

Woodhouse Care Homes Limited

# Pranam Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

### About the service

Pranam Care Centre is a residential care home, which at the time of the inspection was providing personal care to 25 older people and younger adults with a disability. The care home accommodates up to 50 people in two joined buildings over two floors. It is owned by the provider Woodhouse Care Homes Limited.

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

During the inspection we found the provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. However, they were still in the process of addressing and improving some of the identified areas and needed to demonstrate they could sustain the improvements. Areas they were still addressing included diabetic care plans, more detailed information in care plans and developing activities for everyone.

We recommended the provider ensure there are a range of activities that meet the needs of all people using the service.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place and there were enough staff to meet people's needs. Staff followed appropriate infection control practices to prevent cross infection.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their job effectively and safely. People were supported to maintain health and access healthcare services appropriately. People were also 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.

Staff were kind and provided support in a respectful manner. People were involved in making decisions about their day to day care. Staff respected dignity and promoted independence for people.

Families were welcomed to the service. There was a complaints procedure in place and people knew how to raise complaints with the manager.

People, relatives and staff reported the manager was making improvements and promoted an open work environment.

### Rating at last inspection

The last rating for this service was inadequate (published 1 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. This service has been rated requires improvement or inadequate

for the last nine consecutive inspections.

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

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

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

#### Enforcement

We have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Pranam Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors and a nurse specialist advisor.

#### Service and service type

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

The service 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. However, the registered manager was currently on an extended leave of absence and a new manager who was employed by the service in September 2019, has applied to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager, regional manager, care workers and chef. We also spoke with two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health and safety of people and ensure the environment was safe. Identified concerns included people smoking beside an open electrics' cupboard, trip hazards outside the home and the activity room open with access to sharp objects and alcohol. 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 activity room had a keypad put on the door to restrict access and the alcohol had been removed from the room. During the inspection we saw the activity room door was unlocked and a lighter was on the desk which should have been stored safely and not left unattended. A staff member in the hall outside the activity room said they were using the room. Although the door was unlocked, as the staff member could observe anyone going into the unlocked room, the impact was minimal.
- The electrics cupboard had been closed and locked, so people could not access it and the trip hazards outside the building had been addressed.
- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans to identify people who may need further provision and help to keep them safe. Diabetic needs were integrated throughout the plans but there was not a specific plan that detailed, for example, what hypoglycaemia and hyperglycaemia were and how to mitigate the risks. The manager told us they were aware of this and were creating separate care plans.
- Risk management plans were updated each month or when required. Appropriate referrals were made to the tissue viability nurse, district nurse, GP and podiatry.
- No one had pressure sores, and overall skin integrity care was good. Staff checked pressure mattress and recorded this in the notes.
- Personal emergency evacuation plans (PEEPs) provided guidelines for how each person should be evacuated and what assistance was required to ensure people could evacuate safely in an emergency.
- The provider had checks with action plans to help ensure the environment was safe and well maintained. These included environmental risk assessments and equipment checks. Maintenance and cleaning checks were up to date.

### Using medicines safely

At our last inspection medicines were not always managed safely. This included an unlocked and unattended medicines trolley, stock not reconciling with records, administration of covert medicines without a capacity assessment and a lack of PRN guidelines. 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.

- During this inspection we found overall medicines were administered safely and managed consistently in line with national guidance. The provider used an electronic system to manage medicines and there were regular audits.
- Medicines, including controlled drugs, were stored securely, and only authorised staff had access to medicines. However, we saw one person who self-administered their own medicines and did not have a locked medicines cabinet in their room. This was because they did not want one and they kept their room door locked when they were not in it. During the inspection the manager spoke again with the person and showed us a locked cabinet the person agreed could be put into their room to store their medicines safely.
- No one was receiving covert medicines at the time of the inspection. The medicines administration records (MARs) were properly maintained, completed and easy to follow. There were instructions for staff about giving PRN medicines people could take as and when they were needed. This ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.
- Medicines stocks we counted reconciled with the MARs which indicated people were receiving their medicines as prescribed.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.

### Preventing and controlling infection

At our last inspection Infection control and cleanliness was not always managed effectively. This included old food spills that had not been cleaned, bathrooms requiring repairs, stained furniture and the outside area for bins was not clean. 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 dining room had been redecorated which removed any previous food stains. Where required maintenance had been carried out in bathrooms to make them safe and hygienic. New furniture had been purchased and there were no malodours in communal rooms. Outside, the bin area was clean and secure.
- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. Staff had attended training on infection control.
- Checks to help to ensure a clean and safe environment included a weekly environmental cleanliness audit with actions, mattress and pressure relieving cushion audits and staff spot checks for hand hygiene. An infection control risk assessment was completed annually.
- Staff wore protective personal equipment such as gloves and aprons to help prevent cross infection.

### Learning lessons when things go wrong

At our last inspection, incidents and accidents were not investigated consistently and did not always demonstrate learning outcomes to prevent future incidents and there were no lessons learned for



safeguarding investigations. 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.

- During this inspection we found the provider had made improvements to how they managed incidents and accident records. There had been three incidents since the last inspection. Root cause analysis of the incidents with investigation reports had been completed and we saw evidence of actions taken and preventative measures put in place to reduce the risk of re-occurrence.
- The manager had started a falls prevention programme and we saw information around falls shared with staff. Additionally, ten care workers were undertaking a six week falls prevention course delivered by an external company.
- Through monthly analysis, the manager had identified that falls were most likely to happen with people who were independently mobile. To mitigate future risks, identified people were given call pendants they could keep on their person to attract attention immediately if they required support.
- Additionally, some people with dementia who had bedrooms on the upstairs floor were supported to move, in consultation with relatives, to ground floor rooms which meant they were able to carry out all their daily activities on the same floor as their room and did not have to negotiate the lift.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures for safeguarding and staff had appropriate training. Staff recognised the different types of abuse and were aware of safeguarding guidance. The contact details for the local authority was displayed around the home.
- The manager knew how to raise safeguarding concerns appropriately with the local authority and CQC. They kept a monthly log and monitored any safeguarding alerts raised.

Staffing and recruitment

- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people. Safe recruitment procedures were also in place for agency staff.
- The provider used a dependency tool to monitor people's needs and staffing. Senior staff completed an allocation sheet at the beginning of each shift which was shared with the staff team so staff were clear on their duties for the day.
- There were enough staff available to meet people's needs. We observed staff were busy but had time to engage with people. One staff member said, "We have enough staff and we know our residents. Although it can be difficult, I try and spend as much time as I can with the residents."

# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not always supported to develop their skills and competencies through regular supervisions, appraisals and appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People using the service were supported by staff with the skills to effectively deliver care. Since the last inspection, staff had undertaken a range of relevant training including practical moving and handling, fire safety, dementia awareness and health and safety training.
- Staff completed an induction programme and were supported to keep their professional practice up to date through training, supervisions, annual appraisals and competency testing to ensure they had the appropriate skills to care for people.
- Staff took part in daily handovers so they had up to date information about people's current needs and the support they required. The provider also held team meetings for staff which provided an opportunity for staff to reflect on their practice and raise any issues.
- Staff said there had been a number of changes made by the new manager for the better and they could approach the manager whenever they needed to.

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

At our last inspection we found stained furniture and there was a malodour in some areas of the lounges. Bedrooms were not personalised to make them distinctive from other rooms and there was a lack of indicators for people to orientate themselves by. The menus and activity plans were written without pictorial aids. Therefore, the home did not always reflect best practice guidance for dementia friendly environments. 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.

- The home was over two floors with a number of different sized lounges that gave people the opportunity to have their own space or join in with others.
- Some bedrooms were still quite spartan, but all bedroom doors had large bedroom signs with people's names and a photo. Some had been further personalised and the manager said this was an ongoing process.
- Communal areas had been redecorated and new furniture had been purchased. Communal areas had been painted different bloc colours and murals had been put in the hallways to help people orientate themselves.
- Menus had been translated into different languages and had photos of one of the options, but they remained quite small. The manager said they would address this. There was also no activity board which the manager also said they were in the process of addressing. Complaint forms had been translated into different languages.
- The provider had a number of large signs with pictures on them and all communal areas were signed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found the service was not always working within the principles of the MCA including the administration of covert medicines without a mental capacity assessment and little evidence of people consenting to their care. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider was following MCA principles. Mental capacity assessments and best interest decision forms had been completed for specific issues. No one using the service was receiving covert medicines.
- People had signed consent to care forms with their initial care plan, and we discussed with the manager about being able to evidence people agreeing to ongoing changes. The provider told us people were involved in planning their care and we did observe people being asked what they would like.
- Where necessary, the manager had made applications for DoLS authorisations, so people's freedom was not unlawfully restricted. Authorisations granted by the local authority and any conditions were kept on record and were part of the care planning, so people received the care they needed.
- Staff had an understanding of MCA and DoLS and confirmed they had been on training. They knew how to apply the MCA and that if decisions were to be made in people's best interests, then they had to be the least restrictive option.
- We observed people had the opportunity for choice and control in their day to day lives though being asked what they would like to do and always being offered a choice of food and drinks. We saw where appropriate, people were able to come and go from the home.

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

- No new people had moved to the home since our last inspection, but at that time we saw the provider assessed people's needs prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance.
- The provider used recognised assessment tools to assess pressure ulcers and malnutrition and appropriately sought advice from other healthcare professionals to deliver suitable care and support to people.
- Staff regularly reassessed people's care needs and the risks they experienced so they could make changes to the planned care if needed.
- People's protected characteristics under the Equalities Act 2010 such as cultural and religious needs were in the care plans but lacked detail. For example, religion was sometimes just one word such as 'Christian'. The regional manager showed us they were working with families to improve the level of personal details in the care plans.
- Staff had knowledge of people's care and treatment needs and were confident in their practice. One staff member said, "I treat my residents like my family. I know what they like to eat from their culture and I try and encourage them." For example, at lunchtime we observed a person not eating what they had ordered for lunch. A member of staff knew what food the person did like, offered this as an alternative and then encouraged the person to eat, and they did.

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

- People were supported to maintain good nutrition and care plans recorded any specific needs such as fork mashable foods and a diabetic diet. Where appropriate, meal guidance and the dietician's advice was part of the care plan.
- Staff understood the different dietary needs of the people and a record was kept of what people ate. Alternative food choices were available and staff cooked specific cultural dishes for people.
- The provider had started asking people to complete questionnaire around their meals so they had feedback on what people liked and did not like.
- We observed lunch was managed in a dignified manner and staff interacted positively with people. Those who wanted to eat in their rooms were able to do so.
- Where required, food and fluid charts were kept and staff were aware of these. Changes in dietary intake or weight, along with identified nutritional risks, were referred to healthcare professionals.

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

- The provider worked with a number of other professionals to achieve positive outcomes for people using the service.
- We saw evidence in people's records of staff working together through input from other professionals including the GP, dietician, physiotherapist, speech and language team (SALT), tissue viability nurse, district nurse and podiatrist.
- Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. One staff member said, "We work with other professionals and organisations so that residents here receive the best care, and we try our best to follow all instructions that they advise us of."

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

- People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. This was confirmed by people's records which included information about appointments with health and social care professionals. The service had a close relationship with the GP and mental health services.
- People said their health needs were met. One person told us, "If I need a doctor or a dentist I get it easily."

The staff call for me and arrange it."

- People had access to a range of community health care professionals when required. Referrals to the health care professionals were made in a timely manner and staff recorded and followed advice and instructions from them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interactions with people was kind and caring and staff understood the needs of the people they were caring for. One staff member said, "They are my family, and I treat them as such."
- Care plans had basic information on people's cultural needs, but from staff interactions, it was evident they were aware of people's cultural and mental health needs.
- Staff displayed kindness and understanding towards people and addressed them by their preferred names. Staff were respectful, and one person told us, "The staff here are very good. I enjoy the activities, and they seem to care about me. They know my name."
- We observed staff listening to people and taking action as required. For example, one person said they were not happy. A staff member asked if they would like to talk privately and offered them a drink which they knew the person liked. This received a positive response from the person.
- A Christian priest came to the home weekly and the manager said they were making contact with the local temple to invite that community to the home also.

Supporting people to express their views and be involved in making decisions about their care

- People were able to actively make decisions about their care and day to day lives and could express their views through care plan reviews and resident meetings.
- Care plans included information about people's choices and preferences, including what people liked to talk about and food choices, so that the staff were aware of these. Two care plans we looked at had word listed in people's first language. We saw staff speaking to people using key words from different languages and some staff spoke fluently with people in their own language. This meant staff were able to reassure people and discuss their needs.
- Staff had a good understanding of the need to obtain consent before providing care. One staff member said, "Even if people cannot understand what you are saying, you must still discuss any care with them and try and help them understand and gain consent."
- There was useful information in the form of leaflets and posters displayed around the home which included how to make a complaint, a local advocate's number and local authority contact details.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and encouraged people to maintain their independence. Staff knocked on doors before entering and some people kept their doors locked. People had the opportunity to express a preference for a male or female carer and this was respected.
- One person told us, "They always cover me when helping me to wash and knock on my door. My dignity is

kept. I do not really care what is in my care plan, but they have tried to tell me. I just trust them. This is a good home."

- People were supported to maintain their independence, but staff were available if needed. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Where required, people had adaptive tableware to promote continued independence.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found people were not supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including activities in the wider community. 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.

- The provider employed an activity co-ordinator to involve people in activities. However, on the day of the inspection they were not present and other staff members were leading activities.
- A healthcare professional told us the lounge areas could be 'more stimulating', but a relative told us their relative now engaged with watching activities and enjoyed them. One person said, "I love talking to the staff, but they are so busy, but they make time for me." We observed in one lounge lively activities which people were enjoying and another lounge had more sedate activities. We saw staff offering people a choice of what activity they wanted to take part in.
- The manager told us that the management team and staff talked with people throughout the day and staff offered individual pampering sessions such as manicures, with people in their rooms. They also said one person was supported to paint because they enjoyed it.
- We did not see evidence of this as a planned individual activity. Daily notes did sometimes specify when someone had taken part in an activity or had refused an activity. However, for people with more complex needs often the comment was made under an 'Other' section. This did not record in any detail how the person had been engaged or supported to participate in an activity.
- People who were independently mobile often accessed the community, but those dependant on staff did not.
- Therefore, although improvements had been made since the last inspection and we observed people joining in and enjoying activities, the provider was still working on expanding the range of activities available to ensure all people were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including activities in the wider community.

We recommend the provider ensure there are a range of activities that meet the needs of all people using the service.



- Relatives were welcomed to the home.

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

At our last inspection the provider had not indicated people were involved in their reviews. 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.

- Care plans recorded people's needs and were updated appropriately. The regional manager was in the process of gathering further information to provide more detail in the care plans.
- People and relatives told us there were involved in care planning and we saw consent forms for the initial care plan but the provider was still working on written evidence to demonstrate people, and where appropriate their families, were involved in care plan reviews.
- People had individual care plans which recorded their needs and provided staff with guidelines regarding support for people. For example, nutrition needs and oral healthcare.

End of life care and support

At our last inspection we found not everyone had completed end of life wishes recorded, and where there was a record, this was not always detailed enough or accurate. 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.

- At the time of the inspection, no one was being supported with end of life care.
- The manager said staff were having conversations with people and we saw people's end of life wishes were being recorded. The provider was also liaising with the GP to establish people's DNACPR decisions. This meant people's wishes and particular preferences for care at the end of their lives were known in the event they required this support.

Meeting people's communication needs

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

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid and guidance such as giving people time to respond.
- We observed examples of staff speaking to people in their own language or having key words in that language. We also saw one staff member using a phone app to translate from English into the person's preferred language. This meant people received information in a way they understood.
- Safeguarding procedures and complaint forms were translated into different languages so people could access them independently. Fire evacuation procedures were translated into different languages and placed in people's rooms so they had guidance they could read and understand. Menus were also translated in to

several different languages.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they wanted to raise a concern. The complaints process was posted in communal areas and on each person's bedroom door so everyone could access it. The provider had not had any complaints since the last inspection but had processes and procedures in place to address complaints. However, the service had received various compliments from people and their relatives and positive online reviews on care home forums.

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

### Continuous learning and improving care

At our last inspection the provider did not have effective quality assurance systems to monitor the service delivery. Audits were in place but were not always effective or utilised to improve service delivery. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- During this inspection we found that the provider had made a number of improvements and breaches previously identified had been addressed. However, there were areas identified during the inspection and had been identified by the provider that were still in the process of ongoing improvement. This included providing more detailed information in care plans.
- The provider has a history of poor ratings. There have been nine inspections since January 2016 and they have all been less than a 'good' rating. Therefore, although the provider has made improvements to the service, there remains significant concerns around sustainability and the provider being able to demonstrate the changes are embedded and will be maintained when they are at full capacity again.

We found no evidence that people had been harmed. However, improvements were still being completed and the provider required time to embed the new practices and evidence they are sustainable. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits had been improved and increased and had action plans that improved service delivery.
- The manager had a clear oversight and was able to demonstrate improvements in terms of impact. For example, a reduction in falls and safeguarding alerts.
- The manager and regional manager were both reviewing paperwork, undertaking supervisions and reviewing training to make improvements to the service.
- All stake holders fed back that they could see an improvement in the service since the new manager was employed.

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

- People were satisfied with the care provided. The manager had been employed with the service since September 2019 and all stakeholders we spoke with felt there had been positive changes in the service. A relative told us, "[The manager] is fantastic...I get the impression she is really experienced. I have seen interactions with carers. It's so different. Procedures [have been] introduced. In terms of accountability this care home is a lot safer than it was. A lot more homely."
- The manager and the regional manager were both committed to making positive changes to the service. They were involved in and knowledgeable about what was happening in the service and were able to provide relevant guidance and support to staff.

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

- The provider had policies and procedures in place and understood their responsibility to be open, transparent and take responsibility when things went wrong.
- Staff indicated there was a positive work culture and that they worked well together as a team. One staff member said, "We are a great team and we work together. It is hard work, but we all pull together."
- A social care professional told us feedback they had from a family about the service was that the family wanted transparency and inclusion which the new manager had been able to satisfy through consulting the family during care planning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff team understood their roles and had a clear management structure. The manager was experienced in social care and had applied to CQC to become the registered manager. They kept up to date with good practice through the CQC website and attended the local authority's provider forum.
- There was positive leadership at the service. Staff felt supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there. Staff told us they were confident raising concerns with the manager and that there was good communication within the staff team through handovers and meetings for any issues arising.
- The manager notified us of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.
- The provider had processes to monitor the quality of services provided in the home and make improvements as required. Audits completed by the manager included medicines, falls, infection control, health and safety and care plans. This provided the provider with an overview and action plan for improving the service.
- The manager completed a daily walk around the building and recorded their findings. They had a meeting every morning with senior cares to discuss concerns, appointments and staffing. They also put a communication book in place which seniors were required to read, so they had up to date information needed for their shift.

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

- People, relatives and staff had the opportunity to be engaged in how the service was run.
- People and relatives attended meetings about the care the home provided. Team meetings for the staff were held to share information and give staff the opportunity to raise any issues.
- The manager planned to send out an annual survey in the next few months to get feedback on how the service was run.

#### Working in partnership with others

- We saw evidence the provider worked with other professionals including, the district nurse, dietician, the GP and social services to plan and deliver effective care and support. A health care professional said, "They follow through on instructions and are very helpful."
- The manager was also in the processes of making more links in the community. For example, they arranged for a local hairdresser to come into the service and were making contact with other community groups.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have established systems and processes to ensure compliance with the requirements.</p> <p>Regulation 17 (1)</p>