led?

### Our findings

At the previous inspection on 29 and 30 January 2018, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regards to the provider's overall ability to maintain standards and to continually improve the quality of care. The home had been rated as 'Requires Improvement' on three consecutive occasions. At this inspection, it was evident that the provider, management team and staff had worked hard to make improvements. People were receiving safe and effective care. There were, however, areas of practice that needed further improvement and embedding in practice to ensure that the improvements made could be sustained. The home has been rated as 'Requires Improvement' for a fourth consecutive time.

Since the previous inspection, on 29 and 30 January 2018, the registered manager had left. A manager from one of the provider's other homes had been managing the home for six months. They were in the process of applying to become the registered manager. The management team consisted of the manager, a deputy manager, a clinical lead and team leaders. An operations manager regularly visited the home to conduct quality assurance audits and to offer support.

At the previous inspection there were concerns about medicines management. Records, to document the care people had received, were not always completed. People's needs had not always been assessed in a timely manner. Risk assessment and falls management were not consistent. Reviews of people's care were not always conducted. There was mixed understanding in relation to MCA and DoLS and staff had not always worked in accordance with these legislative requirements. There were concerns with regards to quality assurance and oversight. Areas that were identified as part of the inspection had not always been picked-up and acted upon by either the registered manager's audits or the provider's.

At this inspection, significant progress had been made. There were, however, further improvements needed to ensure that the changes that had been made were embedded and sustained in practice.

At this inspection, some people had health conditions such as diabetes and epilepsy. Although staff had been informed of this, there was minimal information to inform staff's practice in relation to the signs and symptoms to look for which might indicate changes in people's health. Medicines that people might have required if their health condition deteriorated had not always been considered or obtained. Although there was a low risk of this occurring, as people's health had been stable for some time, staff did not have the necessary medicines to use should they need to support the person in a health emergency. When this was raised with the manager immediate action was taken. GPs were contacted for more information about people's health conditions and requests were made to obtain the necessary medicines. Care plans were re-written to provide clear and detailed guidance to ensure staff were provided with sufficient information to ensure their practice was consistent.

Staff didn't consistently understand how to support people with their healthcare needs. One person's care plan provided detailed information about them with their unplanned weight loss. It advised staff of how to fortify the person's food and drinks to increase their calorie intake. The person's weight had been monitored

more closely and their weight had been stable, however, some staff were unaware that they needed to add additional items to the person's meals and drinks. When this was discussed with the manager, immediate action was taken. Staff were reminded during handover meetings what constituted a fortified diet and how they needed to support the person to increase their calorie intake.

Reviews, to ensure that the guidance provided to staff was up-to-date and met people's current needs were not always conducted in a timely way. Many people had their care needs reviewed and changes were made to their care as a result. The manager was aware of the scale of improvements that were required following the previous inspection and had prioritised the improvements that were needed. There were however, some people's care plans that were not current.

Staff were not always provided with documented guidance on how to support one person to remain safe when undertaking tasks independently. Although measures had been taken to ensure that the person could contact staff for assistance, potential risks had not been documented and staff were not always provided with guidance about how to ensure the person's safety. When this was fed back to the manager, immediate action was taken. A risk assessment was undertaken and documented guidance was provided to inform staff's practice.

When people had been assessed as being at high-risk of developing pressure wounds. Staff's understanding was not always clear about how frequently some people needed to be supported to change position. Records contained different information to inform staff's practice. The person had received appropriate care, however, staff had not been provided with consistent information to guide their practice. When this was fed back to the manager immediate action was taken. Further detail was added to these records to ensure that staff were provided with consistent guidance.

Although improvements had been made since the previous inspection, there had been a lack of oversight in relation to DoLS. Eleven people's DoLS applications had been authorised by the local authority. There had been a period when two DoLS authorisations had expired without new applications being submitted to the local authority. This meant that for a period of up to two months these people had been deprived of their liberty unlawfully. Once this had been recognised appropriate applications had been made. The manager had implemented a system to monitor DoLS authorisations to prevent reoccurrence.

At the previous inspection, there were concerns about oversight and quality assurance to ensure people received care that they had a right to expect. A quality management system ensured that regular audits of the service were conducted by the registered manager and other external senior managers and were monitored by the provider's quality team. The registered manager had not always completed the required audits and therefore some of the shortfalls that had been found at the previous inspection had not been identified or improved. External managers and the provider's quality assurance team had conducted their own audits that had sometimes identified the shortfalls that were found at inspection. It was not evident what action had been taken to ensure that actions were complied with and improvements made. At this inspection all audits had been carried out. They did not, however, identify some of the shortfalls that were found at inspection such as a lack of specific care plans and risk assessments, untimely reviews and a lack of guidance for staff.

The improvements that had been made required further embedding in practice to ensure that the service people received continually improved. Although improved, there were continued concerns with regards to the oversight of systems to ensure people received appropriate care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection there was mixed feedback from people, relatives and staff with regards to the leadership and management of the home. Most feedback was negative and we were told that the management of the home needed to improve. People and their relatives spoke of a negative atmosphere between the staff and management, that affected people's experiences within the home. At this inspection, it was evident that improvements had been made. Feedback from people, staff and relatives was overwhelmingly positive. Without being asked, staff approached the inspection team to offer their feedback. They explained that since the new manager and deputy manager had been recruited the leadership and management of the home had improved.

People and their relatives were equally as positive about the leadership and management. They recognised the improvements in the presentation of the home and the atmosphere. They told us that there had been marked improvements in the way the home was managed, that they were involved, respected and had confidence in the manager's abilities.

At this inspection both the provider and the management team had taken measures to ensure that the environment was improved so that people and staff had access to resources that they needed. The management team had approached Dulux who had donated paint to enable the home to be redecorated. Items such as sensory lights and equipment, pictures and ornaments had been purchased to provide a homelier place for people to live. There was an emphasis and drive on ensuring that people's experiences continually improved.

At the previous inspection, some people and their relatives had received surveys to gain their feedback about the service people received. It was not evident what action had been taken in response to their feedback. At this inspection, further surveys had been sent. Feedback was overwhelmingly positive and reflected an improving service. People and their relatives were actively encouraged to be involved in the running of the home. Regular meetings enabled them to raise concerns, make suggestions and be kept informed about forthcoming changes.

Staff told us that they now felt valued, supported and empowered and could approach the management team at any time. Regular supervision and staff meetings enabled staff to be provided with feedback about their practice and to be kept informed about the running of the home. They told us that they felt able to share new ideas and suggestions and that these were respected. Records showed that any learning from incidents had been reflected upon and shared with staff to ensure improvements were made. The management team were visible and it was apparent that staff felt comfortable in their presence. They told us that the management team often helped them to support people and that this made staff feel part of a team.

New initiatives had been introduced such as employee of the month. People, their relatives and other staff were asked to nominate a member of staff who they felt had gone 'over and above' to support people's needs. The winner was then rewarded for their efforts. The provider continued to recognise the importance of valuing and empowering staff through their own national STAR awards. These recognised staff who demonstrated excellence. Both the manager and deputy manager had been nominated in recognition of the enthusiasm they demonstrated and the improvements they had already made. Long-service awards had also been re-introduced to recognise staff's loyalty to the provider.

People and their relatives told us and records confirmed, that the manager and provider demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of

certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

There was an emphasis on developing good links with the local community. The local football team had been approached by the management team and they had invited people to attend football matches at the local club. People had enjoyed joining in with the local village summer carnival and photographs showed people laughing and smiling. Relationships with external healthcare professionals and local authorities had been developed to ensure that people received a coordinated approach to their care and staff learned from other sources of expertise.

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
Treatment of disease, disorder or injury	<p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain accurate, complete, contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment.</p>